

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: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet S Parts I-III Date/Time Prepared: 3/2/2015 8:57 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 3/2/2015	Time: 8:57 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEACONESS HOSPITAL (150082) for the cost reporting period beginning 10/01/2013 and ending 09/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	173,005	52,081	13,445	0	1.00
2.00 Subprovider - IPF	0	1,133	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	-1	0		0	9.00
200.00 Total	0	174,137	52,081	13,445	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: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/28/2015 3:31 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 600 MARY STREET			PO Box:						1.00	
2.00	City: EVANSVILLE			State: IN		Zip Code: 47747-		County: VANDERBURGH		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		DEACONESS HOSPITAL	150082	21780	1	06/02/1966	N	P	P	3.00
4.00	Subprovider - IPF		DEACONESS PSYCHIATRIC UNIT	155082	21780	4	10/01/2009	N	P	P	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		DEACONESS - HHA	157132	21780		11/09/1984	N	P	P	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		DEACONESS - HOSPICE	151512	21780		02/06/1991				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2013		09/30/2014		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		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N	23.00
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		7,700	633	2,134	800	5,735	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0	0		25.00	
						Urban/Rural S		Date of Geogr			
						1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/28/2015 3:31 pm		
		Beginning: 1.00	Ending: 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 1.00	Y/N 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				39.00
		V 1.00	XVIII 2.00	XIX 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 Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part 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, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 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
61.01	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
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 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

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
		1.00				
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
		Teaching Hospitals that Claim Residents in Non-Provider Settings				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
		Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	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)	FAMILY PRACTICE	1350	2.30	16.16	0.124594
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
		Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	3.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	3.48	15.12	0.187097		67.00
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						0	76.00
					1.00			
Long Term Care Hospital PPS								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00
TEFRA Providers								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.						N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00
					V	XIX		
					1.00	2.00		
Title V and XIX Services								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00
Rural Providers								
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?				N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N			106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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:	1,305,181	361,752		0	
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			140.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/28/2015 3:31 pm
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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 they costs for inpatient services only? Enter "Y" for yes or "N" for no.					Y	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						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
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.25
						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)					07/01/2014	09/30/2014
						170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/28/2015 3:31 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			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?	Y	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.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y			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.		Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/27/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/28/2015 3:31 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	ERIC		HENDERSON	
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-6856		ERIC.HENDERSON@DEACONESS.COM	

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	01/27/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT ANALYST	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: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	385	140,525	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)		385	140,525	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,455	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	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)		468	170,820	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	3	1,217			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)		487				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: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	41,710	8,263	91,374			1.00
2.00 HMO and other (see instructions)	14,646	6,850				2.00
3.00 HMO IPF Subprovider	0	149				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	41,710	8,263	91,374			7.00
8.00 INTENSIVE CARE UNIT	8,103	1,411	16,859			8.00
9.00 CORONARY CARE UNIT	1,965	478	4,003			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)	51,778	10,152	112,236	18.52	3,509.86	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,587	599	3,994	0.00	22.37	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	10,342	0	15,956	0.00	21.52	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	669	83	811	0.00	17.47	24.00
24.10 HOSPICE (non-distinct part)	74	5	87			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)				18.52	3,571.22	27.00
28.00 Observation Bed Days		3,087	19,026			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			822			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	10,724	1,742	23,498	1.00
2.00 HMO and other (see instructions)			2,677	1,012		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	10,724	1,742	23,498	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	185	116	553	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					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: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part II Date/Time Prepared: 2/28/2015 3:31 pm		
	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	202,674,168	625,396	203,299,564	7,333,215.00	27.72	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		256,277	0	256,277	3,073.00	83.40	3.00
4.00	Physician-Part A - Administrative		2,543,497	0	2,543,497	14,151.00	179.74	4.00
4.01	Physicians - Part A - Teaching		0	772,145	772,145	6,260.00	123.35	4.01
5.00	Physician-Part B		25,518,889	0	25,518,889	148,957.00	171.32	5.00
6.00	Non-physician-Part B		3,096,833	0	3,096,833	57,302.00	54.04	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,091,956	1,091,956	38,468.00	28.39	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)		13,595,442	1,295,906	14,891,348	593,524.00	25.09	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		7,249,803	0	7,249,803	53,056.00	136.64	13.00
14.00	Home office salaries & wage-related costs		11,642,757	0	11,642,757	355,647.00	32.74	14.00
15.00	Home office: Physician Part A - Administrative		102,800	0	102,800	309.00	332.69	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)		63,879,553	0	63,879,553			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		12,942,435	0	12,942,435			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		35,554	0	35,554			21.00
22.00	Physician Part A - Administrative		323,004	0	323,004			22.00
22.01	Physician Part A - Teaching		115,694	0	115,694			22.01
23.00	Physician Part B		4,425,607	0	4,425,607			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		292,981	0	292,981			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,573,192	76,676	1,649,868	65,678.00	25.12	26.00
27.00	Administrative & General	5.00	32,793,006	-3,156,774	29,636,232	1,037,258.00	28.57	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,851,651	150,742	3,002,393	120,125.00	24.99	30.00
31.00	Laundry & Linen Service	8.00	529,672	7,758	537,430	47,322.00	11.36	31.00
32.00	Housekeeping	9.00	3,325,883	47,018	3,372,901	302,879.00	11.14	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,948,430	-1,577,368	1,371,062	110,887.00	12.36	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	898,963	898,963	72,705.00	12.36	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,132,312	40,527	2,172,839	92,118.00	23.59	38.00
39.00	Central Services and Supply	14.00	1,996,073	18,801	2,014,874	118,733.00	16.97	39.00
40.00	Pharmacy	15.00	7,261,978	64,111	7,326,089	203,773.00	35.95	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
2/28/2015 3:31 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 2,555,899	1,462,750	4,018,649	210,066.00	19.13	41.00
42.00	Social Service	17.00 2,730,411	22,515	2,752,926	108,004.00	25.49	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
2/28/2015 3:31 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	173,802,169	-1,238,705	172,563,464	7,079,155.00	24.38	1.00
2.00	Excluded area salaries (see instructions)	13,595,442	1,295,906	14,891,348	593,524.00	25.09	2.00
3.00	Subtotal salaries (line 1 minus line 2)	160,206,727	-2,534,611	157,672,116	6,485,631.00	24.31	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,995,360	0	18,995,360	409,012.00	46.44	4.00
5.00	Subtotal wage-related costs (see inst.)	64,202,557	0	64,202,557	0.00	40.72	5.00
6.00	Total (sum of lines 3 thru 5)	243,404,644	-2,534,611	240,870,033	6,894,643.00	34.94	6.00
7.00	Total overhead cost (see instructions)	60,698,507	-1,944,281	58,754,226	2,489,548.00	23.60	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 2/28/2015 3:31 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			7,041,463 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)			10,886,866 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			46,769 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			166,628 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)			41,074,506 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			966,467 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			109,882 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			3,280,810 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,286,043 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			14,002,837 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			195,234 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			1,124,843 21.00
22.00	Day Care Cost and Allowances			1,321,689 22.00
23.00	Tuition Reimbursement			510,791 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			82,014,828 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: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part V Date/Time Prepared: 2/28/2015 3:31 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	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: 150082 Component CCN: 157132		Period: From 10/01/2013 To 09/30/2014		Worksheet S-4 Date/Time Prepared: 2/28/2015 3:31 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					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	875	4	300	1,179	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	496.00	54.00	446.00	996.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		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)			0.25	0.00	0.25	4.00
5.00	Other Administrative Personnel			10.64	0.00	10.64	5.00
6.00	Direct Nursing Service			11.19	0.00	11.19	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	3.62	3.62	8.00
9.00	Physical Therapy Supervisor			0.00	0.44	0.44	9.00
10.00	Occupational Therapy Service			0.00	1.63	1.63	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.32	0.32	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.65	0.00	0.65	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.14	0.00	1.14	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).			21780			20.00
20.01				99915			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,323	265	179	276	5,043	21.00
22.00	Skilled Nursing Visit Charges	875,544	56,103	27,715	55,913	1,015,275	22.00
23.00	Physical Therapy Visits	2,714	46	94	73	2,927	23.00
24.00	Physical Therapy Visit Charges	604,335	10,882	16,422	16,140	647,779	24.00
25.00	Occupational Therapy Visits	1,059	39	6	21	1,125	25.00
26.00	Occupational Therapy Visit Charges	249,397	9,282	1,428	4,998	265,105	26.00
27.00	Speech Pathology Visits	157	3	0	14	174	27.00
28.00	Speech Pathology Visit Charges	37,333	714	0	3,332	41,379	28.00
29.00	Medical Social Service Visits	60	0	1	7	68	29.00
30.00	Medical Social Service Visit Charges	19,080	0	320	2,240	21,640	30.00
31.00	Home Health Aide Visits	934	12	2	57	1,005	31.00
32.00	Home Health Aide Visit Charges	113,244	1,458	252	6,804	121,758	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,247	365	282	448	10,342	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)	1,898,933	78,439	46,137	89,427	2,112,936	35.00
36.00	Total Number of Episodes (standard/non outlier)	530		78	28	636	36.00
37.00	Total Number of Outlier Episodes		9		3	12	37.00
38.00	Total Non-Routine Medical Supply Charges	27,307	1,872	2,440	2,130	33,749	38.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2013	Worksheet S-9 Parts I & II Date/Time Prepared: 2/28/2015 3:31 pm
		Component CCN: 151512	To 09/30/2014	
				Hospice I

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	6,271	402	0	6	670	7,343	2.00
3.00	Inpatient Respite Care	107	2	0	0	10	119	3.00
4.00	General Inpatient Care	621	75	0	0	57	753	4.00
5.00	Total Hospice Days	6,999	479	0	6	737	8,215	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	277	22	0	2	31	330	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	25.27	21.77	0.00	3.00	23.77	24.89	8.00
9.00	Unduplicated Census Count	271	20	0	2	27	318	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet S-10 Date/Time Prepared: 2/28/2015 3:31 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.250843		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		24,648,107		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		201,803,664		6.00
7.00	Medicaid cost (line 1 times line 6)		50,621,036		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)		25,972,929		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		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)		25,972,929		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	43,601,580	5,778,104	49,379,684	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,937,151	1,449,397	12,386,548	21.00
22.00	Partial payment by patients approved for charity care	261,118	0	261,118	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,676,033	1,449,397	12,125,430	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)		49,813,877		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,377,616		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		48,436,261		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		12,149,897		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		24,275,327		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		50,248,256		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		26,486,314		26,016,055	1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT		0	61,274	61,274	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		5,477,796	21,209,334	26,687,130	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,573,192	39,797,657	41,370,849	64,114,354	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,793,006	72,922,490	105,715,496	85,707,312	5.00
7.00	00700	OPERATION OF PLANT	2,851,651	8,248,800	11,100,451	10,846,149	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	529,672	492,628	1,022,300	780,283	8.00
9.00	00900	HOUSEKEEPING	3,325,883	1,065,661	4,391,544	4,090,812	9.00
10.00	01000	DIETARY	2,948,430	2,981,053	5,929,483	2,552,071	10.00
11.00	01100	CAFETERIA	0	0	0	1,673,314	11.00
13.00	01300	NURSING ADMINISTRATION	2,132,312	917,442	3,049,754	2,586,422	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,996,073	3,684,568	5,680,641	2,189,202	14.00
15.00	01500	PHARMACY	7,261,978	31,955,652	39,217,630	6,989,566	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,555,899	541,259	3,097,158	2,745,189	16.00
17.00	01700	SOCIAL SERVICE	2,730,411	870,687	3,601,098	3,339,309	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,091,956	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	892,145	22.00
23.00	02300	PARAMED PRGM - PHARMACY	182,013	22,072	204,085	191,154	23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	0	0	0	179,045	23.01
23.03	02302	PARAMED PRGM- NURSING	0	0	0	256,619	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,554,194	7,545,420	49,099,614	44,385,139	30.00
31.00	03100	INTENSIVE CARE UNIT	9,526,465	2,211,692	11,738,157	10,276,547	31.00
32.00	03200	CORONARY CARE UNIT	2,379,589	559,589	2,939,178	2,574,813	32.00
40.00	04000	SUBPROVIDER - IPF	1,009,626	104,554	1,114,180	1,021,043	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,264,557	66,257,841	86,522,398	53,613,303	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,555,123	12,266,565	20,821,688	15,855,731	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	439,311	4,497,314	4,936,625	4,871,776	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,041,506	3,661,093	4,702,599	1,604,399	59.00
60.00	06000	LABORATORY	11,104,642	17,551,138	28,655,780	26,998,644	60.00
64.00	06400	INTRAVENOUS THERAPY	681,081	1,142,974	1,824,055	1,743,801	64.00
65.00	06500	RESPIRATORY THERAPY	2,833,070	1,049,320	3,882,390	3,071,157	65.00
66.00	06600	PHYSICAL THERAPY	0	11,533,395	11,533,395	11,498,459	66.00
69.00	06900	ELECTROCARDIOLOGY	365,844	463,412	829,256	789,627	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,927,723	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	20,945,729	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31,031,303	73.00
74.00	07400	RENAL DIALYSIS	214,466	1,263,959	1,478,425	1,462,754	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	769,107	94,250	863,357	794,312	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,524,526	553,448	2,077,974	1,958,210	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,753,021	868,029	3,621,050	1,463,751	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	365,220	198,867	564,087	532,119	90.02
90.03	09003	INFUSION CENTER	112,572	618,978	731,550	720,161	90.03
90.04	09004	PRIMARY CARE SENIORS	1,740,694	606,271	2,346,965	2,193,776	90.04
90.05	09005	PAIN MANAGEMENT	2,045,361	1,500,066	3,545,427	2,748,791	90.05
90.06	09006	WOUND CARE CENTER	265,771	152,629	418,400	346,341	90.06
90.07	09007	SLEEP CENTER	758,178	250,515	1,008,693	905,040	90.07
91.00	09100	EMERGENCY	17,440,819	9,943,357	27,384,176	25,564,491	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,645,102	3,305,601	4,950,703	4,635,198	96.00
101.00	10100	HOME HEALTH AGENCY	1,449,032	1,217,874	2,666,906	2,254,673	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	991,388	627,925	1,619,313	1,638,088	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	192,710,785	345,510,155	538,220,940	538,416,260	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,385,584	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,285,858	2,184,669	8,470,527	7,869,212	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	-10	192.01
192.02	19202	HEARTCARE OFFICES	224,473	981,031	1,205,504	1,189,719	192.02
192.03	19203	FAMILY PHARMACY	525,065	8,487,599	9,012,664	8,907,118	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	913,744	1,205,548	2,119,292	2,048,634	194.00
194.01	07951	OCCUPATIONAL HEALTH	344,476	154,455	498,931	472,582	194.01
194.02	07952	OTHER FACILITIES	93,104	3,452,366	3,545,470	3,211,959	194.02
194.03	07953	THE HEART HOSPITAL	0	657,428	657,428	402,152	194.03
194.04	07954	PUBLIC RELATIONS	560,150	1,464,524	2,024,674	1,905,093	194.04
194.05	07955	CHILD CARE CENTER	1,016,513	289,227	1,305,740	1,252,867	194.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet A Date/Time Prepared: 2/28/2015 3:31 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	
200.00	TOTAL (SUM OF LINES 118-199)	202,674,168	364,387,002	567,061,170	0	567,061,170	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-8,213,169	17,802,886	1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT	0	61,274	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	721,181	27,408,311	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-12,113,774	52,000,580	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,860,108	83,847,204	5.00
7.00	00700	OPERATION OF PLANT	0	10,846,149	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	113,135	893,418	8.00
9.00	00900	HOUSEKEEPING	0	4,090,812	9.00
10.00	01000	DIETARY	249,278	2,801,349	10.00
11.00	01100	CAFETERIA	-942,330	730,984	11.00
13.00	01300	NURSING ADMINISTRATION	100,000	2,686,422	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,189,202	14.00
15.00	01500	PHARMACY	-28	6,989,538	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	570,807	3,315,996	16.00
17.00	01700	SOCIAL SERVICE	-511,222	2,828,087	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,091,956	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	892,145	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	191,154	23.00
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	179,045	23.01
23.03	02302	PARAMED ED PRGM- NURSING	0	256,619	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-10,406,140	33,978,999	30.00
31.00	03100	INTENSIVE CARE UNIT	-36,469	10,240,078	31.00
32.00	03200	CORONARY CARE UNIT	0	2,574,813	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,021,043	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-29,407,628	24,205,675	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-926,651	14,929,080	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-2,354,934	2,516,842	55.00
59.00	05900	CARDIAC CATHETERIZATION	28,240	1,632,639	59.00
60.00	06000	LABORATORY	-589,658	26,408,986	60.00
64.00	06400	INTRAVENOUS THERAPY	-63,348	1,680,453	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,071,157	65.00
66.00	06600	PHYSICAL THERAPY	-4,616,385	6,882,074	66.00
69.00	06900	ELECTROCARDIOLOGY	1,011,987	1,801,614	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	233,805	18,161,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	338,740	21,284,469	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,031,303	73.00
74.00	07400	RENAL DIALYSIS	-5,070	1,457,684	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	794,312	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-47,771	1,910,439	90.00
90.01	09001	FAMILY PRACTICE CLINIC	-81,961	1,381,790	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	532,119	90.02
90.03	09003	INFUSION CENTER	0	720,161	90.03
90.04	09004	PRIMARY CARE SENIORS	-1,216,943	976,833	90.04
90.05	09005	PAIN MANAGEMENT	-374,857	2,373,934	90.05
90.06	09006	WOUND CARE CENTER	-27,287	319,054	90.06
90.07	09007	SLEEP CENTER	-5,701	899,339	90.07
91.00	09100	EMERGENCY	-11,482,719	14,081,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-18,000	4,617,198	96.00
101.00	10100	HOME HEALTH AGENCY	-107,930	2,146,743	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	110,517	1,748,605	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-81,932,393	456,483,867	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,385,584	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,869,212	192.00
192.01	19201	DEACONESS URGENT CARE	0	-10	192.01
192.02	19202	HEARTCARE OFFICES	0	1,189,719	192.02
192.03	19203	FAMILY PHARMACY	0	8,907,118	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	2,048,634	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	472,582	194.01
194.02	07952	OTHER FACILITIES	0	3,211,959	194.02
194.03	07953	THE HEART HOSPITAL	0	402,152	194.03
194.04	07954	PUBLIC RELATIONS	0	1,905,093	194.04
194.05	07955	CHILD CARE CENTER	0	1,252,867	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-81,932,393	485,128,777	200.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	335,007	1.00
2.00		0.00	0	0	2.00
TOTALS			0	335,007	
B - EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	20,563,890	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
TOTALS			0	20,563,890	
C - HSB BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS- BLDG & FIXT	1.01	0	51,945	1.00
TOTALS			0	51,945	
D - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	287,896	1.00
TOTALS			0	287,896	
E - CAFETERIA/GARDEN CAFÉ					
1.00	CAFETERIA	11.00	898,963	774,351	1.00
2.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	744,384	641,200	2.00
TOTALS			1,643,347	1,415,551	
F - QUALITY SHARE/INCENTIVE COMP					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	76,376	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	2,118,030	0	2.00
3.00	OPERATION OF PLANT	7.00	169,157	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	9,471	0	4.00
5.00	HOUSEKEEPING	9.00	85,195	0	5.00
6.00	DIETARY	10.00	74,788	0	6.00
7.00	NURSING ADMINISTRATION	13.00	54,744	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	31,803	0	8.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-6
Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00	PHARMACY	15.00	154,457	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	67,260	0		10.00
11.00	SOCIAL SERVICE	17.00	33,748	0		11.00
12.00	PARAMED ED PRGM - PHARMACY	23.00	648	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	516,237	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	106,453	0		14.00
15.00	CORONARY CARE UNIT	32.00	27,341	0		15.00
16.00	SUBPROVIDER - IPF	40.00	10,340	0		16.00
17.00	OPERATING ROOM	50.00	260,749	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	181,847	0		18.00
19.00	RADIOLOGY - THERAPEUTIC	55.00	12,984	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	22,002	0		20.00
21.00	LABORATORY	60.00	174,494	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	11,306	0		22.00
23.00	RESPIRATORY THERAPY	65.00	28,694	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	5,688	0		24.00
25.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	21,796	0		25.00
26.00	CLINIC	90.00	29,465	0		26.00
27.00	FAMILY PRACTICE CLINIC	90.01	67,506	0		27.00
28.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	7,156	0		28.00
29.00	PRIMARY CARE SENIORS	90.04	17,263	0		29.00
30.00	PAIN MANAGEMENT	90.05	50,920	0		30.00
31.00	WOUND CARE CENTER	90.06	2,752	0		31.00
32.00	SLEEP CENTER	90.07	27,180	0		32.00
33.00	EMERGENCY	91.00	212,154	0		33.00
34.00	DURABLE MEDICAL EQUIP-RENTED	96.00	56,337	0		34.00
35.00	HOME HEALTH AGENCY	101.00	48,171	0		35.00
36.00	HOSPICE	116.00	57,525	0		36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	32,050	0		37.00
38.00	HEARTCARE OFFICES	192.02	10,135	0		38.00
39.00	FAMILY PHARMACY	192.03	1,295	0		39.00
40.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	38,354	0		40.00
41.00	OCCUPATIONAL HEALTH	194.01	4,592	0		41.00
42.00	OTHER FACILITIES	194.02	15,611	0		42.00
43.00	PUBLIC RELATIONS	194.04	26,984	0		43.00
44.00	CHILD CARE CENTER	194.05	64,559	0		44.00
TOTALS			5,025,617	0		
G - LEASES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	425,126		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	241,107		2.00
3.00		0.00	0	0		3.00
TOTALS			0	666,233		
H - DRUGS CHARGED						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,031,303		1.00
TOTALS			0	31,031,303		
I - MEDICAL SUPPLIES CHARGED						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,038,943		1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	55,937		2.00
TOTALS			0	3,094,880		
J - RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,091,956	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	772,145	120,000		2.00
TOTALS			1,864,101	120,000		
K - PASTORAL EDUCATION						
1.00	PARAMED ED PRGM- CHAPLAIN RESIDENCY	23.01	173,060	5,985		1.00
TOTALS			173,060	5,985		
L - INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	557,400		1.00
2.00	NEW CAP REL COSTS- BLDG & FIXT	1.01	0	9,329		2.00
TOTALS			0	566,729		

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
M - HOME SERVICES					
1.00	HOSPICE	116.00	53,159	23,333	1.00
2.00	DURABLE MEDICAL EQUIP-RENTED	96.00	137,118	60,186	2.00
	TOTALS		190,277	83,519	
N - SALARIES					
1.00	MEDICAL RECORDS & LIBRARY	16.00	1,400,000	0	1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	114,000	0	2.00
3.00	HOSPICE	116.00	8,750	0	3.00
	TOTALS		1,522,750	0	
P - PUBLIC RELATIONS					
1.00	ADMINISTRATIVE & GENERAL	5.00	12,820	62,164	1.00
	TOTALS		12,820	62,164	
Q - PARAMEDICAL ED - NURSING					
1.00	PARAMEDICAL PRGM- NURSING	23.03	256,619	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		256,619	0	
R - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,888,780	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	20,889,792	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
	TOTALS		0	35,778,572	
S - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,567,736	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	18,600	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-6
Date/Time Prepared:
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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
42.00	0.00	0	0			42.00
43.00	0.00	0	0			43.00
44.00	0.00	0	0			44.00
45.00	0.00	0	0			45.00
46.00	0.00	0	0			46.00
47.00	0.00	0	0			47.00
48.00	0.00	0	0			48.00
TOTALS		18,600	21,567,736			
T - PROPERTY TAXES						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	116,441		1.00
TOTALS		0	116,441			
V - DISABILITY BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,112,976		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
TOTALS		0	1,112,976			
W - SALARY IN NON-SALARY ACCOUNTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,293	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	28,697	0		2.00
3.00	OPERATION OF PLANT	7.00	2,860	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	400	0		4.00
5.00	HOUSEKEEPING	9.00	2,002	0		5.00
6.00	DIETARY	10.00	4,510	0		6.00
7.00	NURSING ADMINISTRATION	13.00	1,269	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	635	0		8.00
9.00	PHARMACY	15.00	2,070	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	6,000	0		10.00
11.00	SOCIAL SERVICE	17.00	2,960	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	38,056	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	2,771	0		13.00
14.00	CORONARY CARE UNIT	32.00	446	0		14.00
15.00	SUBPROVIDER - IPF	40.00	485	0		15.00
16.00	OPERATING ROOM	50.00	5,295	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	3,595	0		17.00
18.00	RADIOLOGY - THERAPEUTIC	55.00	1,159	0		18.00
19.00	LABORATORY	60.00	6,073	0		19.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00	RESPIRATORY THERAPY	65.00	650	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	250	0	21.00
22.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	1,115	0	22.00
23.00	CLINIC	90.00	415	0	23.00
24.00	FAMILY PRACTICE CLINIC	90.01	6,211	0	24.00
25.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	587	0	25.00
26.00	PRIMARY CARE SENIORS	90.04	4,480	0	26.00
27.00	PAIN MANAGEMENT	90.05	295	0	27.00
28.00	SLEEP CENTER	90.07	861	0	28.00
29.00	EMERGENCY	91.00	5,350	0	29.00
30.00	DURABLE MEDICAL EQUIP-RENTED	96.00	1,888	0	30.00
31.00	HOME HEALTH AGENCY	101.00	8,885	0	31.00
32.00	HOSPICE	116.00	5,200	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	6,829	0	33.00
34.00	HEARTCARE OFFICES	192.02	240	0	34.00
35.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	2,280	0	35.00
36.00	OCCUPATIONAL HEALTH	194.01	300	0	36.00
37.00	OTHER FACILITIES	194.02	205	0	37.00
38.00	PUBLIC RELATIONS	194.04	385	0	38.00
39.00	CHILD CARE CENTER	194.05	25	0	39.00
	TOTALS		159,027	0	
X - PHYSICIAN PART A					
1.00	INTENSIVE CARE UNIT	31.00	31,000	19,560	1.00
	TOTALS		31,000	19,560	
Y - HEART SALARIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	667	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	542	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	10,043	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	12,523	0	4.00
5.00	CORONARY CARE UNIT	32.00	823	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	4,919	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	257	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	679	0	8.00
9.00	PAIN MANAGEMENT	90.05	1,129	0	9.00
10.00	HEARTCARE OFFICES	192.02	12	0	10.00
	TOTALS		31,594	0	
500.00	Grand Total: Increases		10,928,812	116,880,387	500.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - BUILDING DEPRECIATION							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	78	9	1.00	
2.00	OTHER FACILITIES	194.02	0	334,929	9	2.00	
	TOTALS		0	335,007			
B - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,447,951	9	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,923	9	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	11,979,212	9	3.00	
4.00	OPERATION OF PLANT	7.00	0	109,772	9	4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	197,145	9	5.00	
6.00	HOUSEKEEPING	9.00	0	31,929	9	6.00	
7.00	DIETARY	10.00	0	92,249	9	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	245,468	9	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	209,776	9	9.00	
10.00	PHARMACY	15.00	0	322,777	9	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,838	9	11.00	
12.00	SOCIAL SERVICE	17.00	0	414	9	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	673,454	9	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	460,285	9	14.00	
15.00	CORONARY CARE UNIT	32.00	0	60,434	9	15.00	
16.00	SUBPROVIDER - IPF	40.00	0	896	9	16.00	
17.00	OPERATING ROOM	50.00	0	1,861,364	9	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,237,041	9	18.00	
19.00	RADIOLOGY - THERAPEUTIC	55.00	0	31,437	9	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	133,497	9	20.00	
21.00	LABORATORY	60.00	0	581,811	9	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0	6,753	9	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	90,238	9	23.00	
24.00	PHYSICAL THERAPY	66.00	0	34,936	9	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	1,901	9	25.00	
26.00	CLINIC	90.00	0	6,137	9	26.00	
27.00	FAMILY PRACTICE CLINIC	90.01	0	7,184	9	27.00	
28.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	402	9	28.00	
29.00	INFUSION CENTER	90.03	0	3,377	9	29.00	
30.00	PRIMARY CARE SENIORS	90.04	0	22,780	9	30.00	
31.00	PAIN MANAGEMENT	90.05	0	84,095	9	31.00	
32.00	WOUND CARE CENTER	90.06	0	3,951	9	32.00	
33.00	SLEEP CENTER	90.07	0	38,336	9	33.00	
34.00	EMERGENCY	91.00	0	351,843	9	34.00	
35.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	90,697	9	35.00	
36.00	HOME HEALTH AGENCY	101.00	0	13,267	9	36.00	
37.00	HOSPICE	116.00	0	1,537	9	37.00	
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	39,435	9	38.00	
39.00	FAMILY PHARMACY	192.03	0	51,175	9	39.00	
40.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	3,415	9	40.00	
41.00	OCCUPATIONAL HEALTH	194.01	0	847	9	41.00	
42.00	OTHER FACILITIES	194.02	0	130	9	42.00	
43.00	PUBLIC RELATIONS	194.04	0	5,369	9	43.00	
44.00	CHILD CARE CENTER	194.05	0	9,412	9	44.00	
	TOTALS		0	20,563,890			
C - HSB BUILDING DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	51,945	9	1.00	
	TOTALS		0	51,945			
D - INTEREST EXPENSE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	287,896	11	1.00	
	TOTALS		0	287,896			
E - CAFETERIA/GARDEN CAFE							
1.00	DIETARY	10.00	1,643,347	1,415,551	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		1,643,347	1,415,551			
F - QUALITY SHARE/INCENTIVE COMP							
1.00	ADMINISTRATIVE & GENERAL	5.00	5,025,617	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	

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	
25.00		0.00	0	0	0		25.00	
26.00		0.00	0	0	0		26.00	
27.00		0.00	0	0	0		27.00	
28.00		0.00	0	0	0		28.00	
29.00		0.00	0	0	0		29.00	
30.00		0.00	0	0	0		30.00	
31.00		0.00	0	0	0		31.00	
32.00		0.00	0	0	0		32.00	
33.00		0.00	0	0	0		33.00	
34.00		0.00	0	0	0		34.00	
35.00		0.00	0	0	0		35.00	
36.00		0.00	0	0	0		36.00	
37.00		0.00	0	0	0		37.00	
38.00		0.00	0	0	0		38.00	
39.00		0.00	0	0	0		39.00	
40.00		0.00	0	0	0		40.00	
41.00		0.00	0	0	0		41.00	
42.00		0.00	0	0	0		42.00	
43.00		0.00	0	0	0		43.00	
44.00		0.00	0	0	0		44.00	
TOTALS			5,025,617	0				
G - LEASES								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,454	10		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	606,731	10		2.00	
3.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48,048	10		3.00	
TOTALS			0	666,233				
H - DRUGS CHARGED								
1.00	PHARMACY	15.00	0	31,031,303	0		1.00	
TOTALS			0	31,031,303				
I - MEDICAL SUPPLIES CHARGED								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,094,880	0		1.00	
2.00		0.00	0	0	0		2.00	
TOTALS			0	3,094,880				
J - RESIDENTS								
1.00	FAMILY PRACTICE CLINIC	90.01	1,857,700	120,000	0		1.00	
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,401	0		2.00	
TOTALS			1,857,700	126,401				
K - PASTORAL EDUCATION								
1.00	ADMINISTRATIVE & GENERAL	5.00	173,060	5,985	0		1.00	
TOTALS			173,060	5,985				
L - INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	566,729	12		1.00	
2.00		0.00	0	0	12		2.00	
TOTALS			0	566,729				
M - HOME SERVICES								
1.00	HOME HEALTH AGENCY	101.00	190,277	83,519	0		1.00	
2.00		0.00	0	0	0		2.00	
TOTALS			190,277	83,519				
N - SALARIES								
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,400,000	0		1.00	
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	114,000	0		2.00	
3.00	HOSPICE	116.00	0	8,750	0		3.00	
TOTALS			0	1,522,750				

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2013
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
P - PUBLIC RELATIONS						
1.00 PUBLIC RELATIONS	194.04	12,820	62,164	0		1.00
TOTALS		12,820	62,164			
Q - PARAMEDICAL ED - NURSING						
1.00 ADMINISTRATIVE & GENERAL	5.00	19,678	0	0		1.00
2.00 ADULTS & PEDIATRICS	30.00	137,022	0	0		2.00
3.00 INTENSIVE CARE UNIT	31.00	58,136	0	0		3.00
4.00 CORONARY CARE UNIT	32.00	17,524	0	0		4.00
5.00 OPERATING ROOM	50.00	14,590	0	0		5.00
6.00 EMERGENCY	91.00	9,669	0	0		6.00
TOTALS		256,619	0			
R - MEDICAL SUPPLIES						
1.00 OPERATING ROOM	50.00	0	29,399,334	0		1.00
2.00 RADIOLOGY-DIAGNOSTIC	54.00	0	2,276,137	0		2.00
3.00 CARDIAC CATHETERIZATION	59.00	0	2,871,090	0		3.00
4.00 RESPIRATORY THERAPY	65.00	0	397,416	0		4.00
5.00 PAIN MANAGEMENT	90.05	0	530,145	0		5.00
6.00 WOUND CARE CENTER	90.06	0	41,472	0		6.00
7.00 DURABLE MEDICAL EQUIP-RENTED	96.00	0	262,978	0		7.00
TOTALS		0	35,778,572			
S - BENEFITS						
1.00 ADMINISTRATIVE & GENERAL	5.00	0	4,185,914	0		1.00
2.00 OPERATION OF PLANT	7.00	0	292,412	0		2.00
3.00 LAUNDRY & LINEN SERVICE	8.00	0	52,230	0		3.00
4.00 HOUSEKEEPING	9.00	0	313,819	0		4.00
5.00 DIETARY	10.00	0	287,734	0		5.00
6.00 NURSING ADMINISTRATION	13.00	0	257,122	0		6.00
7.00 CENTRAL SERVICES & SUPPLY	14.00	0	204,949	0		7.00
8.00 PHARMACY	15.00	0	936,025	0		8.00
9.00 MEDICAL RECORDS & LIBRARY	16.00	0	398,881	0		9.00
10.00 SOCIAL SERVICE	17.00	0	280,930	0		10.00
11.00 PARAMEDICAL PRGM - PHARMACY	23.00	0	13,579	0		11.00
12.00 ADULTS & PEDIATRICS	30.00	0	4,165,350	0		12.00
13.00 INTENSIVE CARE UNIT	31.00	0	1,018,757	0		13.00
14.00 CORONARY CARE UNIT	32.00	0	287,633	0		14.00
15.00 SUBPROVIDER - IPF	40.00	0	99,821	0		15.00
16.00 OPERATING ROOM	50.00	0	1,813,301	0		16.00
17.00 RADIOLOGY-DIAGNOSTIC	54.00	0	978,545	0		17.00
18.00 RADIOLOGY - THERAPEUTIC	55.00	0	45,795	0		18.00
19.00 CARDIAC CATHETERIZATION	59.00	0	113,541	0		19.00
20.00 LABORATORY	60.00	0	1,166,217	0		20.00
21.00 INTRAVENOUS THERAPY	64.00	0	74,919	0		21.00
22.00 RESPIRATORY THERAPY	65.00	0	324,608	0		22.00
23.00 ELECTROCARDIOLOGY	69.00	0	40,584	0		23.00
24.00 RENAL DIALYSIS	74.00	0	15,671	0		24.00
25.00 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	88,732	0		25.00
26.00 CLINIC	90.00	0	139,795	0		26.00
27.00 FAMILY PRACTICE CLINIC	90.01	0	235,244	0		27.00
28.00 OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	38,722	0		28.00
29.00 INFUSION CENTER	90.03	0	8,012	0		29.00
30.00 PRIMARY CARE SENIORS	90.04	0	147,281	0		30.00
31.00 PAIN MANAGEMENT	90.05	0	226,565	0		31.00
32.00 WOUND CARE CENTER	90.06	0	28,625	0		32.00
33.00 SLEEP CENTER	90.07	0	82,868	0		33.00
34.00 EMERGENCY	91.00	0	1,596,383	0		34.00
35.00 DURABLE MEDICAL EQUIP-RENTED	96.00	0	160,696	0		35.00
36.00 HOME HEALTH AGENCY	101.00	0	161,634	0		36.00
37.00 HOSPICE	116.00	0	111,276	0		37.00
38.00 PHYSICIANS' PRIVATE OFFICES	192.00	0	528,476	0		38.00
39.00 DEACONESS URGENT CARE	192.01	0	10	0		39.00
40.00 HEARTCARE OFFICES	192.02	0	24,434	0		40.00
41.00 FAMILY PHARMACY	192.03	0	51,578	0		41.00
42.00 OTHER NONREIMBURSABLE COST CENTERS	194.00	0	100,252	0		42.00
43.00 OCCUPATIONAL HEALTH	194.01	0	29,928	0		43.00
44.00 OTHER FACILITIES	194.02	0	14,063	0		44.00
45.00 THE HEART HOSPITAL	194.03	0	255,276	0		45.00
46.00 PUBLIC RELATIONS	194.04	0	66,212	0		46.00
47.00 CHILD CARE CENTER	194.05	0	103,337	0		47.00
48.00 ADMINISTRATIVE & GENERAL	5.00	0	18,600	0		48.00
TOTALS		0	21,586,336			

RECLASSIFICATIONS

Provider CCN: 150082

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
T - PROPERTY TAXES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	116,441	13	1.00
	TOTALS		0	116,441		
V - DISABILITY BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,660	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	117,108	0	0	2.00
3.00	OPERATION OF PLANT	7.00	21,275	0	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	2,113	0	0	4.00
5.00	HOUSEKEEPING	9.00	40,179	0	0	5.00
6.00	DIETARY	10.00	13,319	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	15,486	0	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	13,637	0	0	8.00
9.00	PHARMACY	15.00	92,416	0	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	10,510	0	0	10.00
11.00	SOCIAL SERVICE	17.00	14,193	0	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	254,886	0	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	81,445	0	0	13.00
14.00	CORONARY CARE UNIT	32.00	26,115	0	0	14.00
15.00	SUBPROVIDER - IPF	40.00	2,760	0	0	15.00
16.00	OPERATING ROOM	50.00	81,255	0	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	49,350	0	0	17.00
18.00	RADIOLOGY - THERAPEUTIC	55.00	601	0	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	2,074	0	0	19.00
20.00	LABORATORY	60.00	83,602	0	0	20.00
21.00	INTRAVENOUS THERAPY	64.00	9,888	0	0	21.00
22.00	RESPIRATORY THERAPY	65.00	27,665	0	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	2,832	0	0	23.00
24.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	2,109	0	0	24.00
25.00	CLINIC	90.00	3,297	0	0	25.00
26.00	FAMILY PRACTICE CLINIC	90.01	4,677	0	0	26.00
27.00	PRIMARY CARE SENIORS	90.04	391	0	0	27.00
28.00	PAIN MANAGEMENT	90.05	6,751	0	0	28.00
29.00	WOUND CARE CENTER	90.06	763	0	0	29.00
30.00	SLEEP CENTER	90.07	9,629	0	0	30.00
31.00	EMERGENCY	91.00	73,944	0	0	31.00
32.00	DURABLE MEDICAL EQUIP-RENTED	96.00	6,727	0	0	32.00
33.00	HOME HEALTH AGENCY	101.00	11,707	0	0	33.00
34.00	HOSPICE	116.00	2,429	0	0	34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	8,493	0	0	35.00
36.00	HEARTCARE OFFICES	192.02	1,486	0	0	36.00
37.00	FAMILY PHARMACY	192.03	4,088	0	0	37.00
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	5,267	0	0	38.00
39.00	OCCUPATIONAL HEALTH	194.01	166	0	0	39.00
40.00	CHILD CARE CENTER	194.05	4,683	0	0	40.00
	TOTALS		1,112,976	0		
W - SALARY IN NON-SALARY ACCOUNTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,293	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	28,697	0	2.00
3.00	OPERATION OF PLANT	7.00	0	2,860	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	400	0	4.00
5.00	HOUSEKEEPING	9.00	0	2,002	0	5.00
6.00	DIETARY	10.00	0	4,510	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,269	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	635	0	8.00
9.00	PHARMACY	15.00	0	2,070	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,000	0	10.00
11.00	SOCIAL SERVICE	17.00	0	2,960	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	38,056	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	2,771	0	13.00
14.00	CORONARY CARE UNIT	32.00	0	446	0	14.00
15.00	SUBPROVIDER - IPF	40.00	0	485	0	15.00
16.00	OPERATING ROOM	50.00	0	5,295	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,595	0	17.00
18.00	RADIOLOGY - THERAPEUTIC	55.00	0	1,159	0	18.00
19.00	LABORATORY	60.00	0	6,073	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	650	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	250	0	21.00
22.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	1,115	0	22.00
23.00	CLINIC	90.00	0	415	0	23.00
24.00	FAMILY PRACTICE CLINIC	90.01	0	6,211	0	24.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-6
Date/Time Prepared:
2/28/2015 3:31 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
25.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	587	0	25.00	
26.00	PRIMARY CARE SENIORS	90.04	0	4,480	0	26.00	
27.00	PAIN MANAGEMENT	90.05	0	295	0	27.00	
28.00	SLEEP CENTER	90.07	0	861	0	28.00	
29.00	EMERGENCY	91.00	0	5,350	0	29.00	
30.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	1,888	0	30.00	
31.00	HOME HEALTH AGENCY	101.00	0	8,885	0	31.00	
32.00	HOSPICE	116.00	0	5,200	0	32.00	
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,829	0	33.00	
34.00	HEARTCARE OFFICES	192.02	0	240	0	34.00	
35.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,280	0	35.00	
36.00	OCCUPATIONAL HEALTH	194.01	0	300	0	36.00	
37.00	OTHER FACILITIES	194.02	0	205	0	37.00	
38.00	PUBLIC RELATIONS	194.04	0	385	0	38.00	
39.00	CHILD CARE CENTER	194.05	0	25	0	39.00	
	TOTALS		0	159,027			
X - PHYSICIAN PART A							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	31,000	19,560	0	1.00	
	TOTALS		31,000	19,560			
Y - HEART SALARIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	667	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	542	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	10,043	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	12,523	0	4.00	
5.00	CORONARY CARE UNIT	32.00	0	823	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,919	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	257	0	7.00	
8.00	ELECTROCARDIOLOGY	69.00	0	679	0	8.00	
9.00	PAIN MANAGEMENT	90.05	0	1,129	0	9.00	
10.00	HEARTCARE OFFICES	192.02	0	12	0	10.00	
	TOTALS		0	31,594			
500.00	Grand Total: Decreases		10,303,416	117,505,783		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
2/28/2015 3:31 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,039,318	893,458	0	893,458	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	472,217,429	7,737,680	0	7,737,680	44,887	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	248,898,529	19,874,195	0	19,874,195	1,288,452	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	736,155,276	28,505,333	0	28,505,333	1,333,339	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	736,155,276	28,505,333	0	28,505,333	1,333,339	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,932,776	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	479,910,222	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	267,484,272	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	763,327,270	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	763,327,270	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
2/28/2015 3:31 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	NEW CAP REL COSTS-BLDG & FIXT	18,268,267	0	8,218,047	0	0	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,477,796	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,268,267	5,477,796	8,218,047	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	26,486,314				1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,477,796				2.00
3.00	Total (sum of lines 1-2)	0	31,964,110				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-7
Part III
Date/Time Prepared:
2/28/2015 3:31 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	NEW CAP REL COSTS-BLDG & FIXT	495,842,999	0	495,842,999	0.649581	0	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	267,484,272	0	267,484,272	0.350419	0	2.00
3.00	Total (sum of lines 1-2)	763,327,271	0	763,327,271	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	17,108,256	425,126	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	51,945	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	21,285,071	5,718,903	2.00
3.00	Total (sum of lines 1-2)	0	0	0	38,445,272	6,144,029	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 col s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-287,896	557,400	0	0	17,802,886	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	9,329	0	0	61,274	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	287,896	0	116,441	0	27,408,311	2.00
3.00	Total (sum of lines 1-2)	0	566,729	116,441	0	45,272,471	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-8

Date/Time Prepared:
2/28/2015 3:31 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center	Line #		
				1.00	2.00	3.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-8,218,047	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS- BLDG & FIXT (chapter 2)			NEW CAP REL COSTS- BLDG & FIXT	1.01	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-80,487	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)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-24,160	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	9.00
10.00	Provider-based physician adjustment	A-8-2	-35,978,361			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	-25,828,892			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-895,927	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-46,403	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-5,435	ADMINISTRATIVE & GENERAL	5.00	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		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS- BLDG & FIXT			NEW CAP REL COSTS- BLDG & FIXT	1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***	67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-8

Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
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	***	Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00
33.00 FITNESS CENTER MEMBERSHIPS	B	-20,013		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.00
33.01 MISCELLANEOUS	B	-1,067		ADMINISTRATIVE & GENERAL	5.00		0 33.01
33.02 LI FELINE REVENUE	B	-18,000		DURABLE MEDICAL EQUIP-RENTED	96.00		0 33.02
33.03 CALL CENTER	B	-39,545		ADMINISTRATIVE & GENERAL	5.00		0 33.03
33.04 PRIMARY CARE SENIORS - NON OP	B	-23,793		PRIMARY CARE SENIORS	90.04		0 33.04
33.05 PROFESSIONAL BILLING FEES	B	-32,903		ADMINISTRATIVE & GENERAL	5.00		0 33.05
33.06 WEIGHT LOSS PROGRAM	B	-22,285		OPERATING ROOM	50.00		0 33.06
33.07		0			0.00		0 33.07
33.08 SELF INSURANCE	A	-12,093,761		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.08
33.09 PROPERTY TAX - RENTAL PROPERTY	A	-587,388		ADMINISTRATIVE & GENERAL	5.00		0 33.09
33.10 FAMILY PRACTICE GRANT	A	110,626		FAMILY PRACTICE CLINIC	90.01		0 33.10
33.11 NURSING ADMIN GRANT	A	100,000		NURSING ADMINISTRATION	13.00		0 33.11
33.13 MEDICAL LEADERSHIP GRANT	A	25,000		ADMINISTRATIVE & GENERAL	5.00		0 33.13
33.14 HOSPICE GRANT	A	110,833		HOSPICE	116.00		0 33.14
33.18 AMORT PHASE II	A	20,350		NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.18
33.19 AMORT PHASE I	A	6,463		NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.19
33.20 1984 AMORT A&G	A	2,225		NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.20
34.00 AHA GENERATOR	A	7,369		NEW CAP REL COSTS-MVBLE EQUIP	2.00		9 34.00
35.00		0			0.00		0 35.00
36.00		0			0.00		0 36.00
42.00 AHA/IHA DUES	A	-22,896		ADMINISTRATIVE & GENERAL	5.00		0 42.00
43.00 ADVERTISING	A	-10,261		ADMINISTRATIVE & GENERAL	5.00		0 43.00
44.00 DIETARY EXPENSE RECOVERY	A	249,278		DIETARY	10.00		0 44.00
45.00 LOSS ON DISPOSAL OF ASSETS - EQP	A	713,812		NEW CAP REL COSTS-MVBLE EQUIP	2.00		9 45.00
45.02 LAUNDRY EXPENSE RECOVERY	B	113,135		LAUNDRY & LINEN SERVICE	8.00		0 45.02
45.03 MEDICAL RECORDS EXPENSE RECOVERY	A	558,140		MEDICAL RECORDS & LIBRARY	16.00		0 45.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-81,932,393					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 150082

Period: From 10/01/2013 To 09/30/2014

Worksheet A-8-1

Date/Time Prepared: 2/28/2015 3:31 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	201,891	196,935 1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	12,667	0 2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	290,205	517,114 3.00
4.00	55.00	RADIOLOGY - THERAPEUTIC	FACILITY RENT	5,950	0 4.00
4.01	60.00	LABORATORY	FACILITY RENT	11,104	17,315 4.01
4.02	66.00	PHYSICAL THERAPY	FACILITY RENT	95,880	97,242 4.02
4.03	90.00	CLINIC	FACILITY RENT	63,091	95,806 4.03
4.04	90.01	FAMILY PRACTICE CLINIC	FACILITY RENT	2,004	0 4.04
4.05	90.04	PRIMARY CARE SENIORS	FACILITY RENT	29,814	71,310 4.05
4.06	90.05	PAIN MANAGEMENT	FACILITY RENT	147,875	337,216 4.06
4.07	90.06	WOUND CARE CENTER	FACILITY RENT	32,363	42,930 4.07
4.08	50.00	OPERATING ROOM	CONTRACT SERVICES	11,016,390	28,606,626 4.08
4.09	66.00	PHYSICAL THERAPY	THERAPY CONTRACT SERVICES	6,256,199	10,871,222 4.09
4.10	101.00	HOME HEALTH AGENCY	THERAPY CONTRACT SERVICES	641,370	749,300 4.10
4.11	116.00	HOSPICE	THERAPY CONTRACT SERVICES	1,877	2,193 4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	100,000	100,000 4.12
4.13	15.00	PHARMACY	FACILITY RENT	8,334	8,334 4.13
4.14	50.00	OPERATING ROOM	FACILITY RENT	216,115	216,115 4.14
4.15	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	446,447	446,447 4.15
4.16	60.00	LABORATORY	FACILITY RENT	97,138	97,138 4.16
4.17	90.00	CLINIC	FACILITY RENT	26,093	26,093 4.17
4.18	90.03	INFUSION CENTER	FACILITY RENT	44,918	44,918 4.18
4.19	55.00	RADIOLOGY - THERAPEUTIC	CONTRACT SERVICES	1,711,424	4,072,308 4.19
4.20	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	0	1,090,527 4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	CONTRACT SERVICES	480,573	1,023,445 4.21
4.22	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	236,982	0 4.22
4.23	64.00	INTRAVENOUS THERAPY	CONTRACT SERVICES	645,516	708,864 4.23
4.24	69.00	ELECTROCARDIOLOGY	CONTRACT SERVICES	1,188,338	0 4.24
4.25	71.00	MEDICAL SUPPLIES CHARGED TO	CONTRACT SERVICES	233,805	0 4.25
4.26	72.00	IMPL. DEV. CHARGED TO PATIENT	CONTRACT SERVICES	338,740	0 4.26
4.27	50.00	OPERATING ROOM	CONTRACT SERVICES	1,783,342	2,755,939 4.27
5.00	0		0	26,366,445	52,195,337 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	B		100.00	DEACONESS HEALTH SYSTEM	0.00	6.00
7.00	B		100.00	DEACONESS HEALTH SYSTEM	0.00	7.00
8.00	B		100.00	DEACONESS HEALTH	0.00	8.00
9.00	B		100.00	DEACONESS HEALTH SYSTEM	0.00	9.00
10.00	B		100.00	DEACONESS HEALTH SYSTEM	0.00	10.00
10.01	B		100.00	DEACONESS HEALTH SYSTEM	0.00	10.01
10.02	B		100.00	DEACONESS HEALTH SYSTEM	0.00	10.02
10.03	B		100.00	DEACONESS HEALTH SYSTEM	0.00	10.03
10.04	B		100.00	DEACONESS HEALTH SYSTEM	0.00	10.04
10.05	B		100.00	DEACONESS HEALTH	0.00	10.05
10.06	C		100.00	DEACONESS HEALTH	0.00	10.06
10.07	C		0.00	EVANSVILLE SURG	50.00	10.07
10.08	C		0.00	PROGRESSIVE HEALTH OF IN	51.00	10.08
10.09	C		0.00	PROGRESSIVE HEA	51.00	10.09
10.10	C	DEACONESS HEALT	0.00	PROGRESSIVE HEA	51.00	10.10
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINIC	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINIC	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINIC	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINIC	100.00	10.14

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

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-8-1

Date/Time Prepared:
2/28/2015 3:31 pm

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
10.15	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.15
10.16	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.16
10.17	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.17
10.18	C		0.00	TRI-STATE RADI A	51.00	10.18
10.19	C		0.00	HEART HOSPI TAL	51.00	10.19
10.20	C		0.00	HEART HOSPI TAL	51.00	10.20
10.21	C		0.00	HEART HOSPI TAL	51.00	10.21
10.22	C		0.00	HEART HOSPI TAL	51.00	10.22
10.23	C		0.00	HEART HOSPI TAL	51.00	10.23
10.24	C		0.00	HEART HOSPI TAL	51.00	10.24
10.25	C		0.00	HEART HOSPI TAL	51.00	10.25
10.26	C		0.00	MAI NSPRI NG MGRS	51.00	10.26
100.00	G. Other (fi nanci al or non-fi nanci al) speci fy:					100.00

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

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

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

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-8-1

Date/Time Prepared:
2/28/2015 3:31 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4,956	0		1.00
2.00	12,667	0		2.00
3.00	-226,909	0		3.00
4.00	5,950	0		4.00
4.01	-6,211	0		4.01
4.02	-1,362	0		4.02
4.03	-32,715	0		4.03
4.04	2,004	0		4.04
4.05	-41,496	0		4.05
4.06	-189,341	0		4.06
4.07	-10,567	0		4.07
4.08	-17,590,236	0		4.08
4.09	-4,615,023	0		4.09
4.10	-107,930	0		4.10
4.11	-316	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	-2,360,884	0		4.19
4.20	-1,090,527	0		4.20
4.21	-542,872	0		4.21
4.22	236,982	0		4.22
4.23	-63,348	0		4.23
4.24	1,188,338	0		4.24
4.25	233,805	0		4.25
4.26	338,740	0		4.26
4.27	-972,597	0		4.27
5.00	-25,828,892			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
		6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HEALTH SYTEM		6.00
7.00	HEALTH SYTEM		7.00
8.00	HEALTH SYTEM		8.00
9.00	HEALTH SYTEM		9.00
10.00	HEALTH SYTEM		10.00
10.01	HEALTH SYTEM		10.01
10.02	HEALTH SYTEM		10.02
10.03	HEALTH SYTEM		10.03
10.04	HEALTH SYTEM		10.04
10.05	HEALTH SYTEM		10.05
10.06	HEALTH SYTEM		10.06
10.07	SURGERY		10.07
10.08	THERAPY SERVICES		10.08
10.09	THERAPY SERVICE		10.09
10.10	THERAPY SERVICE		10.10
10.11	CLINIC		10.11
10.12	CLINIC		10.12
10.13	CLINIC		10.13
10.14	CLINIC		10.14

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

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-8-1

Date/Time Prepared:
2/28/2015 3:31 pm

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.15	CLINIC		10.15
10.16	CLINIC		10.16
10.17	CLINIC		10.17
10.18	RADIATION THRPY		10.18
10.19	HOSPITAL		10.19
10.20	HOSPITAL		10.20
10.21	HOSPITAL		10.21
10.22	HOSPITAL		10.22
10.23	HOSPITAL		10.23
10.24	HOSPITAL		10.24
10.25	HOSPITAL		10.25
10.26	SURGERY MGMT		10.26
100.00			100.00

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- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-8-2

Date/Time Prepared:
2/28/2015 3:31 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	180,819	0	180,819	171,400	1,957	1.00
2.00	15.00	PHARMACY	110	0	110	171,400	1	2.00
3.00	17.00	SOCIAL SERVICE	511,387	511,137	250	171,400	2	3.00
4.00	30.00	ADULTS & PEDIATRICS	10,795,004	9,192,870	754,241	171,400	4,719	4.00
5.00	31.00	INTENSIVE CARE UNIT	50,560	0	50,560	171,400	171	5.00
6.00	50.00	OPERATING ROOM	10,873,933	10,026,851	847,081	200,300	534	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	234,000	0	234,000	171,400	936	7.00
8.00	59.00	CARDIAC CATHETERIZATION	245,000	0	245,000	171,400	440	8.00
9.00	60.00	LABORATORY	692,142	204,657	487,485	219,500	1,030	9.00
10.00	69.00	ELECTROCARDIOLOGY	176,351	176,351	0	171,400	0	10.00
11.00	74.00	RENAL DIALYSIS	11,250	0	11,250	171,400	75	11.00
12.00	90.00	CLINIC	18,187	14,034	4,153	171,400	38	12.00
13.00	90.01	FAMILY PRACTICE CLINIC	194,591	194,591	0	171,400	0	13.00
14.00	90.04	PRIMARY CARE SENIORS	1,151,654	1,151,654	0	171,400	0	14.00
15.00	90.05	PAIN MANAGEMENT	194,828	181,867	12,961	171,400	113	15.00
16.00	90.06	WOUND CARE CENTER	16,885	16,647	238	171,400	2	16.00
17.00	90.07	SLEEP CENTER	15,754	1,154	14,600	171,400	122	17.00
18.00	91.00	EMERGENCY	15,393,111	8,977,426	6,415,685	171,400	47,454	18.00
200.00			40,755,566	30,649,239	9,258,433		57,594	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	161,264	8,063	0	0	0	1.00
2.00	15.00	PHARMACY	82	4	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	165	8	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	388,864	19,443	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	14,091	705	0	0	0	5.00
6.00	50.00	OPERATING ROOM	51,423	2,571	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	77,130	3,857	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	36,258	1,813	0	0	0	8.00
9.00	60.00	LABORATORY	108,695	5,435	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	74.00	RENAL DIALYSIS	6,180	309	0	0	0	11.00
12.00	90.00	CLINIC	3,131	157	0	0	0	12.00
13.00	90.01	FAMILY PRACTICE CLINIC	0	0	0	0	0	13.00
14.00	90.04	PRIMARY CARE SENIORS	0	0	0	0	0	14.00
15.00	90.05	PAIN MANAGEMENT	9,312	466	0	0	0	15.00
16.00	90.06	WOUND CARE CENTER	165	8	0	0	0	16.00
17.00	90.07	SLEEP CENTER	10,053	503	0	0	0	17.00
18.00	91.00	EMERGENCY	3,910,392	195,520	0	0	0	18.00
200.00			4,777,205	238,862	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	161,264	19,555	19,555		1.00
2.00	15.00	PHARMACY	0	82	28	28		2.00
3.00	17.00	SOCIAL SERVICE	0	165	85	511,222		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	388,864	365,377	10,406,140		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	14,091	36,469	36,469		5.00
6.00	50.00	OPERATING ROOM	0	51,423	795,658	10,822,510		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	77,130	156,870	156,870		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	36,258	208,742	208,742		8.00
9.00	60.00	LABORATORY	0	108,695	378,790	583,447		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	176,351		10.00
11.00	74.00	RENAL DIALYSIS	0	6,180	5,070	5,070		11.00
12.00	90.00	CLINIC	0	3,131	1,022	15,056		12.00
13.00	90.01	FAMILY PRACTICE CLINIC	0	0	0	194,591		13.00
14.00	90.04	PRIMARY CARE SENIORS	0	0	0	1,151,654		14.00
15.00	90.05	PAIN MANAGEMENT	0	9,312	3,649	185,516		15.00
16.00	90.06	WOUND CARE CENTER	0	165	73	16,720		16.00
17.00	90.07	SLEEP CENTER	0	10,053	4,547	5,701		17.00
18.00	91.00	EMERGENCY	0	3,910,392	2,505,293	11,482,719		18.00
200.00			0	4,777,205	4,481,228	35,978,361		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	17,802,886	17,802,886			1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT	61,274	0	61,274		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	27,408,311			27,408,311	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	52,000,580			14,228	52,188,812 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	83,847,204	1,774,276	39,061	17,175,714	7,670,124 5.00
7.00 00700	OPERATION OF PLANT	10,846,149	2,709,468	0	157,390	777,046 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	893,418	372,476	0	282,665	139,092 8.00
9.00 00900	HOUSEKEEPING	4,090,812	186,443	0	45,780	872,937 9.00
10.00 01000	DIETARY	2,801,349	411,151	0	132,266	354,843 10.00
11.00 01100	CAFETERIA	730,984	143,844	0	0	232,660 11.00
13.00 01300	NURSING ADMINISTRATION	2,686,422	52,916	0	351,951	562,350 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,189,202	364,064	0	300,776	521,468 14.00
15.00 01500	PHARMACY	6,989,538	180,218	0	462,796	1,896,058 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,315,996	148,135	0	14,106	1,040,063 16.00
17.00 01700	SOCIAL SERVICE	2,828,087	74,837	0	594	712,482 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,091,956	0	0	0	282,608 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	892,145	0	0	0	199,838 22.00
23.00 02300	PARAMED ED PRGM - PHARMACY	191,154	1,778	0	0	47,274 23.00
23.01 02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	179,045	4,587	652	0	44,789 23.01
23.03 02302	PARAMED ED PRGM- NURSING	256,619	0	0	0	66,415 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	33,978,999	4,035,766	0	965,594	10,799,281 30.00
31.00 03100	INTENSIVE CARE UNIT	10,240,078	811,165	0	659,954	2,468,942 31.00
32.00 03200	CORONARY CARE UNIT	2,574,813	122,855	0	86,650	611,969 32.00
40.00 04000	SUBPROVIDER - IPF	1,021,043	69,163	0	1,285	263,388 40.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	24,205,675	1,493,475	0	2,668,813	5,288,699 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,929,080	642,662	0	1,773,662	2,250,638 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	2,516,842	245,598	0	45,074	117,202 55.00
59.00 05900	CARDIAC CATHETERIZATION	1,632,639	163,901	0	191,407	274,775 59.00
60.00 06000	LABORATORY	26,408,986	678,810	0	834,197	2,899,077 60.00
64.00 06400	INTRAVENOUS THERAPY	1,680,453	17,996	0	9,682	176,637 64.00
65.00 06500	RESPIRATORY THERAPY	3,071,157	189,110	0	129,383	733,659 65.00
66.00 06600	PHYSICAL THERAPY	6,882,074	109,221	0	50,091	0 66.00
69.00 06900	ELECTROCARDIOLOGY	1,801,614	56,304	0	2,726	95,663 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,161,528	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	21,284,469	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	31,031,303	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,457,684	8,300	0	0	55,506 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	794,312	0	0	0	233,940 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,910,439	89,615	0	8,799	401,441 90.00
90.01 09001	FAMILY PRACTICE CLINIC	1,381,790	260,348	0	10,300	249,585 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	532,119	83,433	0	576	96,526 90.02
90.03 09003	INFUSION CENTER	720,161	54,568	0	4,842	29,135 90.03
90.04 09004	PRIMARY CARE SENIORS	976,833	0	0	32,662	456,033 90.04
90.05 09005	PAIN MANAGEMENT	2,373,934	0	0	120,575	541,158 90.05
90.06 09006	WOUND CARE CENTER	319,054	6,705	0	5,665	69,299 90.06
90.07 09007	SLEEP CENTER	899,339	0	0	54,966	200,988 90.07
91.00 09100	EMERGENCY	14,081,772	675,041	0	504,470	4,548,493 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	4,617,198	172,384	0	130,041	474,583 96.00
101.00 10100	HOME HEALTH AGENCY	2,146,743	34,327	0	19,022	337,514 101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	1,748,605	133,357	0	2,204	288,208 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	456,483,867	16,747,915	44,099	27,250,906	49,382,386 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,385,584	90,829	0	0	192,653 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	7,869,212	366,520	0	56,542	1,626,678 192.00
192.01 19201	DEACONESS URGENT CARE	-10	0	0	0	0 192.01
192.02 19202	HEARTCARE OFFICES	1,189,719	0	0	0	60,399 192.02
192.03 19203	FAMILY PHARMACY	8,907,118	25,661	0	73,374	135,169 192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	2,048,634	120,752	17,175	4,896	245,638 194.00
194.01 07951	OCCUPATIONAL HEALTH	472,582	153,541	0	1,214	90,377 194.01
194.02 07952	OTHER FACILITIES	3,211,959	76,912	0	186	28,189 194.02
194.03 07953	THE HEART HOSPITAL	402,152	0	0	0	0 194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
194.04 07954 PUBLIC RELATIONS	1,905,093	0	0	7,698	148,737	194.04
194.05 07955 CHILD CARE CENTER	1,252,867	220,756	0	13,495	278,586	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	485,128,777	17,802,886	61,274	27,408,311	52,188,812	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part I Date/Time Prepared: 2/28/2015 3:31 pm		
Cost Center Description				Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
				4A	5.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	110,506,379	110,506,379				5.00
7.00	00700	OPERATION OF PLANT	14,490,053	4,274,290	18,764,343			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,687,651	497,825	531,523	2,716,999		8.00
9.00	00900	HOUSEKEEPING	5,195,972	1,532,713	266,053	0	6,994,738	9.00
10.00	01000	DIETARY	3,699,609	1,091,314	586,711	21,982	228,416	10.00
11.00	01100	CAFETERIA	1,107,488	326,688	205,265	0	79,913	11.00
13.00	01300	NURSING ADMINISTRATION	3,653,639	1,077,754	75,512	0	29,398	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,375,510	995,711	519,518	19,885	202,256	14.00
15.00	01500	PHARMACY	9,528,610	2,810,759	257,171	0	100,121	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,518,300	1,332,813	211,388	0	82,297	16.00
17.00	01700	SOCIAL SERVICE	3,616,000	1,066,651	106,792	0	41,576	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,374,564	405,470	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,091,983	322,114	0	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	240,206	70,856	2,538	0	988	23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	229,073	67,572	6,546	0	2,548	23.01
23.03	02302	PARAMED PRGM- NURSING	323,034	95,289	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,779,640	14,683,933	5,759,031	1,314,512	2,242,079	30.00
31.00	03100	INTENSIVE CARE UNIT	14,180,139	4,182,872	1,157,530	249,143	450,644	31.00
32.00	03200	CORONARY CARE UNIT	3,396,287	1,001,840	175,314	73,078	68,253	32.00
40.00	04000	SUBPROVIDER - I/PF	1,354,879	399,664	98,695	9,214	38,423	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,656,662	9,928,076	2,131,186	287,659	829,703	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,596,042	5,780,460	917,077	135,419	357,032	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,924,716	862,736	350,468	0	136,442	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,262,722	667,460	233,887	81,816	91,056	59.00
60.00	06000	LABORATORY	30,821,070	9,091,630	968,661	4,176	377,114	60.00
64.00	06400	INTRAVENOUS THERAPY	1,884,768	555,971	25,681	0	9,998	64.00
65.00	06500	RESPIRATORY THERAPY	4,123,309	1,216,298	269,860	281	105,061	65.00
66.00	06600	PHYSICAL THERAPY	7,041,386	2,077,075	155,857	33,907	60,678	66.00
69.00	06900	ELECTROCARDIOLOGY	1,956,307	577,073	80,346	7,016	31,280	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,161,528	5,357,306	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,284,469	6,278,514	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,031,303	9,153,645	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,521,490	448,811	11,843	0	4,611	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,028,252	303,315	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,410,294	710,991	127,880	4,031	49,786	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1,902,023	561,061	371,516	5,962	144,637	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	712,654	210,219	119,058	0	46,351	90.02
90.03	09003	INFUSION CENTER	808,706	238,553	77,868	3,938	30,315	90.03
90.04	09004	PRIMARY CARE SENIORS	1,465,528	432,303	0	593	0	90.04
90.05	09005	PAIN MANAGEMENT	3,035,667	895,464	0	21,779	0	90.05
90.06	09006	WOUND CARE CENTER	400,723	118,206	9,567	3,077	3,725	90.06
90.07	09007	SLEEP CENTER	1,155,293	340,789	0	7,531	0	90.07
91.00	09100	EMERGENCY	19,809,776	5,843,508	963,283	271,833	375,021	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	5,394,206	1,591,188	245,992	0	95,768	96.00
101.00	10100	HOME HEALTH AGENCY	2,537,606	748,546	48,985	0	19,071	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	2,172,374	640,809	190,300	8,597	74,087	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	452,447,890	100,866,135	17,258,902	2,565,429	6,408,648	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,669,066	492,343	129,613	4,489	50,460	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,918,952	2,925,902	523,023	16,836	203,621	192.00
192.01	19201	DEACONESS URGENT CARE	-10	0	0	2,004	0	192.01
192.02	19202	HEARTCARE OFFICES	1,250,118	368,761	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	9,141,322	2,696,516	36,618	0	14,256	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,437,095	718,897	172,313	27,627	67,084	194.00
194.01	07951	OCCUPATIONAL HEALTH	717,714	211,712	219,103	6,353	85,300	194.01
194.02	07952	OTHER FACILITIES	3,317,246	978,525	109,753	0	42,728	194.02
194.03	07953	THE HEART HOSPITAL	402,152	118,627	0	83,026	0	194.03
194.04	07954	PUBLIC RELATIONS	2,061,528	608,112	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	1,765,704	520,849	315,018	11,235	122,641	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	485,128,777	110,506,379	18,764,343	2,716,999	6,994,738	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,628,032					10.00
11.00	01100	0	1,719,354				11.00
13.00	01300	0	27,080	4,863,383			13.00
14.00	01400	0	34,955	0	5,147,835		14.00
15.00	01500	0	59,975	0	0	12,756,636	15.00
16.00	01600	0	61,793	0	39,954	242	16.00
17.00	01700	0	31,805	0	54	0	17.00
21.00	02100	0	11,329	0	0	0	21.00
22.00	02200	0	1,817	0	0	0	22.00
23.00	02300	0	1,636	0	0	0	23.00
23.01	02301	0	3,393	0	0	0	23.01
23.03	02302	0	2,484	12,919	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,912,064	422,491	2,197,569	87,538	10,746	30.00
31.00	03100	594,408	106,562	554,276	44,837	3,302	31.00
32.00	03200	140,886	24,838	129,194	13,636	1,585	32.00
40.00	04000	140,675	13,570	70,584	0	0	40.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	128,129	666,454	24,875	14,331	50.00
54.00	05400	0	97,051	0	136,368	2,947	54.00
55.00	05500	0	5,331	0	523	9	55.00
59.00	05900	0	9,935	51,678	4,632	453	59.00
60.00	06000	0	166,356	0	840,851	1,091	60.00
64.00	06400	0	6,119	31,826	49,377	88	64.00
65.00	06500	0	32,169	0	17,118	0	65.00
66.00	06600	0	0	0	13,740	2,451	66.00
69.00	06900	0	4,301	0	7,019	7	69.00
71.00	07100	0	0	0	1,742,535	0	71.00
72.00	07200	0	0	0	1,805,414	0	72.00
73.00	07300	0	0	0	65,931	8,996,339	73.00
74.00	07400	0	1,939	10,083	9,773	290	74.00
76.00	03550	0	11,208	58,295	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	16,720	86,970	13,035	37	90.00
90.01	09001	0	13,086	68,063	3,625	28,389	90.01
90.02	09002	0	5,271	27,414	0	0	90.02
90.03	09003	0	1,090	5,672	9,406	0	90.03
90.04	09004	0	12,722	66,173	500	17,381	90.04
90.05	09005	0	23,142	120,371	2,108	1,880	90.05
90.06	09006	0	3,393	17,646	0	4,396	90.06
90.07	09007	0	9,208	0	2,452	23	90.07
91.00	09100	114,969	108,683	565,304	40,128	987	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	27,564	0	147,262	152,553	96.00
101.00	10100	0	13,025	67,748	5,330	39	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	23,535	10,602	55,144	2,207	52,987	116.00
118.00		4,926,537	1,510,772	4,863,383	5,130,228	9,292,553	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	17,690	0	0	0	190.00
192.00	19200	0	46,042	0	3,026	7,803	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	4,422	0	0	0	192.02
192.03	19203	0	4,725	0	4,473	3,450,497	192.03
194.00	07950	476,182	18,114	0	5,365	2,080	194.00
194.01	07951	0	4,665	0	3,650	3,089	194.01
194.02	07952	0	1,636	0	0	0	194.02
194.03	07953	225,313	78,695	0	0	614	194.03
194.04	07954	0	6,664	0	136	0	194.04
194.05	07955	0	25,929	0	957	0	194.05
200.00							200.00
201.00							201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2013
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
202.00 TOTAL (sum lines 118-201)	5,628,032	1,719,354	4,863,383	5,147,835	12,756,636	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,246,787					16.00
17.00 01700 SOCIAL SERVICE	0	4,862,878				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,791,363			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,415,914		22.00
23.00 02300 PARAMED PRGM - PHARMACY	0	0	0	0	316,224	23.00
23.01 02301 PARAMED PRGM- CHAPLAIN RESIDENCY	0	0	0	0	0	23.01
23.03 02302 PARAMED PRGM- NURSING	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	449,761	4,004,722	828,049	654,500	0	30.00
31.00 03100 INTENSIVE CARE UNIT	161,874	308,056	28,834	22,791	0	31.00
32.00 03200 CORONARY CARE UNIT	38,911	198,036	0	0	0	32.00
40.00 04000 SUBPROVIDER - I/PF	27,838	0	0	0	0	40.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	786,360	0	190,231	150,361	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	956,311	0	11,610	9,176	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	64,382	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	109,502	0	14,987	11,846	0	59.00
60.00 06000 LABORATORY	807,679	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	11,639	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	91,782	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	162,031	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	94,298	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	286,299	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	155,829	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	642,170	0	0	0	316,224	73.00
74.00 07400 RENAL DIALYSIS	20,464	0	0	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,425	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	18,005	0	1,309	1,034	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	9,189	0	637,565	503,939	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	13,235	0	0	0	0	90.02
90.03 09003 INFUSION CENTER	27,053	0	0	0	0	90.03
90.04 09004 PRIMARY CARE SENIORS	4,927	0	21,024	16,618	0	90.04
90.05 09005 PAIN MANAGEMENT	94,531	0	1,689	1,335	0	90.05
90.06 09006 WOUND CARE CENTER	6,080	0	0	0	0	90.06
90.07 09007 SLEEP CENTER	11,742	0	0	0	0	90.07
91.00 09100 EMERGENCY	554,148	352,064	56,065	44,314	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	50,916	0	0	0	0	96.00
101.00 10100 HOME HEALTH AGENCY	8,466	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	11,416	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,678,263	4,862,878	1,791,363	1,415,914	316,224	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	951	0	0	0	0	192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HEARTCARE OFFICES	8,151	0	0	0	0	192.02
192.03 19203 FAMILY PHARMACY	39,372	0	0	0	0	192.03
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	194.02
194.03 07953 THE HEART HOSPITAL	520,050	0	0	0	0	194.03
194.04 07954 PUBLIC RELATIONS	0	0	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	23.00	
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)	6,246,787	4,862,878	1,791,363	1,415,914	316,224	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		PARAMED PRGM- CHAPLAIN RESIDENCY	PARAMED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	23.03	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT					1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00	
23.00	02300	PARAMED PRGM - PHARMACY					23.00	
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	309,132				23.01	
23.03	02302	PARAMED PRGM- NURSING	0	433,726			23.03	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	309,132	257,084	86,912,851	-1,482,549	85,430,302	30.00
31.00	03100	INTENSIVE CARE UNIT	0	106,151	22,151,419	-51,625	22,099,794	31.00
32.00	03200	CORONARY CARE UNIT	0	30,270	5,292,128	0	5,292,128	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,153,542	0	2,153,542	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	20,318	48,814,345	-340,592	48,473,753	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	27,999,493	-20,786	27,978,707	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	4,344,607	0	4,344,607	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,539,974	-26,833	3,513,141	59.00
60.00	06000	LABORATORY	0	0	43,078,628	0	43,078,628	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,575,467	0	2,575,467	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,855,878	0	5,855,878	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,547,125	0	9,547,125	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,757,647	0	2,757,647	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	25,547,668	0	25,547,668	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	29,524,226	0	29,524,226	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	50,205,612	0	50,205,612	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,029,304	0	2,029,304	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	1,402,495	0	1,402,495	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	3,440,092	-2,343	3,437,749	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	4,249,055	-1,141,504	3,107,551	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	1,134,202	0	1,134,202	90.02
90.03	09003	INFUSION CENTER	0	0	1,202,601	0	1,202,601	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	2,037,769	-37,642	2,000,127	90.04
90.05	09005	PAIN MANAGEMENT	0	0	4,197,966	-3,024	4,194,942	90.05
90.06	09006	WOUND CARE CENTER	0	0	566,813	0	566,813	90.06
90.07	09007	SLEEP CENTER	0	0	1,527,038	0	1,527,038	90.07
91.00	09100	EMERGENCY	0	19,903	29,119,986	-100,379	29,019,607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	7,705,449	0	7,705,449	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	3,448,816	0	3,448,816	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	3,242,058	0	3,242,058	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	309,132	433,726	435,604,254	-3,207,277	432,396,977	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,363,661	0	2,363,661	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	13,646,156	0	13,646,156	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	1,994	0	1,994	192.01
192.02	19202	HEARTCARE OFFICES	0	0	1,631,452	0	1,631,452	192.02
192.03	19203	FAMILY PHARMACY	0	0	15,387,779	0	15,387,779	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,924,757	0	3,924,757	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	1,251,586	0	1,251,586	194.01
194.02	07952	OTHER FACILITIES	0	0	4,449,888	0	4,449,888	194.02
194.03	07953	THE HEART HOSPITAL	0	0	1,428,477	0	1,428,477	194.03
194.04	07954	PUBLIC RELATIONS	0	0	2,676,440	0	2,676,440	194.04
194.05	07955	CHILD CARE CENTER	0	0	2,762,333	0	2,762,333	194.05

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part I Date/Time Prepared: 2/28/2015 3:31 pm	
Cost Center Description		PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	309,132	433,726	485,128,777	-3,207,277	481,921,500	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/28/2015 3:31 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	169,618	4,386	14,228	188,232 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,774,276	39,061	17,175,714	18,989,051 5.00
7.00 00700	OPERATION OF PLANT	0	2,709,468	0	157,390	2,866,858 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	372,476	0	282,665	655,141 8.00
9.00 00900	HOUSEKEEPING	0	186,443	0	45,780	232,223 9.00
10.00 01000	DIETARY	0	411,151	0	132,266	543,417 10.00
11.00 01100	CAFETERIA	0	143,844	0	0	143,844 11.00
13.00 01300	NURSING ADMINISTRATION	0	52,916	0	351,951	404,867 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	364,064	0	300,776	664,840 14.00
15.00 01500	PHARMACY	0	180,218	0	462,796	643,014 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	148,135	0	14,106	162,241 16.00
17.00 01700	SOCIAL SERVICE	0	74,837	0	594	75,431 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM - PHARMACY	0	1,778	0	0	1,778 23.00
23.01 02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	4,587	652	0	5,239 23.01
23.03 02302	PARAMED ED PRGM- NURSING	0	0	0	0	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	4,035,766	0	965,594	5,001,360 30.00
31.00 03100	INTENSIVE CARE UNIT	0	811,165	0	659,954	1,471,119 31.00
32.00 03200	CORONARY CARE UNIT	0	122,855	0	86,650	209,505 32.00
40.00 04000	SUBPROVIDER - IPF	0	69,163	0	1,285	70,448 40.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,493,475	0	2,668,813	4,162,288 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	642,662	0	1,773,662	2,416,324 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	245,598	0	45,074	290,672 55.00
59.00 05900	CARDIAC CATHETERIZATION	0	163,901	0	191,407	355,308 59.00
60.00 06000	LABORATORY	0	678,810	0	834,197	1,513,007 60.00
64.00 06400	INTRAVENOUS THERAPY	0	17,996	0	9,682	27,678 64.00
65.00 06500	RESPIRATORY THERAPY	0	189,110	0	129,383	318,493 65.00
66.00 06600	PHYSICAL THERAPY	0	109,221	0	50,091	159,312 66.00
69.00 06900	ELECTROCARDIOLOGY	0	56,304	0	2,726	59,030 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	8,300	0	0	8,300 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	89,615	0	8,799	98,414 90.00
90.01 09001	FAMILY PRACTICE CLINIC	0	260,348	0	10,300	270,648 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	83,433	0	576	84,009 90.02
90.03 09003	INFUSION CENTER	0	54,568	0	4,842	59,410 90.03
90.04 09004	PRIMARY CARE SENIORS	0	0	0	32,662	32,662 90.04
90.05 09005	PAIN MANAGEMENT	0	0	0	120,575	120,575 90.05
90.06 09006	WOUND CARE CENTER	0	6,705	0	5,665	12,370 90.06
90.07 09007	SLEEP CENTER	0	0	0	54,966	54,966 90.07
91.00 09100	EMERGENCY	0	675,041	0	504,470	1,179,511 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	172,384	0	130,041	302,425 96.00
101.00 10100	HOME HEALTH AGENCY	0	34,327	0	19,022	53,349 101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	133,357	0	2,204	135,561 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	16,747,915	44,099	27,250,906	44,042,920 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	90,829	0	0	90,829 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	366,520	0	56,542	423,062 192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0 192.01
192.02 19202	HEARTCARE OFFICES	0	0	0	0	0 192.02
192.03 19203	FAMILY PHARMACY	0	25,661	0	73,374	99,035 192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	120,752	17,175	4,896	142,823 194.00
194.01 07951	OCCUPATIONAL HEALTH	0	153,541	0	1,214	154,755 194.01
194.02 07952	OTHER FACILITIES	0	76,912	0	186	77,098 194.02
194.03 07953	THE HEART HOSPITAL	0	0	0	0	0 194.03
194.04 07954	PUBLIC RELATIONS	0	0	0	7,698	7,698 194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
	0				2A	
194.05 07955 CHILD CARE CENTER	0	220,756	0	13,495	234,251	194.05
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)	0	17,802,886	61,274	27,408,311	45,272,471	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	188,232					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,651	19,016,702				5.00
7.00	00700	OPERATION OF PLANT	2,801	735,544	3,605,203			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	501	85,669	102,122	843,433		8.00
9.00	00900	HOUSEKEEPING	3,147	263,758	51,117	0	550,245	9.00
10.00	01000	DIETARY	1,279	187,800	112,725	6,824	17,968	10.00
11.00	01100	CAFETERIA	839	56,218	39,438	0	6,286	11.00
13.00	01300	NURSING ADMINISTRATION	2,027	185,466	14,508	0	2,313	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,880	171,348	99,815	6,173	15,911	14.00
15.00	01500	PHARMACY	6,835	483,691	49,410	0	7,876	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,749	229,358	40,614	0	6,474	16.00
17.00	01700	SOCIAL SERVICE	2,568	183,555	20,518	0	3,271	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,019	69,776	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	720	55,431	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	170	12,193	488	0	78	23.00
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	161	11,628	1,258	0	200	23.01
23.03	02302	PARAMED ED PRGM- NURSING	239	16,398	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,024	2,527,035	1,106,484	408,062	176,376	30.00
31.00	03100	INTENSIVE CARE UNIT	8,900	719,812	222,397	77,341	35,450	31.00
32.00	03200	CORONARY CARE UNIT	2,206	172,402	33,683	22,685	5,369	32.00
40.00	04000	SUBPROVIDER - IPF	950	68,776	18,962	2,860	3,023	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,066	1,708,479	409,466	89,297	65,269	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,113	994,734	176,199	42,038	28,086	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	423	148,464	67,336	0	10,733	55.00
59.00	05900	CARDIAC CATHETERIZATION	991	114,860	44,937	25,398	7,163	59.00
60.00	06000	LABORATORY	10,451	1,564,539	186,109	1,296	29,666	60.00
64.00	06400	INTRAVENOUS THERAPY	637	95,675	4,934	0	786	64.00
65.00	06500	RESPIRATORY THERAPY	2,645	209,307	51,848	87	8,265	65.00
66.00	06600	PHYSICAL THERAPY	0	357,435	29,945	10,526	4,773	66.00
69.00	06900	ELECTROCARDIOLOGY	345	99,306	15,437	2,178	2,461	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	921,915	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,080,442	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,575,211	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	200	77,234	2,275	0	363	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	843	52,196	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,447	122,351	24,570	1,251	3,916	90.00
90.01	09001	FAMILY PRACTICE CLINIC	900	96,550	71,380	1,851	11,378	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	348	36,176	22,875	0	3,646	90.02
90.03	09003	INFUSION CENTER	105	41,052	14,961	1,222	2,385	90.03
90.04	09004	PRIMARY CARE SENIORS	1,644	74,393	0	184	0	90.04
90.05	09005	PAIN MANAGEMENT	1,951	154,097	0	6,761	0	90.05
90.06	09006	WOUND CARE CENTER	250	20,342	1,838	955	293	90.06
90.07	09007	SLEEP CENTER	725	58,645	0	2,338	0	90.07
91.00	09100	EMERGENCY	16,397	1,005,584	185,076	84,385	29,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,711	273,821	47,263	0	7,534	96.00
101.00	10100	HOME HEALTH AGENCY	1,217	128,814	9,411	0	1,500	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,039	110,274	36,562	2,669	5,828	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	178,114	17,357,754	3,315,961	796,381	504,141	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	695	84,725	24,903	1,394	3,969	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,864	503,506	100,489	5,226	16,018	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	622	0	192.01
192.02	19202	HEARTCARE OFFICES	218	63,458	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	487	464,032	7,035	0	1,121	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	886	123,712	33,107	8,576	5,277	194.00
194.01	07951	OCCUPATIONAL HEALTH	326	36,433	42,096	1,972	6,710	194.01
194.02	07952	OTHER FACILITIES	102	168,390	21,087	0	3,361	194.02
194.03	07953	THE HEART HOSPITAL	0	20,414	0	25,774	0	194.03
194.04	07954	PUBLIC RELATIONS	536	104,647	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	1,004	89,631	60,525	3,488	9,648	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082			Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/28/2015 3:31 pm	
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
202.00	TOTAL (sum lines 118-201)	188,232	19,016,702	3,605,203	843,433	550,245		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/28/2015 3:31 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	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY	870,013			10.00
11.00	01100	CAFETERIA	0	246,625		11.00
13.00	01300	NURSING ADMINISTRATION	0	3,884	613,065	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,014	0	14.00
15.00	01500	PHARMACY	0	8,603	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,864	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,562	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,625	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	261	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	235	0	23.00
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	487	0	23.01
23.03	02302	PARAMED ED PRGM- NURSING	0	356	1,629	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	604,749	60,602	277,018	16,409
31.00	03100	INTENSIVE CARE UNIT	91,887	15,285	69,871	8,405
32.00	03200	CORONARY CARE UNIT	21,779	3,563	16,286	2,556
40.00	04000	SUBPROVIDER - I/PF	21,746	1,947	8,898	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	18,379	84,011	4,663
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,921	0	25,563
55.00	05500	RADIOLOGY - THERAPEUTIC	0	765	0	98
59.00	05900	CARDIAC CATHETERIZATION	0	1,425	6,514	868
60.00	06000	LABORATORY	0	23,862	0	157,622
64.00	06400	INTRAVENOUS THERAPY	0	878	4,012	9,256
65.00	06500	RESPIRATORY THERAPY	0	4,614	0	3,209
66.00	06600	PHYSICAL THERAPY	0	0	0	2,576
69.00	06900	ELECTROCARDIOLOGY	0	617	0	1,316
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	326,648
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	338,426
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,359
74.00	07400	RENAL DIALYSIS	0	278	1,271	1,832
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,608	7,349	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,398	10,963	2,444
90.01	09001	FAMILY PRACTICE CLINIC	0	1,877	8,580	680
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	756	3,456	0
90.03	09003	INFUSION CENTER	0	156	715	1,763
90.04	09004	PRIMARY CARE SENIORS	0	1,825	8,342	94
90.05	09005	PAIN MANAGEMENT	0	3,320	15,174	395
90.06	09006	WOUND CARE CENTER	0	487	2,224	0
90.07	09007	SLEEP CENTER	0	1,321	0	460
91.00	09100	EMERGENCY	17,773	15,589	71,261	7,522
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	3,954	0	27,605
101.00	10100	HOME HEALTH AGENCY	0	1,868	8,540	999
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	3,638	1,521	6,951	414
118.00		SUBTOTALS (SUM OF LINES 1-117)	761,572	216,707	613,065	961,682
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,537	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,604	0	567
192.01	19201	DEACONESS URGENT CARE	0	0	0	0
192.02	19202	HEARTCARE OFFICES	0	634	0	0
192.03	19203	FAMILY PHARMACY	0	678	0	838
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	73,611	2,598	0	1,006
194.01	07951	OCCUPATIONAL HEALTH	0	669	0	684
194.02	07952	OTHER FACILITIES	0	235	0	0
194.03	07953	THE HEART HOSPITAL	34,830	11,288	0	0
194.04	07954	PUBLIC RELATIONS	0	956	0	25
194.05	07955	CHILD CARE CENTER	0	3,719	0	179
200.00		Cross Foot Adjustments				
201.00		Negative Cost Centers	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082			Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/28/2015 3:31 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118-201)	870,013	246,625	613,065	964,981	1,199,429	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/28/2015 3:31 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	458,813				16.00
17.00 01700	SOCIAL SERVICE	0	289,915			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	72,420		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	56,412	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM- CHAPLAIN RESIDENCY	0	0	0	0	23.01
23.03 02302	PARAMED PRGM- NURSING	0	0	0	0	23.03
14,942						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	33,043	238,754			30.00
31.00 03100	INTENSIVE CARE UNIT	11,892	18,366			31.00
32.00 03200	CORONARY CARE UNIT	2,859	11,806			32.00
40.00 04000	SUBPROVIDER - I/PF	2,045	0			40.00
44.00 04400	SKILLED NURSING FACILITY	0	0			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	57,771	0			50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	70,136	0			54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	4,730	0			55.00
59.00 05900	CARDIAC CATHETERIZATION	8,045	0			59.00
60.00 06000	LABORATORY	59,338	0			60.00
64.00 06400	INTRAVENOUS THERAPY	855	0			64.00
65.00 06500	RESPIRATORY THERAPY	6,743	0			65.00
66.00 06600	PHYSICAL THERAPY	11,904	0			66.00
69.00 06900	ELECTROCARDIOLOGY	6,928	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,033	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	11,448	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	47,178	0			73.00
74.00 07400	RENAL DIALYSIS	1,503	0			74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	105	0			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,323	0			90.00
90.01 09001	FAMILY PRACTICE CLINIC	675	0			90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	972	0			90.02
90.03 09003	INFUSION CENTER	1,988	0			90.03
90.04 09004	PRIMARY CARE SENIORS	362	0			90.04
90.05 09005	PAIN MANAGEMENT	6,945	0			90.05
90.06 09006	WOUND CARE CENTER	447	0			90.06
90.07 09007	SLEEP CENTER	863	0			90.07
91.00 09100	EMERGENCY	40,712	20,989			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	3,741	0			96.00
101.00 10100	HOME HEALTH AGENCY	622	0			101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	839	0			116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	417,045	289,915	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	70	0			192.00
192.01 19201	DEACONESS URGENT CARE	0	0			192.01
192.02 19202	HEARTCARE OFFICES	599	0			192.02
192.03 19203	FAMILY PHARMACY	2,893	0			192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.00
194.01 07951	OCCUPATIONAL HEALTH	0	0			194.01
194.02 07952	OTHER FACILITIES	0	0			194.02
194.03 07953	THE HEART HOSPITAL	38,206	0			194.03
194.04 07954	PUBLIC RELATIONS	0	0			194.04
194.05 07955	CHILD CARE CENTER	0	0			194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082		Period:		Worksheet B	
				From 10/01/2013	To 09/30/2014	Part II	Date/Time Prepared:
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
200.00	Cross Foot Adjustments	16.00	17.00	21.00	22.00	23.00	
201.00	Negative Cost Centers	0	0	72,420	56,412	14,942	200.00
202.00	TOTAL (sum lines 118-201)	458,813	289,915	72,420	56,412	14,942	201.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/28/2015 3:31 pm		
Cost Center Description			PARAMED PRGM- CHAPLAIN RESIDENCY	PARAMED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	23.03	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM - PHARMACY					23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	18,973				23.01
23.03	02302	PARAMED PRGM- NURSING		18,622			23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			10,489,926	0	30.00
31.00	03100	INTENSIVE CARE UNIT			2,751,035	0	31.00
32.00	03200	CORONARY CARE UNIT			504,848	0	32.00
40.00	04000	SUBPROVIDER - IPF			199,655	0	40.00
44.00	04400	SKILLED NURSING FACILITY			0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			6,620,036	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			3,775,391	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC			523,222	0	55.00
59.00	05900	CARDIAC CATHETERIZATION			565,552	0	59.00
60.00	06000	LABORATORY			3,545,993	0	60.00
64.00	06400	INTRAVENOUS THERAPY			144,719	0	64.00
65.00	06500	RESPIRATORY THERAPY			605,211	0	65.00
66.00	06600	PHYSICAL THERAPY			576,701	0	66.00
69.00	06900	ELECTROCARDIOLOGY			187,619	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			1,269,596	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			1,430,316	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,480,616	0	73.00
74.00	07400	RENAL DIALYSIS			93,283	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			62,101	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC			269,081	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC			467,188	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES			152,238	0	90.02
90.03	09003	INFUSION CENTER			123,757	0	90.03
90.04	09004	PRIMARY CARE SENIORS			121,140	0	90.04
90.05	09005	PAIN MANAGEMENT			309,395	0	90.05
90.06	09006	WOUND CARE CENTER			39,619	0	90.06
90.07	09007	SLEEP CENTER			119,320	0	90.07
91.00	09100	EMERGENCY			2,674,393	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			682,398	0	96.00
101.00	10100	HOME HEALTH AGENCY			206,324	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE			310,278	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	41,300,951	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			209,052	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			1,062,140	0	192.00
192.01	19201	DEACONESS URGENT CARE			622	0	192.01
192.02	19202	HEARTCARE OFFICES			64,909	0	192.02
192.03	19203	FAMILY PHARMACY			900,551	0	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			391,792	0	194.00
194.01	07951	OCCUPATIONAL HEALTH			243,935	0	194.01
194.02	07952	OTHER FACILITIES			270,273	0	194.02
194.03	07953	THE HEART HOSPITAL			130,570	0	194.03
194.04	07954	PUBLIC RELATIONS			113,862	0	194.04
194.05	07955	CHILD CARE CENTER			402,445	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/28/2015 3:31 pm	
Cost Center Description		PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
200.00	Cross Foot Adjustments	18,973	18,622	181,369	0	181,369	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	18,973	18,622	45,272,471	0	45,272,471	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET - A)	NEW BLDG & FIXT (SQUARE FEET - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
		1.00	1.01	2.00	4.00	5A	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,261,290				1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT	0	49,355			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			19,115,935		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,017	3,533	9,923	201,649,696	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	125,703	31,463	11,979,208	29,636,232	-110,506,379
7.00	00700	OPERATION OF PLANT	191,959	0	109,772	3,002,393	0
8.00	00800	LAUNDRY & LINEN SERVICE	26,389	0	197,145	537,430	0
9.00	00900	HOUSEKEEPING	13,209	0	31,929	3,372,901	0
10.00	01000	DIETARY	29,129	0	92,249	1,371,062	0
11.00	01100	CAFETERIA	10,191	0	0	898,963	0
13.00	01300	NURSING ADMINISTRATION	3,749	0	245,468	2,172,839	0
14.00	01400	CENTRAL SERVICES & SUPPLY	25,793	0	209,776	2,014,874	0
15.00	01500	PHARMACY	12,768	0	322,777	7,326,089	0
16.00	01600	MEDICAL RECORDS & LIBRARY	10,495	0	9,838	4,018,649	0
17.00	01700	SOCIAL SERVICE	5,302	0	414	2,752,926	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,091,956	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	772,145	0
23.00	02300	PARAMED ED PRGM - PHARMACY	126	0	0	182,661	0
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	325	525	0	173,060	0
23.03	02302	PARAMED ED PRGM- NURSING	0	0	0	256,619	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	285,924	0	673,454	41,726,622	0
31.00	03100	INTENSIVE CARE UNIT	57,469	0	460,285	9,539,631	0
32.00	03200	CORONARY CARE UNIT	8,704	0	60,434	2,364,560	0
40.00	04000	SUBPROVIDER - IPF	4,900	0	896	1,017,691	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	105,809	0	1,861,364	20,434,756	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,531	0	1,237,041	8,696,134	0
55.00	05500	RADIOLOGY - THERAPEUTIC	17,400	0	31,437	452,853	0
59.00	05900	CARDIAC CATHETERIZATION	11,612	0	133,497	1,061,691	0
60.00	06000	LABORATORY	48,092	0	581,811	11,201,607	0
64.00	06400	INTRAVENOUS THERAPY	1,275	0	6,753	682,499	0
65.00	06500	RESPIRATORY THERAPY	13,398	0	90,238	2,834,749	0
66.00	06600	PHYSICAL THERAPY	7,738	0	34,936	0	0
69.00	06900	ELECTROCARDIOLOGY	3,989	0	1,901	369,629	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	588	0	0	214,466	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	903,909	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,349	0	6,137	1,551,109	0
90.01	09001	FAMILY PRACTICE CLINIC	18,445	0	7,184	964,361	0
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	5,911	0	402	372,963	0
90.03	09003	INFUSION CENTER	3,866	0	3,377	112,572	0
90.04	09004	PRIMARY CARE SENIORS	0	0	22,780	1,762,046	0
90.05	09005	PAIN MANAGEMENT	0	0	84,095	2,090,954	0
90.06	09006	WOUND CARE CENTER	475	0	3,951	267,760	0
90.07	09007	SLEEP CENTER	0	0	38,336	776,590	0
91.00	09100	EMERGENCY	47,825	0	351,843	17,574,710	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	12,213	0	90,697	1,833,718	0
101.00	10100	HOME HEALTH AGENCY	2,432	0	13,267	1,304,104	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	9,448	0	1,537	1,113,593	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,186,548	35,521	19,006,152	190,806,076	-110,506,379
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,435	0	0	744,384	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,967	0	39,435	6,285,244	0
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	10
192.02	19202	HEARTCARE OFFICES	0	0	0	233,374	0
192.03	19203	FAMILY PHARMACY	1,818	0	51,175	522,272	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	8,555	13,834	3,415	949,111	0
194.01	07951	OCCUPATIONAL HEALTH	10,878	0	847	349,202	0
194.02	07952	OTHER FACILITIES	5,449	0	130	108,920	0
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET - A)	NEW BLDG & FIXT (SQUARE FEET - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
	1.00	1.01	2.00			
194.04 07954 PUBLIC RELATIONS	0	0	5,369	574,699	0	194.04
194.05 07955 CHILD CARE CENTER	15,640	0	9,412	1,076,414	0	194.05
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)	17,802,886	61,274	27,408,311	52,188,812		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.114824	1.241495	1.433794	0.258809		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				188,232		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000933		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEE T - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T - A)	DIETARY (MEALS)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	374,622,408				5.00
7.00	00700	OPERATION OF PLANT	14,490,053	931,611			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,687,651	26,389	4,500,974		8.00
9.00	00900	HOUSEKEEPING	5,195,972	13,209	0	892,013	9.00
10.00	01000	DIETARY	3,699,609	29,129	36,415	29,129	559,823 10.00
11.00	01100	CAFETERIA	1,107,488	10,191	0	10,191	0 11.00
13.00	01300	NURSING ADMINISTRATION	3,653,639	3,749	0	3,749	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,375,510	25,793	32,942	25,793	0 14.00
15.00	01500	PHARMACY	9,528,610	12,768	0	12,768	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,518,300	10,495	0	10,495	0 16.00
17.00	01700	SOCIAL SERVICE	3,616,000	5,302	0	5,302	0 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,374,564	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,091,983	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	240,206	126	0	126	0 23.00
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	229,073	325	0	325	0 23.01
23.03	02302	PARAMED ED PRGM- NURSING	323,034	0	0	0	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,779,640	285,924	2,177,622	285,924	389,135 30.00
31.00	03100	INTENSIVE CARE UNIT	14,180,139	57,469	412,729	57,469	59,126 31.00
32.00	03200	CORONARY CARE UNIT	3,396,287	8,704	121,061	8,704	14,014 32.00
40.00	04000	SUBPROVIDER - IPF	1,354,879	4,900	15,264	4,900	13,993 40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,656,662	105,809	476,535	105,809	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,596,042	45,531	224,334	45,531	0 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,924,716	17,400	0	17,400	0 55.00
59.00	05900	CARDIAC CATHETERIZATION	2,262,722	11,612	135,536	11,612	0 59.00
60.00	06000	LABORATORY	30,821,070	48,092	6,918	48,092	0 60.00
64.00	06400	INTRAVENOUS THERAPY	1,884,768	1,275	0	1,275	0 64.00
65.00	06500	RESPIRATORY THERAPY	4,123,309	13,398	465	13,398	0 65.00
66.00	06600	PHYSICAL THERAPY	7,041,386	7,738	56,170	7,738	0 66.00
69.00	06900	ELECTROCARDIOLOGY	1,956,307	3,989	11,623	3,989	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,161,528	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,284,469	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,031,303	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	1,521,490	588	0	588	0 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,028,252	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,410,294	6,349	6,678	6,349	0 90.00
90.01	09001	FAMILY PRACTICE CLINIC	1,902,023	18,445	9,876	18,445	0 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	712,654	5,911	0	5,911	0 90.02
90.03	09003	INFUSION CENTER	808,706	3,866	6,523	3,866	0 90.03
90.04	09004	PRIMARY CARE SENIORS	1,465,528	0	982	0	0 90.04
90.05	09005	PAIN MANAGEMENT	3,035,667	0	36,079	0	0 90.05
90.06	09006	WOUND CARE CENTER	400,723	475	5,097	475	0 90.06
90.07	09007	SLEEP CENTER	1,155,293	0	12,476	0	0 90.07
91.00	09100	EMERGENCY	19,809,776	47,825	450,318	47,825	11,436 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	5,394,206	12,213	0	12,213	0 96.00
101.00	10100	HOME HEALTH AGENCY	2,537,606	2,432	0	2,432	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	2,172,374	9,448	14,241	9,448	2,341 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	341,941,511	856,869	4,249,884	817,271	490,045 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,669,066	6,435	7,437	6,435	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,918,952	25,967	27,891	25,967	0 192.00
192.01	19201	DEACONESS URGENT CARE	0	0	3,319	0	0 192.01
192.02	19202	HEARTCARE OFFICES	1,250,118	0	0	0	0 192.02
192.03	19203	FAMILY PHARMACY	9,141,322	1,818	0	1,818	0 192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,437,095	8,555	45,766	8,555	47,366 194.00
194.01	07951	OCCUPATIONAL HEALTH	717,714	10,878	10,524	10,878	0 194.01
194.02	07952	OTHER FACILITIES	3,317,246	5,449	0	5,449	0 194.02
194.03	07953	THE HEART HOSPITAL	402,152	0	137,541	0	22,412 194.03
194.04	07954	PUBLIC RELATIONS	2,061,528	0	0	0	0 194.04
194.05	07955	CHILD CARE CENTER	1,765,704	15,640	18,612	15,640	0 194.05
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - A)	DIETARY (MEALS)	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	110,506,379	18,764,343	2,716,999	6,994,738	5,628,032	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.294981	20.141822	0.603647	7.841520	10.053235	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	19,016,702	3,605,203	843,433	550,245	870,013	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.050762	3.869859	0.187389	0.616858	1.554086	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSRG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	28,381					11.00
13.00	01300	447	15,434				13.00
14.00	01400	577	0	58,973,753			14.00
15.00	01500	990	0	0	29,057,593		15.00
16.00	01600	1,020	0	457,715	551	1,896,366,757	16.00
17.00	01700	525	0	621	0	0	17.00
21.00	02100	187	0	0	0	0	21.00
22.00	02200	30	0	0	0	0	22.00
23.00	02300	27	0	0	0	0	23.00
23.01	02301	56	0	0	0	0	23.01
23.03	02302	41	41	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,974	6,974	1,002,840	24,478	136,539,499	30.00
31.00	03100	1,759	1,759	513,650	7,522	49,141,926	31.00
32.00	03200	410	410	156,219	3,610	11,812,731	32.00
40.00	04000	224	224	0	0	8,451,137	40.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,115	2,115	284,975	32,643	238,724,842	50.00
54.00	05400	1,602	0	1,562,241	6,712	290,272,529	54.00
55.00	05500	88	0	5,989	21	19,545,112	55.00
59.00	05900	164	164	53,060	1,031	33,242,926	59.00
60.00	06000	2,746	0	9,632,843	2,485	245,197,141	60.00
64.00	06400	101	101	565,662	200	3,533,435	64.00
65.00	06500	531	0	196,108	0	27,863,435	65.00
66.00	06600	0	0	157,404	5,584	49,189,699	66.00
69.00	06900	71	0	80,408	17	28,627,157	69.00
71.00	07100	0	0	19,962,598	0	86,915,208	71.00
72.00	07200	0	0	20,682,751	0	47,306,826	72.00
73.00	07300	0	0	755,311	20,492,231	194,951,450	73.00
74.00	07400	32	32	111,962	660	6,212,648	74.00
76.00	03550	185	185	0	0	432,674	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	276	276	149,335	85	5,466,112	90.00
90.01	09001	216	216	41,528	64,665	2,789,531	90.01
90.02	09002	87	87	0	0	4,017,876	90.02
90.03	09003	18	18	107,760	0	8,212,927	90.03
90.04	09004	210	210	5,730	39,591	1,495,627	90.04
90.05	09005	382	382	24,147	4,282	28,697,819	90.05
90.06	09006	56	56	0	10,013	1,845,787	90.06
90.07	09007	152	0	28,094	52	3,564,555	90.07
91.00	09100	1,794	1,794	459,711	2,248	168,229,447	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	455	0	1,687,040	347,491	15,457,175	96.00
101.00	10100	215	215	61,063	89	2,570,018	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	175	175	25,281	120,696	3,465,821	116.00
118.00		24,938	15,434	58,772,046	21,166,957	1,723,773,070	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	292	0	0	0	0	190.00
192.00	19200	760	0	34,666	17,775	288,644	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	73	0	0	0	2,474,431	192.02
192.03	19203	78	0	51,241	7,859,688	11,952,749	192.03
194.00	07950	299	0	61,467	4,737	0	194.00
194.01	07951	77	0	41,809	7,037	0	194.01
194.02	07952	27	0	0	0	0	194.02
194.03	07953	1,299	0	0	1,399	157,877,863	194.03
194.04	07954	110	0	1,558	0	0	194.04
194.05	07955	428	0	10,966	0	0	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSRG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
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)	1,719,354	4,863,383	5,147,835	12,756,636	6,246,787	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	60.581163	315.108397	0.087290	0.439012	0.003294	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	246,625	613,065	964,981	1,199,429	458,813	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.689792	39.721718	0.016363	0.041278	0.000242	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM - PHARMACY (HOURS - C)	PARAMED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
	SOCIAL SERVICE (HOURS - A)	SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)					
		17.00	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS								
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT							1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
7.00 00700	OPERATION OF PLANT							7.00
8.00 00800	LAUNDRY & LINEN SERVICE							8.00
9.00 00900	HOUSEKEEPING							9.00
10.00 01000	DIETARY							10.00
11.00 01100	CAFETERIA							11.00
13.00 01300	NURSING ADMINISTRATION							13.00
14.00 01400	CENTRAL SERVICES & SUPPLY							14.00
15.00 01500	PHARMACY							15.00
16.00 01600	MEDICAL RECORDS & LIBRARY							16.00
17.00 01700	SOCIAL SERVICE	221						17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	42,432					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		42,432				22.00
23.00 02300	PARAMED PRGM - PHARMACY	0			100			23.00
23.01 02301	PARAMED PRGM- CHAPLAIN RESIDENCY	0			0	100		23.01
23.03 02302	PARAMED PRGM- NURSING	0			0	0		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	182	19,614	19,614	0	100		30.00
31.00 03100	INTENSIVE CARE UNIT	14	683	683	0	0		31.00
32.00 03200	CORONARY CARE UNIT	9	0	0	0	0		32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	0	4,506	4,506	0	0		50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	275	275	0	0		54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0		55.00
59.00 05900	CARDIAC CATHETERIZATION	0	355	355	0	0		59.00
60.00 06000	LABORATORY	0	0	0	0	0		60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0		66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0		69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	0		73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0		74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC	0	31	31	0	0		90.00
90.01 09001	FAMILY PRACTICE CLINIC	0	15,102	15,102	0	0		90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0		90.02
90.03 09003	INFUSION CENTER	0	0	0	0	0		90.03
90.04 09004	PRIMARY CARE SENIORS	0	498	498	0	0		90.04
90.05 09005	PAIN MANAGEMENT	0	40	40	0	0		90.05
90.06 09006	WOUND CARE CENTER	0	0	0	0	0		90.06
90.07 09007	SLEEP CENTER	0	0	0	0	0		90.07
91.00 09100	EMERGENCY	16	1,328	1,328	0	0		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS								
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0		96.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
116.00 11600	HOSPICE	0	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	221	42,432	42,432	100	100		118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0		192.01
192.02 19202	HEARTCARE OFFICES	0	0	0	0	0		192.02
192.03 19203	FAMILY PHARMACY	0	0	0	0	0		192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
194.01 07951	OCCUPATIONAL HEALTH	0	0	0	0	0		194.01
194.02 07952	OTHER FACILITIES	0	0	0	0	0		194.02
194.03 07953	THE HEART HOSPITAL	0	0	0	0	0		194.03
194.04 07954	PUBLIC RELATIONS	0	0	0	0	0		194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY (HOURS - C)	PARAMED ED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
		SERVICES-SALAR Y & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
		17.00	21.00			
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,862,878	1,791,363	1,415,914	316,224	309,132	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	22,003.972851	42.217265	33.369014	3,162.240000	3,091.320000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	289,915	72,420	56,412	14,942	18,973	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1,311.832579	1.706731	1.329468	149.420000	189.730000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		PARAMED PRGM- NURSING (HOURS - F)	
		23.03	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED PRGM - PHARMACY	23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	23.01
23.03	02302	PARAMED PRGM- NURSING	8,368 23.03
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	4,960 30.00
31.00	03100	INTENSIVE CARE UNIT	2,048 31.00
32.00	03200	CORONARY CARE UNIT	584 32.00
40.00	04000	SUBPROVIDER - I/PF	0 40.00
44.00	04400	SKILLED NURSING FACILITY	0 44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	392 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0 55.00
59.00	05900	CARDIAC CATHETERIZATION	0 59.00
60.00	06000	LABORATORY	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0 64.00
65.00	06500	RESPIRATORY THERAPY	0 65.00
66.00	06600	PHYSICAL THERAPY	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 73.00
74.00	07400	RENAL DIALYSIS	0 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0 76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0 90.00
90.01	09001	FAMILY PRACTICE CLINIC	0 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0 90.02
90.03	09003	INFUSION CENTER	0 90.03
90.04	09004	PRIMARY CARE SENIORS	0 90.04
90.05	09005	PAIN MANAGEMENT	0 90.05
90.06	09006	WOUND CARE CENTER	0 90.06
90.07	09007	SLEEP CENTER	0 90.07
91.00	09100	EMERGENCY	384 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0 92.00
OTHER REIMBURSABLE COST CENTERS			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0 96.00
101.00	10100	HOME HEALTH AGENCY	0 101.00
SPECIAL PURPOSE COST CENTERS			
116.00	11600	HOSPICE	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,368 118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0 192.00
192.01	19201	DEACONESS URGENT CARE	0 192.01
192.02	19202	HEARTCARE OFFICES	0 192.02
192.03	19203	FAMILY PHARMACY	0 192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0 194.00
194.01	07951	OCCUPATIONAL HEALTH	0 194.01
194.02	07952	OTHER FACILITIES	0 194.02
194.03	07953	THE HEART HOSPITAL	0 194.03
194.04	07954	PUBLIC RELATIONS	0 194.04
194.05	07955	CHILD CARE CENTER	0 194.05
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM- NURSING (HOURS - F) 23.03	
202.00	Cost to be allocated (per Wkst. B, Part I)	433,726	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	51.831501	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	18,622	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.225382	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet C
Part I
Date/Time Prepared:
2/28/2015 3:31 pm

		Title XVIIII		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	85,430,302		85,430,302	365,377	85,795,679	30.00
31.00	03100 INTENSIVE CARE UNIT	22,099,794		22,099,794	36,469	22,136,263	31.00
32.00	03200 CORONARY CARE UNIT	5,292,128		5,292,128	0	5,292,128	32.00
40.00	04000 SUBPROVIDER - I PF	2,153,542		2,153,542	0	2,153,542	40.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	48,473,753		48,473,753	795,658	49,269,411	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,978,707		27,978,707	156,870	28,135,577	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	4,344,607		4,344,607	0	4,344,607	55.00
59.00	05900 CARDIAC CATHETERIZATION	3,513,141		3,513,141	208,742	3,721,883	59.00
60.00	06000 LABORATORY	43,078,628		43,078,628	378,790	43,457,418	60.00
64.00	06400 INTRAVENOUS THERAPY	2,575,467		2,575,467	0	2,575,467	64.00
65.00	06500 RESPIRATORY THERAPY	5,855,878	0	5,855,878	0	5,855,878	65.00
66.00	06600 PHYSICAL THERAPY	9,547,125	0	9,547,125	0	9,547,125	66.00
69.00	06900 ELECTROCARDIOLOGY	2,757,647		2,757,647	0	2,757,647	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,547,668		25,547,668	0	25,547,668	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	29,524,226		29,524,226	0	29,524,226	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,205,612		50,205,612	0	50,205,612	73.00
74.00	07400 RENAL DIALYSIS	2,029,304		2,029,304	5,070	2,034,374	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,402,495		1,402,495	0	1,402,495	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,437,749		3,437,749	1,022	3,438,771	90.00
90.01	09001 FAMILY PRACTICE CLINIC	3,107,551		3,107,551	0	3,107,551	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,134,202		1,134,202	0	1,134,202	90.02
90.03	09003 INFUSION CENTER	1,202,601		1,202,601	0	1,202,601	90.03
90.04	09004 PRIMARY CARE SENIORS	2,000,127		2,000,127	0	2,000,127	90.04
90.05	09005 PAIN MANAGEMENT	4,194,942		4,194,942	3,649	4,198,591	90.05
90.06	09006 WOUND CARE CENTER	566,813		566,813	73	566,886	90.06
90.07	09007 SLEEP CENTER	1,527,038		1,527,038	4,547	1,531,585	90.07
91.00	09100 EMERGENCY	29,019,607		29,019,607	2,505,293	31,524,900	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,785,675		14,785,675	0	14,785,675	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	7,705,449		7,705,449	0	7,705,449	96.00
101.00	10100 HOME HEALTH AGENCY	3,448,816		3,448,816	0	3,448,816	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	3,242,058		3,242,058	0	3,242,058	116.00
200.00	Subtotal (see instructions)	447,182,652	0	447,182,652	4,461,560	451,644,212	200.00
201.00	Less Observation Beds	14,785,675		14,785,675	0	14,785,675	201.00
202.00	Total (see instructions)	432,396,977	0	432,396,977	4,461,560	436,858,537	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/28/2015 3:31 pm
		Title XVIIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	112,664,254		112,664,254	30.00
31.00	03100	INTENSIVE CARE UNIT	49,141,926		49,141,926	31.00
32.00	03200	CORONARY CARE UNIT	11,812,731		11,812,731	32.00
40.00	04000	SUBPROVIDER - IPF	8,451,137		8,451,137	40.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	95,921,804	154,543,536	250,465,340	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,824,225	218,448,304	290,272,529	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	937,573	18,607,539	19,545,112	55.00
59.00	05900	CARDIAC CATHETERIZATION	20,227,513	13,015,413	33,242,926	59.00
60.00	06000	LABORATORY	125,102,843	120,094,298	245,197,141	60.00
64.00	06400	INTRAVENOUS THERAPY	3,444,060	89,375	3,533,435	64.00
65.00	06500	RESPIRATORY THERAPY	25,492,136	2,371,299	27,863,435	65.00
66.00	06600	PHYSICAL THERAPY	33,906,000	15,283,699	49,189,699	66.00
69.00	06900	ELECTROCARDIOLOGY	16,669,943	11,957,214	28,627,157	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,564,146	23,453,416	77,017,562	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	34,523,611	10,940,364	45,463,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,457,181	83,494,269	194,951,450	73.00
74.00	07400	RENAL DIALYSIS	5,651,334	561,314	6,212,648	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	181,091	251,583	432,674	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	12,130	5,453,982	5,466,112	90.00
90.01	09001	FAMILY PRACTICE CLINIC	3,712	2,785,819	2,789,531	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	586	4,017,290	4,017,876	90.02
90.03	09003	INFUSION CENTER	55,174	8,157,753	8,212,927	90.03
90.04	09004	PRIMARY CARE SENIORS	4,523	1,491,104	1,495,627	90.04
90.05	09005	PAIN MANAGEMENT	21,041	28,676,778	28,697,819	90.05
90.06	09006	WOUND CARE CENTER	3,884	1,841,902	1,845,786	90.06
90.07	09007	SLEEP CENTER	10,376	3,554,179	3,564,555	90.07
91.00	09100	EMERGENCY	61,593,022	106,636,425	168,229,447	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,709,498	16,165,748	23,875,246	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	15,457,175	15,457,175	96.00
101.00	10100	HOME HEALTH AGENCY	1,394	2,568,625	2,570,019	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	88,328	3,377,493	3,465,821	116.00
200.00		Subtotal (see instructions)	850,477,176	873,295,896	1,723,773,072	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	850,477,176	873,295,896	1,723,773,072	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/28/2015 3:31 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.196711		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.096928		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.222286		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.111960		59.00
60.00	06000 LABORATORY	0.177235		60.00
64.00	06400 INTRAVENOUS THERAPY	0.728885		64.00
65.00	06500 RESPIRATORY THERAPY	0.210164		65.00
66.00	06600 PHYSICAL THERAPY	0.194088		66.00
69.00	06900 ELECTROCARDIOLOGY	0.096330		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.331712		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.649398		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257529		73.00
74.00	07400 RENAL DIALYSIS	0.327457		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3.241459		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.629107		90.00
90.01	09001 FAMILY PRACTICE CLINIC	1.114005		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.282289		90.02
90.03	09003 INFUSION CENTER	0.146428		90.03
90.04	09004 PRIMARY CARE SENIORS	1.337317		90.04
90.05	09005 PAIN MANAGEMENT	0.146303		90.05
90.06	09006 WOUND CARE CENTER	0.307124		90.06
90.07	09007 SLEEP CENTER	0.429671		90.07
91.00	09100 EMERGENCY	0.187392		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.619289		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.498503		96.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet C
Part I
Date/Time Prepared:
2/28/2015 3:31 pm

		Title XIX		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	85,430,302	85,430,302	365,377	85,795,679	30.00
31.00	03100 INTENSIVE CARE UNIT	22,099,794	22,099,794	36,469	22,136,263	31.00
32.00	03200 CORONARY CARE UNIT	5,292,128	5,292,128	0	5,292,128	32.00
40.00	04000 SUBPROVIDER - I/PF	2,153,542	2,153,542	0	2,153,542	40.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	48,473,753	48,473,753	795,658	49,269,411	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,978,707	27,978,707	156,870	28,135,577	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	4,344,607	4,344,607	0	4,344,607	55.00
59.00	05900 CARDIAC CATHETERIZATION	3,513,141	3,513,141	208,742	3,721,883	59.00
60.00	06000 LABORATORY	43,078,628	43,078,628	378,790	43,457,418	60.00
64.00	06400 INTRAVENOUS THERAPY	2,575,467	2,575,467	0	2,575,467	64.00
65.00	06500 RESPIRATORY THERAPY	5,855,878	5,855,878	0	5,855,878	65.00
66.00	06600 PHYSICAL THERAPY	9,547,125	9,547,125	0	9,547,125	66.00
69.00	06900 ELECTROCARDIOLOGY	2,757,647	2,757,647	0	2,757,647	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,547,668	25,547,668	0	25,547,668	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	29,524,226	29,524,226	0	29,524,226	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,205,612	50,205,612	0	50,205,612	73.00
74.00	07400 RENAL DIALYSIS	2,029,304	2,029,304	5,070	2,034,374	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,402,495	1,402,495	0	1,402,495	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,437,749	3,437,749	1,022	3,438,771	90.00
90.01	09001 FAMILY PRACTICE CLINIC	3,107,551	3,107,551	0	3,107,551	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,134,202	1,134,202	0	1,134,202	90.02
90.03	09003 INFUSION CENTER	1,202,601	1,202,601	0	1,202,601	90.03
90.04	09004 PRIMARY CARE SENIORS	2,000,127	2,000,127	0	2,000,127	90.04
90.05	09005 PAIN MANAGEMENT	4,194,942	4,194,942	3,649	4,198,591	90.05
90.06	09006 WOUND CARE CENTER	566,813	566,813	73	566,886	90.06
90.07	09007 SLEEP CENTER	1,527,038	1,527,038	4,547	1,531,585	90.07
91.00	09100 EMERGENCY	29,019,607	29,019,607	2,505,293	31,524,900	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,785,675	14,785,675	0	14,785,675	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	7,705,449	7,705,449	0	7,705,449	96.00
101.00	10100 HOME HEALTH AGENCY	3,448,816	3,448,816	0	3,448,816	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	3,242,058	3,242,058	0	3,242,058	116.00
200.00	Subtotal (see instructions)	447,182,652	447,182,652	4,461,560	451,644,212	200.00
201.00	Less Observation Beds	14,785,675	14,785,675	0	14,785,675	201.00
202.00	Total (see instructions)	432,396,977	432,396,977	4,461,560	436,858,537	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet C
Part I
Date/Time Prepared:
2/28/2015 3:31 pm

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	112,664,254		112,664,254		30.00
31.00	03100	INTENSIVE CARE UNIT	49,141,926		49,141,926		31.00
32.00	03200	CORONARY CARE UNIT	11,812,731		11,812,731		32.00
40.00	04000	SUBPROVIDER - IPF	8,451,137		8,451,137		40.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	95,921,804	154,543,536	250,465,340	0.193535	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,824,225	218,448,304	290,272,529	0.096388	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	937,573	18,607,539	19,545,112	0.222286	55.00
59.00	05900	CARDIAC CATHETERIZATION	20,227,513	13,015,413	33,242,926	0.105681	59.00
60.00	06000	LABORATORY	125,102,843	120,094,298	245,197,141	0.175690	60.00
64.00	06400	INTRAVENOUS THERAPY	3,444,060	89,375	3,533,435	0.728885	64.00
65.00	06500	RESPIRATORY THERAPY	25,492,136	2,371,299	27,863,435	0.210164	65.00
66.00	06600	PHYSICAL THERAPY	33,906,000	15,283,699	49,189,699	0.194088	66.00
69.00	06900	ELECTROCARDIOLOGY	16,669,943	11,957,214	28,627,157	0.096330	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,564,146	23,453,416	77,017,562	0.331712	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	34,523,611	10,940,364	45,463,975	0.649398	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,457,181	83,494,269	194,951,450	0.257529	73.00
74.00	07400	RENAL DIALYSIS	5,651,334	561,314	6,212,648	0.326641	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	181,091	251,583	432,674	3.241459	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,130	5,453,982	5,466,112	0.628920	90.00
90.01	09001	FAMILY PRACTICE CLINIC	3,712	2,785,819	2,789,531	1.114005	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	586	4,017,290	4,017,876	0.282289	90.02
90.03	09003	INFUSION CENTER	55,174	8,157,753	8,212,927	0.146428	90.03
90.04	09004	PRIMARY CARE SENIORS	4,523	1,491,104	1,495,627	1.337317	90.04
90.05	09005	PAIN MANAGEMENT	21,041	28,676,778	28,697,819	0.146176	90.05
90.06	09006	WOUND CARE CENTER	3,884	1,841,902	1,845,786	0.307085	90.06
90.07	09007	SLEEP CENTER	10,376	3,554,179	3,564,555	0.428395	90.07
91.00	09100	EMERGENCY	61,593,022	106,636,425	168,229,447	0.172500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,709,498	16,165,748	23,875,246	0.619289	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	15,457,175	15,457,175	0.498503	96.00
101.00	10100	HOME HEALTH AGENCY	1,394	2,568,625	2,570,019		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	88,328	3,377,493	3,465,821		116.00
200.00		Subtotal (see instructions)	850,477,176	873,295,896	1,723,773,072		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	850,477,176	873,295,896	1,723,773,072		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/28/2015 3:31 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.196711		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.096928		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.222286		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.111960		59.00
60.00	06000 LABORATORY	0.177235		60.00
64.00	06400 INTRAVENOUS THERAPY	0.728885		64.00
65.00	06500 RESPIRATORY THERAPY	0.210164		65.00
66.00	06600 PHYSICAL THERAPY	0.194088		66.00
69.00	06900 ELECTROCARDIOLOGY	0.096330		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.331712		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.649398		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257529		73.00
74.00	07400 RENAL DIALYSIS	0.327457		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3.241459		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.629107		90.00
90.01	09001 FAMILY PRACTICE CLINIC	1.114005		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.282289		90.02
90.03	09003 INFUSION CENTER	0.146428		90.03
90.04	09004 PRIMARY CARE SENIORS	1.337317		90.04
90.05	09005 PAIN MANAGEMENT	0.146303		90.05
90.06	09006 WOUND CARE CENTER	0.307124		90.06
90.07	09007 SLEEP CENTER	0.429671		90.07
91.00	09100 EMERGENCY	0.187392		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.619289		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.498503		96.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150082

Period: From 10/01/2013 To 09/30/2014

Worksheet C Part II Date/Time Prepared: 2/28/2015 3:31 pm

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	48,473,753	6,620,036	41,853,717	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,978,707	3,775,391	24,203,316	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	4,344,607	523,222	3,821,385	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	3,513,141	565,552	2,947,589	0	0	59.00
60.00	06000 LABORATORY	43,078,628	3,545,993	39,532,635	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	2,575,467	144,719	2,430,748	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	5,855,878	605,211	5,250,667	0	0	65.00
66.00	06600 PHYSICAL THERAPY	9,547,125	576,701	8,970,424	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	2,757,647	187,619	2,570,028	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,547,668	1,269,596	24,278,072	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	29,524,226	1,430,316	28,093,910	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,205,612	2,480,616	47,724,996	0	0	73.00
74.00	07400 RENAL DIALYSIS	2,029,304	93,283	1,936,021	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,402,495	62,101	1,340,394	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,437,749	269,081	3,168,668	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	3,107,551	467,188	2,640,363	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,134,202	152,238	981,964	0	0	90.02
90.03	09003 INFUSION CENTER	1,202,601	123,757	1,078,844	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	2,000,127	121,140	1,878,987	0	0	90.04
90.05	09005 PAIN MANAGEMENT	4,194,942	309,395	3,885,547	0	0	90.05
90.06	09006 WOUND CARE CENTER	566,813	39,619	527,194	0	0	90.06
90.07	09007 SLEEP CENTER	1,527,038	119,320	1,407,718	0	0	90.07
91.00	09100 EMERGENCY	29,019,607	2,674,393	26,345,214	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,785,675	1,807,785	12,977,890	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	7,705,449	682,398	7,023,051	0	0	96.00
101.00	10100 HOME HEALTH AGENCY	3,448,816	206,324	3,242,492	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	3,242,058	310,278	2,931,780	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	332,206,886	29,163,272	303,043,614	0	0	200.00
201.00	Less Observation Beds	14,785,675	1,807,785	12,977,890	0	0	201.00
202.00	Total (line 200 minus line 201)	317,421,211	27,355,487	290,065,724	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part II Date/Time Prepared: 2/28/2015 3:31 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	48,473,753	250,465,340	0.193535		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,978,707	290,272,529	0.096388		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	4,344,607	19,545,112	0.222286		55.00
59.00	05900 CARDIAC CATHETERIZATION	3,513,141	33,242,926	0.105681		59.00
60.00	06000 LABORATORY	43,078,628	245,197,141	0.175690		60.00
64.00	06400 INTRAVENOUS THERAPY	2,575,467	3,533,435	0.728885		64.00
65.00	06500 RESPIRATORY THERAPY	5,855,878	27,863,435	0.210164		65.00
66.00	06600 PHYSICAL THERAPY	9,547,125	49,189,699	0.194088		66.00
69.00	06900 ELECTROCARDIOLOGY	2,757,647	28,627,157	0.096330		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,547,668	77,017,562	0.331712		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	29,524,226	45,463,975	0.649398		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,205,612	194,951,450	0.257529		73.00
74.00	07400 RENAL DIALYSIS	2,029,304	6,212,648	0.326641		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,402,495	432,674	3.241459		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,437,749	5,466,112	0.628920		90.00
90.01	09001 FAMILY PRACTICE CLINIC	3,107,551	2,789,531	1.114005		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,134,202	4,017,876	0.282289		90.02
90.03	09003 INFUSION CENTER	1,202,601	8,212,927	0.146428		90.03
90.04	09004 PRIMARY CARE SENIORS	2,000,127	1,495,627	1.337317		90.04
90.05	09005 PAIN MANAGEMENT	4,194,942	28,697,819	0.146176		90.05
90.06	09006 WOUND CARE CENTER	566,813	1,845,786	0.307085		90.06
90.07	09007 SLEEP CENTER	1,527,038	3,564,555	0.428395		90.07
91.00	09100 EMERGENCY	29,019,607	168,229,447	0.172500		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,785,675	23,875,246	0.619289		92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	7,705,449	15,457,175	0.498503		96.00
101.00	10100 HOME HEALTH AGENCY	3,448,816	2,570,019	1.341942		101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	3,242,058	3,465,821	0.935437		116.00
200.00	Subtotal (sum of lines 50 thru 199)	332,206,886	1,541,703,024			200.00
201.00	Less Observation Beds	14,785,675	0			201.00
202.00	Total (line 200 minus line 201)	317,421,211	1,541,703,024			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part I Date/Time Prepared: 2/28/2015 3:31 pm		
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)		
Title XVIII		Hospital		PPS				
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	10,489,926	0	10,489,926	110,400	95.02	30.00	
31.00	INTENSIVE CARE UNIT	2,751,035		2,751,035	16,859	163.18	31.00	
32.00	CORONARY CARE UNIT	504,848		504,848	4,003	126.12	32.00	
40.00	SUBPROVIDER - IPF	199,655	0	199,655	3,994	49.99	40.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30-199)	13,945,464		13,945,464	135,256		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	41,710	3,963,284					30.00
31.00	INTENSIVE CARE UNIT	8,103	1,322,248					31.00
32.00	CORONARY CARE UNIT	1,965	247,826					32.00
40.00	SUBPROVIDER - IPF	1,587	79,334					40.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30-199)	53,365	5,612,692					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part II Date/Time Prepared: 2/28/2015 3:31 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,620,036	250,465,340	0.026431	37,215,325	983,638	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,775,391	290,272,529	0.013006	34,641,540	450,548	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	523,222	19,545,112	0.026770	332,683	8,906	55.00
59.00	05900	CARDIAC CATHETERIZATION	565,552	33,242,926	0.017013	10,029,741	170,636	59.00
60.00	06000	LABORATORY	3,545,993	245,197,141	0.014462	62,545,194	904,529	60.00
64.00	06400	INTRAVENOUS THERAPY	144,719	3,533,435	0.040957	1,754,821	71,872	64.00
65.00	06500	RESPIRATORY THERAPY	605,211	27,863,435	0.021721	12,284,252	266,826	65.00
66.00	06600	PHYSICAL THERAPY	576,701	49,189,699	0.011724	18,358,604	215,236	66.00
69.00	06900	ELECTROCARDIOLOGY	187,619	28,627,157	0.006554	9,357,321	61,328	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,269,596	77,017,562	0.016484	26,948,049	444,212	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,430,316	45,463,975	0.031460	15,074,713	474,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,480,616	194,951,450	0.012724	51,690,416	657,709	73.00
74.00	07400	RENAL DIALYSIS	93,283	6,212,648	0.015015	3,150,141	47,299	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	62,101	432,674	0.143528	5,488	788	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	269,081	5,466,112	0.049227	2,566	126	90.00
90.01	09001	FAMILY PRACTICE CLINIC	467,188	2,789,531	0.167479	1,942	325	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	152,238	4,017,876	0.037890	586	22	90.02
90.03	09003	INFUSION CENTER	123,757	8,212,927	0.015069	13,824	208	90.03
90.04	09004	PRIMARY CARE SENIORS	121,140	1,495,627	0.080996	1,881	152	90.04
90.05	09005	PAIN MANAGEMENT	309,395	28,697,819	0.010781	1,033	11	90.05
90.06	09006	WOUND CARE CENTER	39,619	1,845,786	0.021465	1,053	23	90.06
90.07	09007	SLEEP CENTER	119,320	3,564,555	0.033474	9,655	323	90.07
91.00	09100	EMERGENCY	2,674,393	168,229,447	0.015897	27,643,700	439,452	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,807,785	23,875,246	0.075718	4,005,428	303,283	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	682,398	15,457,175	0.044148	0	0	96.00
200.00		Total (lines 50-199)	28,646,670	1,535,667,184		315,069,956	5,501,702	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part III Date/Time Prepared: 2/28/2015 3:31 pm	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	566,216	0	0	566,216	30.00
31.00	03100	INTENSIVE CARE UNIT	0	106,151	0	0	106,151	31.00
32.00	03200	CORONARY CARE UNIT	0	30,270	0	0	30,270	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	702,637	0	0	702,637	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	110,400	5.13	41,710	213,972		30.00
31.00	03100	INTENSIVE CARE UNIT	16,859	6.30	8,103	51,049		31.00
32.00	03200	CORONARY CARE UNIT	4,003	7.56	1,965	14,855		32.00
40.00	04000	SUBPROVIDER - IPF	3,994	0.00	1,587	0		40.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	135,256		53,365	279,876		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/28/2015 3:31 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	20,318	0	20,318	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	316,224	0	316,224	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CENTER	0	0	0	0	0	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	19,903	0	19,903	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	97,585	0	97,585	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	454,030	0	454,030	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/28/2015 3:31 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		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	20,318	250,465,340	0.000081	0.000081	37,215,325	50.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	290,272,529	0.000000	0.000000	34,641,540	54.00	
55.00	05500 RADIOLOGY - THERAPEUTIC	0	19,545,112	0.000000	0.000000	332,683	55.00	
59.00	05900 CARDIAC CATHETERIZATION	0	33,242,926	0.000000	0.000000	10,029,741	59.00	
60.00	06000 LABORATORY	0	245,197,141	0.000000	0.000000	62,545,194	60.00	
64.00	06400 INTRAVENOUS THERAPY	0	3,533,435	0.000000	0.000000	1,754,821	64.00	
65.00	06500 RESPIRATORY THERAPY	0	27,863,435	0.000000	0.000000	12,284,252	65.00	
66.00	06600 PHYSICAL THERAPY	0	49,189,699	0.000000	0.000000	18,358,604	66.00	
69.00	06900 ELECTROCARDIOLOGY	0	28,627,157	0.000000	0.000000	9,357,321	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	77,017,562	0.000000	0.000000	26,948,049	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	45,463,975	0.000000	0.000000	15,074,713	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	316,224	194,951,450	0.001622	0.001622	51,690,416	73.00	
74.00	07400 RENAL DIALYSIS	0	6,212,648	0.000000	0.000000	3,150,141	74.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	432,674	0.000000	0.000000	5,488	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	5,466,112	0.000000	0.000000	2,566	90.00	
90.01	09001 FAMILY PRACTICE CLINIC	0	2,789,531	0.000000	0.000000	1,942	90.01	
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	4,017,876	0.000000	0.000000	586	90.02	
90.03	09003 INFUSION CENTER	0	8,212,927	0.000000	0.000000	13,824	90.03	
90.04	09004 PRIMARY CARE SENIORS	0	1,495,627	0.000000	0.000000	1,881	90.04	
90.05	09005 PAIN MANAGEMENT	0	28,697,819	0.000000	0.000000	1,033	90.05	
90.06	09006 WOUND CARE CENTER	0	1,845,786	0.000000	0.000000	1,053	90.06	
90.07	09007 SLEEP CENTER	0	3,564,555	0.000000	0.000000	9,655	90.07	
91.00	09100 EMERGENCY	19,903	168,229,447	0.000118	0.000118	27,643,700	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	97,585	23,875,246	0.004087	0.004087	4,005,428	92.00	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	15,457,175	0.000000	0.000000	0	96.00	
200.00	Total (lines 50-199)	454,030	1,535,667,184			315,069,956	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/28/2015 3:31 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	
Title VIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	3,014	24,733,224	2,003	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	58,601,338	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	8,467,047	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,690,283	0	59.00
60.00	06000 LABORATORY	0	13,518,493	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	527,173	0	65.00
66.00	06600 PHYSICAL THERAPY	0	133,029	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,265,577	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,729,894	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,857,687	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	83,842	30,875,489	50,080	73.00
74.00	07400 RENAL DIALYSIS	0	310,531	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	14,613	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	1,911,807	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	248,866	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	332,014	0	90.02
90.03	09003 INFUSION CENTER	0	3,188,792	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	917,295	0	90.04
90.05	09005 PAIN MANAGEMENT	0	11,689,466	0	90.05
90.06	09006 WOUND CARE CENTER	0	595,121	0	90.06
90.07	09007 SLEEP CENTER	0	1,285,892	0	90.07
91.00	09100 EMERGENCY	3,262	21,348,280	2,519	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	16,370	3,895,734	15,922	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	106,488	203,137,645	70,524	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/28/2015 3:31 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.193535	24,733,224	0	0	4,786,745	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096388	58,601,338	0	0	5,648,466	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.222286	8,467,047	0	0	1,882,106	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.105681	5,690,283	0	0	601,355	59.00
60.00	06000	LABORATORY	0.175690	13,518,493	8,494	0	2,375,064	60.00
64.00	06400	INTRAVENOUS THERAPY	0.728885	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.210164	527,173	0	0	110,793	65.00
66.00	06600	PHYSICAL THERAPY	0.194088	133,029	0	0	25,819	66.00
69.00	06900	ELECTROCARDIOLOGY	0.096330	3,265,577	0	0	314,573	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.331712	7,729,894	2,638	0	2,564,099	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.649398	3,857,687	0	0	2,505,174	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257529	30,875,489	0	307,448	7,951,334	73.00
74.00	07400	RENAL DIALYSIS	0.326641	310,531	0	0	101,432	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3.241459	14,613	0	0	47,367	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.628920	1,911,807	0	0	1,202,374	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.114005	248,866	0	0	277,238	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.282289	332,014	0	0	93,724	90.02
90.03	09003	INFUSION CENTER	0.146428	3,188,792	0	0	466,928	90.03
90.04	09004	PRIMARY CARE SENIORS	1.337317	917,295	0	0	1,226,714	90.04
90.05	09005	PAIN MANAGEMENT	0.146176	11,689,466	0	0	1,708,719	90.05
90.06	09006	WOUND CARE CENTER	0.307085	595,121	0	0	182,753	90.06
90.07	09007	SLEEP CENTER	0.428395	1,285,892	0	0	550,870	90.07
91.00	09100	EMERGENCY	0.172500	21,348,280	0	0	3,682,578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.619289	3,895,734	0	0	2,412,585	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.498503	0	0	0	0	96.00
200.00		Subtotal (see instructions)		203,137,645	11,132	307,448	40,718,810	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		203,137,645	11,132	307,448	40,718,810	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/28/2015 3:31 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	1,492	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	875	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	79,177	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	90.07
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	2,367	79,177	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	2,367	79,177	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082 Component CCN: 15S082		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part II Date/Time Prepared: 2/28/2015 3:31 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,620,036	250,465,340	0.026431	13,320	352	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,775,391	290,272,529	0.013006	22,864	297	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	523,222	19,545,112	0.026770	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	565,552	33,242,926	0.017013	0	0	59.00
60.00	06000 LABORATORY	3,545,993	245,197,141	0.014462	364,015	5,264	60.00
64.00	06400 INTRAVENOUS THERAPY	144,719	3,533,435	0.040957	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	605,211	27,863,435	0.021721	4,051	88	65.00
66.00	06600 PHYSICAL THERAPY	576,701	49,189,699	0.011724	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	187,619	28,627,157	0.006554	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,269,596	77,017,562	0.016484	5,209	86	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,430,316	45,463,975	0.031460	11	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,480,616	194,951,450	0.012724	286,612	3,647	73.00
74.00	07400 RENAL DIALYSIS	93,283	6,212,648	0.015015	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	62,101	432,674	0.143528	3,773	542	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	269,081	5,466,112	0.049227	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	467,188	2,789,531	0.167479	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	152,238	4,017,876	0.037890	0	0	90.02
90.03	09003 INFUSION CENTER	123,757	8,212,927	0.015069	29	0	90.03
90.04	09004 PRIMARY CARE SENIORS	121,140	1,495,627	0.080996	0	0	90.04
90.05	09005 PAIN MANAGEMENT	309,395	28,697,819	0.010781	0	0	90.05
90.06	09006 WOUND CARE CENTER	39,619	1,845,786	0.021465	0	0	90.06
90.07	09007 SLEEP CENTER	119,320	3,564,555	0.033474	0	0	90.07
91.00	09100 EMERGENCY	2,674,393	168,229,447	0.015897	278,295	4,424	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	23,875,246	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	682,398	15,457,175	0.044148	0	0	96.00
200.00	Total (lines 50-199)	26,838,885	1,535,667,184		978,179	14,700	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082
Component CCN: 15S082

Period:
From 10/01/2013
To 09/30/2014

Worksheet D
Part IV
Date/Time Prepared:
2/28/2015 3:31 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	20,318	0	20,318	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	316,224	0	316,224	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	19,903	0	19,903	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	0	0	356,445	0	356,445	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/28/2015 3:31 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	20,318	250,465,340	0.000081	0.000081	13,320	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	290,272,529	0.000000	0.000000	22,864	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	19,545,112	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,242,926	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	245,197,141	0.000000	0.000000	364,015	60.00
64.00	06400 INTRAVENOUS THERAPY	0	3,533,435	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	27,863,435	0.000000	0.000000	4,051	65.00
66.00	06600 PHYSICAL THERAPY	0	49,189,699	0.000000	0.000000	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	28,627,157	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	77,017,562	0.000000	0.000000	5,209	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	45,463,975	0.000000	0.000000	11	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	316,224	194,951,450	0.001622	0.001622	286,612	73.00
74.00	07400 RENAL DIALYSIS	0	6,212,648	0.000000	0.000000	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	432,674	0.000000	0.000000	3,773	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,466,112	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	2,789,531	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	4,017,876	0.000000	0.000000	0	90.02
90.03	09003 INFUSION CENTER	0	8,212,927	0.000000	0.000000	29	90.03
90.04	09004 PRIMARY CARE SENIORS	0	1,495,627	0.000000	0.000000	0	90.04
90.05	09005 PAIN MANAGEMENT	0	28,697,819	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CENTER	0	1,845,786	0.000000	0.000000	0	90.06
90.07	09007 SLEEP CENTER	0	3,564,555	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	19,903	168,229,447	0.000118	0.000118	278,295	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	23,875,246	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	15,457,175	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	356,445	1,535,667,184			978,179	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/28/2015 3:31 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	465	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	90.07
91.00	09100 EMERGENCY	33	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	499	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part I Date/Time Prepared: 2/28/2015 3:31 pm	
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) PPS	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,489,926	0	10,489,926	110,400	95.02	30.00
31.00	INTENSIVE CARE UNIT	2,751,035		2,751,035	16,859	163.18	31.00
32.00	CORONARY CARE UNIT	504,848		504,848	4,003	126.12	32.00
40.00	SUBPROVIDER - IPF	199,655	0	199,655	3,994	49.99	40.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	13,945,464		13,945,464	135,256		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	8,263	785,150				
31.00	INTENSIVE CARE UNIT	1,411	230,247				
32.00	CORONARY CARE UNIT	478	60,285				
40.00	SUBPROVIDER - IPF	599	29,944				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	10,751	1,105,626				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet D
Part II
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,620,036	250,465,340	0.026431	7,969,600	210,644	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,775,391	290,272,529	0.013006	6,877,053	89,443	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	523,222	19,545,112	0.026770	240,144	6,429	55.00
59.00	05900	CARDIAC CATHETERIZATION	565,552	33,242,926	0.017013	2,002,269	34,065	59.00
60.00	06000	LABORATORY	3,545,993	245,197,141	0.014462	14,561,580	210,590	60.00
64.00	06400	INTRAVENOUS THERAPY	144,719	3,533,435	0.040957	496,778	20,347	64.00
65.00	06500	RESPIRATORY THERAPY	605,211	27,863,435	0.021721	3,418,568	74,255	65.00
66.00	06600	PHYSICAL THERAPY	576,701	49,189,699	0.011724	2,759,725	32,355	66.00
69.00	06900	ELECTROCARDIOLOGY	187,619	28,627,157	0.006554	1,270,370	8,326	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,269,596	77,017,562	0.016484	5,513,312	90,881	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,430,316	45,463,975	0.031460	2,268,477	71,366	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,480,616	194,951,450	0.012724	13,889,309	176,728	73.00
74.00	07400	RENAL DIALYSIS	93,283	6,212,648	0.015015	554,324	8,323	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	62,101	432,674	0.143528	85,699	12,300	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	269,081	5,466,112	0.049227	1,434	71	90.00
90.01	09001	FAMILY PRACTICE CLINIC	467,188	2,789,531	0.167479	1,770	296	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	152,238	4,017,876	0.037890	0	0	90.02
90.03	09003	INFUSION CENTER	123,757	8,212,927	0.015069	12,256	185	90.03
90.04	09004	PRIMARY CARE SENIORS	121,140	1,495,627	0.080996	0	0	90.04
90.05	09005	PAIN MANAGEMENT	309,395	28,697,819	0.010781	1,816	20	90.05
90.06	09006	WOUND CARE CENTER	39,619	1,845,786	0.021465	0	0	90.06
90.07	09007	SLEEP CENTER	119,320	3,564,555	0.033474	183	6	90.07
91.00	09100	EMERGENCY	2,674,393	168,229,447	0.015897	7,012,728	111,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,807,785	23,875,246	0.075718	336,940	25,512	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	682,398	15,457,175	0.044148	0	0	96.00
200.00		Total (lines 50-199)	28,646,670	1,535,667,184		69,274,335	1,183,623	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part III Date/Time Prepared: 2/28/2015 3:31 pm	
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	566,216	0	0	566,216	30.00
31.00	03100	INTENSIVE CARE UNIT	0	106,151	0	0	106,151	31.00
32.00	03200	CORONARY CARE UNIT	0	30,270	0	0	30,270	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	702,637	0	0	702,637	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	110,400	5.13	8,263	42,389		30.00
31.00	03100	INTENSIVE CARE UNIT	16,859	6.30	1,411	8,889		31.00
32.00	03200	CORONARY CARE UNIT	4,003	7.56	478	3,614		32.00
40.00	04000	SUBPROVIDER - IPF	3,994	0.00	599	0		40.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	135,256		10,751	54,892		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet D
Part IV
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		Title XIX				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	20,318	0	20,318	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	316,224	0	316,224	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CENTER	0	0	0	0	0	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	19,903	0	19,903	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	356,445	0	356,445	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/28/2015 3:31 pm
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Cost Center Description	Title XIX			Hospital		PPS
	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	20,318	250,465,340	0.000081	0.000081	7,969,600	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	290,272,529	0.000000	0.000000	6,877,053	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	19,545,112	0.000000	0.000000	240,144	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	33,242,926	0.000000	0.000000	2,002,269	59.00
60.00 06000 LABORATORY	0	245,197,141	0.000000	0.000000	14,561,580	60.00
64.00 06400 INTRAVENOUS THERAPY	0	3,533,435	0.000000	0.000000	496,778	64.00
65.00 06500 RESPIRATORY THERAPY	0	27,863,435	0.000000	0.000000	3,418,568	65.00
66.00 06600 PHYSICAL THERAPY	0	49,189,699	0.000000	0.000000	2,759,725	66.00
69.00 06900 ELECTROCARDIOLOGY	0	28,627,157	0.000000	0.000000	1,270,370	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	77,017,562	0.000000	0.000000	5,513,312	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	45,463,975	0.000000	0.000000	2,268,477	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	316,224	194,951,450	0.001622	0.001622	13,889,309	73.00
74.00 07400 RENAL DIALYSIS	0	6,212,648	0.000000	0.000000	554,324	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	432,674	0.000000	0.000000	85,699	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	5,466,112	0.000000	0.000000	1,434	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	2,789,531	0.000000	0.000000	1,770	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	4,017,876	0.000000	0.000000	0	90.02
90.03 09003 INFUSION CENTER	0	8,212,927	0.000000	0.000000	12,256	90.03
90.04 09004 PRIMARY CARE SENIORS	0	1,495,627	0.000000	0.000000	0	90.04
90.05 09005 PAIN MANAGEMENT	0	28,697,819	0.000000	0.000000	1,816	90.05
90.06 09006 WOUND CARE CENTER	0	1,845,786	0.000000	0.000000	0	90.06
90.07 09007 SLEEP CENTER	0	3,564,555	0.000000	0.000000	183	90.07
91.00 09100 EMERGENCY	19,903	168,229,447	0.000118	0.000118	7,012,728	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	23,875,246	0.000000	0.000000	336,940	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	15,457,175	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	356,445	1,535,667,184			69,274,335	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet D
Part IV
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	646	0	0		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0		55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,528	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0		90.02
90.03	09003 INFUSION CENTER	0	0	0		90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	0		90.04
90.05	09005 PAIN MANAGEMENT	0	0	0		90.05
90.06	09006 WOUND CARE CENTER	0	0	0		90.06
90.07	09007 SLEEP CENTER	0	0	0		90.07
91.00	09100 EMERGENCY	828	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00	Total (lines 50-199)	24,002	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/28/2015 3:31 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.193535	0	0	9,161,369	0 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.096388	0	0	24,630,280	0 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.222286	0	0	1,557,383	0 55.00
59.00	05900 CARDIAC CATHETERIZATION	0.105681	0	0	1,403,356	0 59.00
60.00	06000 LABORATORY	0.175690	0	0	18,182,684	0 60.00
64.00	06400 INTRAVENOUS THERAPY	0.728885	0	0	19,007	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.210164	0	0	464,326	0 65.00
66.00	06600 PHYSICAL THERAPY	0.194088	0	0	347,638	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.096330	0	0	974,737	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.331712	0	0	4,322,021	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.649398	0	0	1,058,570	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257529	0	0	8,121,300	0 73.00
74.00	07400 RENAL DIALYSIS	0.326641	0	0	129,118	0 74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3.241459	0	0	91,059	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.628920	0	0	491,890	0 90.00
90.01	09001 FAMILY PRACTICE CLINIC	1.114005	0	0	1,943,509	0 90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.282289	0	0	57,014	0 90.02
90.03	09003 INFUSION CENTER	0.146428	0	0	603,034	0 90.03
90.04	09004 PRIMARY CARE SENIORS	1.337317	0	0	1,012	0 90.04
90.05	09005 PAIN MANAGEMENT	0.146176	0	0	2,977,701	0 90.05
90.06	09006 WOUND CARE CENTER	0.307085	0	0	168,497	0 90.06
90.07	09007 SLEEP CENTER	0.428395	0	0	419,975	0 90.07
91.00	09100 EMERGENCY	0.172500	0	0	23,372,322	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.619289	0	0	3,459,566	0 92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.498503	0	0	0	0 96.00
200.00	Subtotal (see instructions)		0	0	103,957,368	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	103,957,368	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/28/2015 3:31 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,773,046	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,374,063	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	346,184	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	148,308	59.00
60.00	06000	LABORATORY	0	3,194,516	60.00
64.00	06400	INTRAVENOUS THERAPY	0	13,854	64.00
65.00	06500	RESPIRATORY THERAPY	0	97,585	65.00
66.00	06600	PHYSICAL THERAPY	0	67,472	66.00
69.00	06900	ELECTROCARDIOLOGY	0	93,896	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,433,666	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	687,433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,091,470	73.00
74.00	07400	RENAL DIALYSIS	0	42,175	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	295,164	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	309,359	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	2,165,079	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	16,094	90.02
90.03	09003	INFUSION CENTER	0	88,301	90.03
90.04	09004	PRIMARY CARE SENIORS	0	1,353	90.04
90.05	09005	PAIN MANAGEMENT	0	435,268	90.05
90.06	09006	WOUND CARE CENTER	0	51,743	90.06
90.07	09007	SLEEP CENTER	0	179,915	90.07
91.00	09100	EMERGENCY	0	4,031,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,142,471	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00		Subtotal (see instructions)	0	22,080,141	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	22,080,141	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part II Date/Time Prepared: 2/28/2015 3:31 pm		
		Component CCN: 15S082		Title XIX		Subprovider - IPF		
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	6,620,036	250,465,340	0.026431	7,156	189	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,775,391	290,272,529	0.013006	16,903	220	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	523,222	19,545,112	0.026770	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	565,552	33,242,926	0.017013	0	0	59.00
60.00	06000	LABORATORY	3,545,993	245,197,141	0.014462	214,874	3,108	60.00
64.00	06400	INTRAVENOUS THERAPY	144,719	3,533,435	0.040957	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	605,211	27,863,435	0.021721	949	21	65.00
66.00	06600	PHYSICAL THERAPY	576,701	49,189,699	0.011724	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	187,619	28,627,157	0.006554	765	5	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,269,596	77,017,562	0.016484	3,094	51	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,430,316	45,463,975	0.031460	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,480,616	194,951,450	0.012724	114,732	1,460	73.00
74.00	07400	RENAL DIALYSIS	93,283	6,212,648	0.015015	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	62,101	432,674	0.143528	3,430	492	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	269,081	5,466,112	0.049227	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	467,188	2,789,531	0.167479	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	152,238	4,017,876	0.037890	0	0	90.02
90.03	09003	INFUSION CENTER	123,757	8,212,927	0.015069	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	121,140	1,495,627	0.080996	0	0	90.04
90.05	09005	PAIN MANAGEMENT	309,395	28,697,819	0.010781	0	0	90.05
90.06	09006	WOUND CARE CENTER	39,619	1,845,786	0.021465	0	0	90.06
90.07	09007	SLEEP CENTER	119,320	3,564,555	0.033474	0	0	90.07
91.00	09100	EMERGENCY	2,674,393	168,229,447	0.015897	203,100	3,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	23,875,246	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	682,398	15,457,175	0.044148	0	0	96.00
200.00		Total (lines 50-199)	26,838,885	1,535,667,184		565,003	8,775	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/28/2015 3:31 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	20,318	0	20,318	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	316,224	0	316,224	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	19,903	0	19,903	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	0	0	356,445	0	356,445	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/28/2015 3:31 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	20,318	250,465,340	0.000081	0.000081	7,156	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	290,272,529	0.000000	0.000000	16,903	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	19,545,112	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,242,926	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	245,197,141	0.000000	0.000000	214,874	60.00
64.00	06400 INTRAVENOUS THERAPY	0	3,533,435	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	27,863,435	0.000000	0.000000	949	65.00
66.00	06600 PHYSICAL THERAPY	0	49,189,699	0.000000	0.000000	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	28,627,157	0.000000	0.000000	765	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	77,017,562	0.000000	0.000000	3,094	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	45,463,975	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	316,224	194,951,450	0.001622	0.001622	114,732	73.00
74.00	07400 RENAL DIALYSIS	0	6,212,648	0.000000	0.000000	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	432,674	0.000000	0.000000	3,430	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,466,112	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	2,789,531	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	4,017,876	0.000000	0.000000	0	90.02
90.03	09003 INFUSION CENTER	0	8,212,927	0.000000	0.000000	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	1,495,627	0.000000	0.000000	0	90.04
90.05	09005 PAIN MANAGEMENT	0	28,697,819	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CENTER	0	1,845,786	0.000000	0.000000	0	90.06
90.07	09007 SLEEP CENTER	0	3,564,555	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	19,903	168,229,447	0.000118	0.000118	203,100	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	23,875,246	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	15,457,175	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	356,445	1,535,667,184			565,003	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/28/2015 3:31 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	186	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	90.07
91.00	09100 EMERGENCY	24	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	211	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/28/2015 3:31 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		110,400	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		110,400	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)		91,374	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)		41,710	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)		85,795,679	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)		85,795,679	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)		85,795,679	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)		777.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		32,414,092	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)		32,414,092	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/28/2015 3:31 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	22,136,263	16,859	1,313.02	8,103	10,639,401		
44.00	5,292,128	4,003	1,322.04	1,965	2,597,809		
45.00							
46.00							
47.00							
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					72,049,238	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					117,700,540	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)					5,813,234	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,608,190	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					11,421,424	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					106,279,116	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)					19,026	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					777.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,785,675	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/28/2015 3:31 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,489,926	85,795,679	0.122266	14,785,675	1,807,785	90.00
91.00	Nursing School cost	0	85,795,679	0.000000	14,785,675	0	91.00
92.00	Allied health cost	566,216	85,795,679	0.006600	14,785,675	97,585	92.00
93.00	All other Medical Education	0	85,795,679	0.000000	14,785,675	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1
		Component CCN: 15S082		Date/Time Prepared: 2/28/2015 3:31 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,994	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,994	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,994	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,587	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)		2,153,542	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)		2,153,542	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)		2,153,542	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)		539.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		855,695	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)		855,695	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1		
		Component CCN: 15S082				Date/Time Prepared: 2/28/2015 3:31 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		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)					210,133		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,065,828		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					79,334		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,199		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					94,533		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					971,295		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: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
		Component CCN: 15S082				Date/Time Prepared: 2/28/2015 3:31 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	199,655	2,153,542	0.092710	0	0	90.00
91.00	Nursing School cost	0	2,153,542	0.000000	0	0	91.00
92.00	Allied health cost	0	2,153,542	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,153,542	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/28/2015 3:31 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		110,400	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		110,400	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)		91,374	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)		8,263	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)		85,795,679	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)		85,795,679	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)		85,795,679	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)		777.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,421,425	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)		6,421,425	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/28/2015 3:31 pm	
Cost Center Description			Title XIX	Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	22,136,263	16,859	1,313.02	1,411	1,852,671	43.00
44.00	5,292,128	4,003	1,322.04	478	631,935	44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				15,697,212	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				24,603,243	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				1,130,574	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,207,625	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,338,199	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				22,265,044	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)				19,026	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				777.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				14,785,675	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/28/2015 3:31 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,489,926	85,795,679	0.122266	14,785,675	1,807,785	90.00
91.00	Nursing School cost	0	85,795,679	0.000000	14,785,675	0	91.00
92.00	Allied health cost	566,216	85,795,679	0.006600	14,785,675	97,585	92.00
93.00	All other Medical Education	0	85,795,679	0.000000	14,785,675	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1
		Component CCN: 15S082		Date/Time Prepared: 2/28/2015 3:31 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,994	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,994	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,994	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)		599	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)		2,153,542	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)		2,153,542	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)		2,153,542	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)		539.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		322,975	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		322,975	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1		
		Component CCN: 15S082				Date/Time Prepared: 2/28/2015 3:31 pm		
		Title XIX		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		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)					121,152		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					444,127		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)					29,944		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,986		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					38,930		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					405,197		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: 150082		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
		Component CCN: 15S082				Date/Time Prepared: 2/28/2015 3:31 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	199,655	2,153,542	0.092710	0	0	90.00
91.00	Nursing School cost	0	2,153,542	0.000000	0	0	91.00
92.00	Allied health cost	0	2,153,542	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,153,542	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/28/2015 3:31 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		47,296,852	30.00
31.00	03100	INTENSIVE CARE UNIT		22,907,873	31.00
32.00	03200	CORONARY CARE UNIT		5,558,452	32.00
40.00	04000	SUBPROVIDER - I/P		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196711	37,215,325	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096928	34,641,540	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.222286	332,683	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.111960	10,029,741	59.00
60.00	06000	LABORATORY	0.177235	62,545,194	60.00
64.00	06400	INTRAVENOUS THERAPY	0.728885	1,754,821	64.00
65.00	06500	RESPIRATORY THERAPY	0.210164	12,284,252	65.00
66.00	06600	PHYSICAL THERAPY	0.194088	18,358,604	66.00
69.00	06900	ELECTROCARDIOLOGY	0.096330	9,357,321	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.331712	26,948,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.649398	15,074,713	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257529	51,690,416	73.00
74.00	07400	RENAL DIALYSIS	0.327457	3,150,141	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3.241459	5,488	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.629107	2,566	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.114005	1,942	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.282289	586	90.02
90.03	09003	INFUSION CENTER	0.146428	13,824	90.03
90.04	09004	PRIMARY CARE SENIORS	1.337317	1,881	90.04
90.05	09005	PAIN MANAGEMENT	0.146303	1,033	90.05
90.06	09006	WOUND CARE CENTER	0.307124	1,053	90.06
90.07	09007	SLEEP CENTER	0.429671	9,655	90.07
91.00	09100	EMERGENCY	0.187392	27,643,700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.619289	4,005,428	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.498503	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		315,069,956	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)		315,069,956	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3	
		Component CCN: 15S082		Date/Time Prepared: 2/28/2015 3:31 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		3,347,208	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196711	13,320	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096928	22,864	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.222286	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.111960	0	59.00
60.00	06000	LABORATORY	0.177235	364,015	60.00
64.00	06400	INTRAVENOUS THERAPY	0.728885	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.210164	4,051	65.00
66.00	06600	PHYSICAL THERAPY	0.194088	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.096330	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.331712	5,209	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.649398	11	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257529	286,612	73.00
74.00	07400	RENAL DIALYSIS	0.327457	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3.241459	3,773	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.629107	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.114005	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.282289	0	90.02
90.03	09003	INFUSION CENTER	0.146428	29	90.03
90.04	09004	PRIMARY CARE SENIORS	1.337317	0	90.04
90.05	09005	PAIN MANAGEMENT	0.146303	0	90.05
90.06	09006	WOUND CARE CENTER	0.307124	0	90.06
90.07	09007	SLEEP CENTER	0.429671	0	90.07
91.00	09100	EMERGENCY	0.187392	278,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.619289	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.498503	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		978,179	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)		978,179	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/28/2015 3:31 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,285,596	30.00
31.00	03100	INTENSIVE CARE UNIT		5,739,956	31.00
32.00	03200	CORONARY CARE UNIT		1,941,204	32.00
40.00	04000	SUBPROVIDER - I/P		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196711	7,969,600	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096928	6,877,053	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.222286	240,144	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.111960	2,002,269	59.00
60.00	06000	LABORATORY	0.177235	14,561,580	60.00
64.00	06400	INTRAVENOUS THERAPY	0.728885	496,778	64.00
65.00	06500	RESPIRATORY THERAPY	0.210164	3,418,568	65.00
66.00	06600	PHYSICAL THERAPY	0.194088	2,759,725	66.00
69.00	06900	ELECTROCARDIOLOGY	0.096330	1,270,370	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.331712	5,513,312	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.649398	2,268,477	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257529	13,889,309	73.00
74.00	07400	RENAL DIALYSIS	0.327457	554,324	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3.241459	85,699	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.629107	1,434	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.114005	1,770	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.282289	0	90.02
90.03	09003	INFUSION CENTER	0.146428	12,256	90.03
90.04	09004	PRIMARY CARE SENIORS	1.337317	0	90.04
90.05	09005	PAIN MANAGEMENT	0.146303	1,816	90.05
90.06	09006	WOUND CARE CENTER	0.307124	0	90.06
90.07	09007	SLEEP CENTER	0.429671	183	90.07
91.00	09100	EMERGENCY	0.187392	7,012,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.619289	336,940	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.498503	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		69,274,335	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)		69,274,335	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3	
		Component CCN: 15S082		Date/Time Prepared: 2/28/2015 3:31 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		1,607,775	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196711	7,156	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096928	16,903	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.222286	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.111960	0	59.00
60.00	06000	LABORATORY	0.177235	214,874	60.00
64.00	06400	INTRAVENOUS THERAPY	0.728885	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.210164	949	65.00
66.00	06600	PHYSICAL THERAPY	0.194088	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.096330	765	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.331712	3,094	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.649398	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257529	114,732	73.00
74.00	07400	RENAL DIALYSIS	0.327457	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3.241459	3,430	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.629107	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.114005	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.282289	0	90.02
90.03	09003	INFUSION CENTER	0.146428	0	90.03
90.04	09004	PRIMARY CARE SENIORS	1.337317	0	90.04
90.05	09005	PAIN MANAGEMENT	0.146303	0	90.05
90.06	09006	WOUND CARE CENTER	0.307124	0	90.06
90.07	09007	SLEEP CENTER	0.429671	0	90.07
91.00	09100	EMERGENCY	0.187392	203,100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.619289	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.498503	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		565,003	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)		565,003	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/28/2015 3:31 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		81,212,981		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		0		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		3,494,279		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		21,323,835		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		415.64		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)		15.30		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)		2.22		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		17.52		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		18.52		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)		17.52		12.00
13.00	Total allowable FTE count for the prior year.		17.52		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.		17.52		14.00
15.00	Sum of lines 12 through 14 divided by 3.		17.52		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		17.52		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.042152		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.041049		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.041049		21.00
22.00	IME payment adjustment (see instructions)		2,273,754		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		2,273,754		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.85		30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.04		31.00
32.00	Sum of lines 30 and 31		20.89		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/28/2015 3:31 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		6.45	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		1,309,559		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0		9,046,380,143 35.00
35.01	Factor 3 (see instructions)		0.000000000		0.000591028 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0		5,346,664 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		5,346,664 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,346,664		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	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)		93,637,237		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 SCH and MDH only (see instructions)		93,637,237		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		7,371,012		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		790,712		52.00
53.00	Nursing and Allied Health Managed Care payment		276,623		53.00
54.00	Special add-on payments for new technologies		7,031		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		279,876		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		106,488		58.00
59.00	Total (sum of amounts on lines 49 through 58)		102,468,979		59.00
60.00	Primary payer payments		48,429		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		102,420,550		61.00
62.00	Deductibles billed to program beneficiaries		8,973,408		62.00
63.00	Coinurance billed to program beneficiaries		323,864		63.00
64.00	Allowable bad debts (see instructions)		1,073,444		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		697,739		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/28/2015 3:31 pm
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		275,651			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		93,821,017			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		20,275			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-162,439			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		93,678,853			71.00
71.01	Sequestration adjustment (see instructions)		1,873,577			71.01
72.00	Interim payments		91,632,271			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		173,005			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,084,054			75.00
TO BE COMPLETED BY CONTRACTOR						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2015 3:31 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	81,212,981	0	0	81,212,981	81,212,981	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	0	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	3,494,279	0	0	3,494,279	3,494,279	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	21,323,835	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.041049	0.041049	0.041049	0.041049		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,273,754	0	0	2,273,754	2,273,754	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,273,754	0	0	2,273,754	2,273,754	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0645	0.0645	0.0645	0.0645		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,309,559	0	0	1,309,559	1,309,559	11.00
11.01	Uncompensated care payments	36.00	5,346,664	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	93,637,237	0	0	93,637,237	93,637,237	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	93,637,237	0	0	93,637,237	93,637,237	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	7,371,012	0	0	7,371,012	7,371,012	16.00
17.00	Special add-on payments for new technologies	54.00	7,031	0	0	7,031	7,031	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	101,015,280	101,015,280	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2015 3:31 pm

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	6,397,238	0	0	6,397,238	6,397,238	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	594,417	0	0	594,417	594,417	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0161	0.0161	0.0161	0.0161		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	102,996	0	0	102,996	102,996	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0432	0.0432	0.0432	0.0432		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	276,361	0	0	276,361	276,361	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	7,371,012	0	0	7,371,012	7,371,012	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/28/2015 3:31 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		81,544	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,648,286	2.00
3.00	PPS payments		39,066,124	3.00
4.00	Outlier payment (see instructions)		59,143	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 Worksheet D, Part IV, column 13, line 200		70,524	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		81,544	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		318,580	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		318,580	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		318,580	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		237,036	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)		81,544	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)		39,195,791	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		528	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		8,439,431	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		30,837,376	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		271,648	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		31,109,024	30.00
31.00	Primary payer payments		15,060	31.00
32.00	Subtotal (line 30 minus line 31)		31,093,964	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,044,999	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		679,249	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		413,742	36.00
37.00	Subtotal (see instructions)		31,773,213	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-326	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		31,773,539	40.00
40.01	Sequestration adjustment (see instructions)		635,471	40.01
41.00	Interim payments		31,085,987	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		52,081	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: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
2/28/2015 3:31 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		91,399,471		30,903,387	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	04/29/2014	232,800	04/29/2014	182,600	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)		232,800		182,600	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)		91,632,271		31,085,987	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		173,005		52,081	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		91,805,276		31,138,068	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: 150082
Component CCN: 15S082

Period:
From 10/01/2013
To 09/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
2/28/2015 3:31 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		919,266		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		919,266		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,133		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		920,399		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet E-1
Part II
Date/Time Prepared:
2/28/2015 3:31 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			23,498 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			51,778 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			14,646 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			112,236 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,723,773,072 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			49,379,684 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			970,341 8.00
9.00	Sequestration adjustment amount (see instructions)			19,407 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			950,934 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			937,489 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)			13,445 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet E-3 Part II Date/Time Prepared: 2/28/2015 3:31 pm
		Component CCN: 15S082	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,098,499	1.00
2.00	Net IPF PPS Outlier Payments		3,902	2.00
3.00	Net IPF PPS ECT Payments		2,183	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		10.942466	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,104,584	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,104,584	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,104,584	18.00
19.00	Deductibles		142,272	19.00
20.00	Subtotal (line 18 minus line 19)		962,312	20.00
21.00	Coinsurance		24,256	21.00
22.00	Subtotal (line 20 minus line 21)		938,056	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		966	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		628	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-3,834	25.00
26.00	Subtotal (sum of lines 22 and 24)		938,684	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		499	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		939,183	31.00
31.01	Sequestration adjustment (see instructions)		18,784	31.01
32.00	Interim payments		919,266	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		1,133	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		3,902	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/28/2015 3:31 pm	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.40	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			18.60	6.00
7.00	Enter the lesser of line 5 or line 6			16.60	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	18.60	0.00	18.60	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	16.60	0.00	16.60	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	16.60	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.60	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	16.60	0.00		17.00
18.00	Per resident amount	112,803.46	0.00		18.00
19.00	Approved amount for resident costs	1,872,537	0	1,872,537	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			2.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,872,537	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	53,365	14,646		26.00
27.00	Total Inpatient Days (see instructions)	116,230	116,230		27.00
28.00	Ratio of inpatient days to total inpatient days	0.459133	0.126009		28.00
29.00	Program direct GME amount	859,744	235,957		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		33,341		30.00
31.00	Net Program direct GME amount			1,062,360	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/28/2015 3:31 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		6,212,648	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		118,766,368	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		48,429	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		118,717,939	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		40,800,354	42.00
43.00	Primary payer payments (see instructions)		15,060	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		40,785,294	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		159,503,233	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.744298	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.255702	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,062,360	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		790,712	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		271,648	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 150082 Period: From 10/01/2013 To 09/30/2014 Worksheet G
 Date/Time Prepared: 2/28/2015 3:31 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	83,735,192	0	0	0	1.00
2.00	Temporary investments	4,351,171	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	200,636,438	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-117,186,272	0	0	0	6.00
7.00	Inventory	6,338,569	0	0	0	7.00
8.00	Prepaid expenses	5,417,241	0	0	0	8.00
9.00	Other current assets	5,943,058	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	189,235,397	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,570,957	0	0	0	12.00
13.00	Land improvements	5,361,820	0	0	0	13.00
14.00	Accumulated depreciation	-4,116,916	0	0	0	14.00
15.00	Buildings	479,910,222	0	0	0	15.00
16.00	Accumulated depreciation	-255,507,086	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	267,484,272	0	0	0	23.00
24.00	Accumulated depreciation	-208,022,674	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	295,680,595	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	447,468,459	12,453,541	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	41,960,846	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	489,429,305	12,453,541	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	974,345,297	12,453,541	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	36,636,537	0	0	0	37.00
38.00	Salaries, wages, and fees payable	31,094,183	0	0	0	38.00
39.00	Payroll taxes payable	3,232,647	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,529,004	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	10,778,083	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	88,270,454	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	205,953,522	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	54,641,489	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	260,595,011	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	348,865,465	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	625,479,832				52.00
53.00	Specific purpose fund		12,453,541			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)	625,479,832	12,453,541	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	974,345,297	12,453,541	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet G-1

Date/Time Prepared:
2/28/2015 3:31 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		508,447,188		11,858,630		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		113,048,930				2.00
3.00	Total (sum of line 1 and line 2)		621,496,118		11,858,630		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	NET UNREALIZED GAIN ON INVESTMENTS	14,093,451		664,100		0	5.00
6.00	BENEFIT RELATED CHANGES	7,075,463		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)		21,168,914		664,100		10.00
11.00	Subtotal (line 3 plus line 10)		642,665,032		12,522,730		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CHANGES IN UNRESTRICTED ASSETS (TRAN	17,185,200		0		0	13.00
14.00	NET INCOME - FOUNDATION	0		69,188		0	14.00
15.00	ROUNDING	0		1		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)		17,185,200		69,189		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		625,479,832		12,453,541		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	NET UNREALIZED GAIN ON INVESTMENTS		0				5.00
6.00	BENEFIT RELATED CHANGES		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	CHANGES IN UNRESTRICTED ASSETS (TRAN		0				13.00
14.00	NET INCOME - FOUNDATION		0				14.00
15.00	ROUNDING		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: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	139,717,048		139,717,048	1.00
2.00	SUBPROVIDER - IPF	8,487,113		8,487,113	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	148,204,161		148,204,161	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	51,122,930		51,122,930	11.00
12.00	CORONARY CARE UNIT	12,188,842		12,188,842	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)	63,311,772		63,311,772	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	211,515,933		211,515,933	17.00
18.00	Ancillary services	620,339,465	693,806,907	1,314,146,372	18.00
19.00	Outpatient services	62,697,389	263,985,278	326,682,667	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		2,570,018	2,570,018	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	88,328	3,377,493	3,465,821	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)	894,641,115	963,739,696	1,858,380,811	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		567,061,170		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	ROUNDING	2			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)		2		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		567,061,168		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150082

Period:
From 10/01/2013
To 09/30/2014

Worksheet G-3

Date/Time Prepared:
2/28/2015 3:31 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,858,380,811	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,234,745,863	2.00
3.00	Net patient revenues (line 1 minus line 2)	623,634,948	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	567,061,168	4.00
5.00	Net income from service to patients (line 3 minus line 4)	56,573,780	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	12,925,889	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	43,549,261	24.00
25.00	Total other income (sum of lines 6-24)	56,475,150	25.00
26.00	Total (line 5 plus line 25)	113,048,930	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	113,048,930	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150082

Period: From 10/01/2013

Worksheet H

HHA CCN: 157132

To 09/30/2014

Date/Time Prepared: 2/28/2015 3:31 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0		3,934	0	0	3,934	4.00
5.00	529,326	0	0	0	56,290	585,616	5.00
HHA REIMBURSABLE SERVICES							
6.00	695,409	0	64,371	0	0	759,780	6.00
7.00	0	0	0	433,312	0	433,312	7.00
8.00	0	0	0	168,401	0	168,401	8.00
9.00	0	0	0	39,657	0	39,657	9.00
10.00	32,299	0	1,561	0	0	33,860	10.00
11.00	47,070	0	13,961	0	0	61,031	11.00
12.00	0	0	0	0	61,063	61,063	12.00
13.00	0	0	0	0	89	89	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,304,104	0	83,827	641,370	117,442	2,146,743	24.00
	Reclassifi cation	Reclassifi ed 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	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	3,934	0	3,934			4.00
5.00	0	585,616	0	585,616			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	759,780	0	759,780			6.00
7.00	0	433,312	0	433,312			7.00
8.00	0	168,401	0	168,401			8.00
9.00	0	39,657	0	39,657			9.00
10.00	0	33,860	0	33,860			10.00
11.00	0	61,031	0	61,031			11.00
12.00	0	61,063	0	61,063			12.00
13.00	0	89	0	89			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	0	2,146,743	0	2,146,743			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: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet H-1 Part I Date/Time Prepared: 2/28/2015 3:31 pm
		HHA CCN: 157132	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
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	3.00
4.00	Transportation	3,934	0	0	3,934		4.00
5.00	Administrative and General	589,616	0	0	3,934	589,550	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	759,780	0	0	0	759,780	6.00
7.00	Physical Therapy	433,312	0	0	0	433,312	7.00
8.00	Occupational Therapy	168,401	0	0	0	168,401	8.00
9.00	Speech Pathology	39,657	0	0	0	39,657	9.00
10.00	Medical Social Services	33,860	0	0	0	33,860	10.00
11.00	Home Health Aide	61,031	0	0	0	61,031	11.00
12.00	Supplies (see instructions)	61,063	0	0	0	61,063	12.00
13.00	Drugs	89	0	0	0	89	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,146,743	0	0	3,934	2,146,743	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	589,550					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	287,652	1,047,432				6.00
7.00	Physical Therapy	164,051	597,363				7.00
8.00	Occupational Therapy	63,756	232,157				8.00
9.00	Speech Pathology	15,014	54,671				9.00
10.00	Medical Social Services	12,819	46,679				10.00
11.00	Home Health Aide	23,106	84,137				11.00
12.00	Supplies (see instructions)	23,118	84,181				12.00
13.00	Drugs	34	123				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)		2,146,743				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet H-1

HHA CCN: 157132

From 10/01/2013
To 09/30/2014

Part II
Date/Time Prepared:
2/28/2015 3:31 pm

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
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	1,000		4.00
5.00	Administrative and General	0	0	0	1,000	-589,550	1,557,193
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	759,780
7.00	Physical Therapy	0	0	0	0	0	433,312
8.00	Occupational Therapy	0	0	0	0	0	168,401
9.00	Speech Pathology	0	0	0	0	0	39,657
10.00	Medical Social Services	0	0	0	0	0	33,860
11.00	Home Health Aide	0	0	0	0	0	61,031
12.00	Supplies (see instructions)	0	0	0	0	0	61,063
13.00	Drugs	0	0	0	0	0	89
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	1,000	-589,550	1,557,193
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	3,934		589,550
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	3.934000		0.378598

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150082

Period: From 10/01/2013 To 09/30/2014

Worksheet H-2 Part I

HHA CCN: 157132

Date/Time Prepared: 2/28/2015 3:31 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	1.01			
1.00 Administrative and General	0	34,327	0	19,022	136,994	190,343	1.00
2.00 Skilled Nursing Care	1,047,432	0	0	0	179,979	1,227,411	2.00
3.00 Physical Therapy	597,363	0	0	0	0	597,363	3.00
4.00 Occupational Therapy	232,157	0	0	0	0	232,157	4.00
5.00 Speech Pathology	54,671	0	0	0	0	54,671	5.00
6.00 Medical Social Services	46,679	0	0	0	8,359	55,038	6.00
7.00 Home Health Aide	84,137	0	0	0	12,182	96,319	7.00
8.00 Supplies (see instructions)	84,181	0	0	0	0	84,181	8.00
9.00 Drugs	123	0	0	0	0	123	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)	2,146,743	34,327	0	19,022	337,514	2,537,606	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	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	5.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	56,148	48,985	0	19,071	0	5,634	1.00
2.00 Skilled Nursing Care	362,063	0	0	0	0	6,362	2.00
3.00 Physical Therapy	176,211	0	0	0	0	0	3.00
4.00 Occupational Therapy	68,482	0	0	0	0	0	4.00
5.00 Speech Pathology	16,127	0	0	0	0	0	5.00
6.00 Medical Social Services	16,235	0	0	0	0	363	6.00
7.00 Home Health Aide	28,412	0	0	0	0	666	7.00
8.00 Supplies (see instructions)	24,832	0	0	0	0	0	8.00
9.00 Drugs	36	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)	748,546	48,985	0	19,071	0	13,025	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: 150082

Period: From 10/01/2013

Worksheet H-2

HHA CCN: 157132

To 09/30/2014

Part I
Date/Time Prepared: 2/28/2015 3:31 pm

Home Health Agency I

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	13.00	14.00	15.00	16.00	17.00	21.00	
1.00 Administrative and General	29,305	0	0	8,466	0	0	1.00
2.00 Skilled Nursing Care	33,086	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	1,891	0	0	0	0	0	6.00
7.00 Home Health Aide	3,466	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	5,330	0	0	0	0	8.00
9.00 Drugs	0	0	39	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)	67,748	5,330	39	8,466	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	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM - PHARMACY	PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	22.00	23.00	23.01	23.03	24.00	25.00	
1.00 Administrative and General	0	0	0	0	357,952	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,628,922	0	2.00
3.00 Physical Therapy	0	0	0	0	773,574	0	3.00
4.00 Occupational Therapy	0	0	0	0	300,639	0	4.00
5.00 Speech Pathology	0	0	0	0	70,798	0	5.00
6.00 Medical Social Services	0	0	0	0	73,527	0	6.00
7.00 Home Health Aide	0	0	0	0	128,863	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	114,343	0	8.00
9.00 Drugs	0	0	0	0	198	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	0	0	0	3,448,816	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: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2013
To 09/30/2014

Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Home Health
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PPS

Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		26.00	27.00	28.00		
1.00	Administrative and General	357,952				1.00
2.00	Skilled Nursing Care	1,628,922	188,644	1,817,566		2.00
3.00	Physical Therapy	773,574	89,588	863,162		3.00
4.00	Occupational Therapy	300,639	34,817	335,456		4.00
5.00	Speech Pathology	70,798	8,199	78,997		5.00
6.00	Medical Social Services	73,527	8,515	82,042		6.00
7.00	Home Health Aide	128,863	14,924	143,787		7.00
8.00	Supplies (see instructions)	114,343	13,242	127,585		8.00
9.00	Drugs	198	23	221		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	3,448,816	357,952	3,448,816		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.		0.115810			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: 150082

Period: From 10/01/2013

Worksheet H-2

HHA CCN: 157132

To 09/30/2014

Part II
Date/Time Prepared: 2/28/2015 3:31 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEE T - A)	NEW BLDG & FIXT (SQUARE FEE T - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)				
	1.00	1.01	2.00				
1.00 Administrative and General	2,432	0	13,267	529,326	0	190,343	1.00
2.00 Skilled Nursing Care	0	0	0	695,409	0	1,227,411	2.00
3.00 Physical Therapy	0	0	0	0	0	597,363	3.00
4.00 Occupational Therapy	0	0	0	0	0	232,157	4.00
5.00 Speech Pathology	0	0	0	0	0	54,671	5.00
6.00 Medical Social Services	0	0	0	32,299	0	55,038	6.00
7.00 Home Health Aide	0	0	0	47,070	0	96,319	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	84,181	8.00
9.00 Drugs	0	0	0	0	0	123	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)	2,432	0	13,267	1,304,104		2,537,606	20.00
21.00 Total cost to be allocated	34,327	0	19,022	337,514		748,546	21.00
22.00 Unit cost multiplier	14.114720	0.000000	1.433783	0.258809		0.294981	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEE T - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T - A)	DIETARY (MEALS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSRG)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	2,432	0	2,432	0	93	93	1.00
2.00 Skilled Nursing Care	0	0	0	0	105	105	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	6	6	6.00
7.00 Home Health Aide	0	0	0	0	11	11	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)	2,432	0	2,432	0	215	215	20.00
21.00 Total cost to be allocated	48,985	0	19,071	0	13,025	67,748	21.00
22.00 Unit cost multiplier	20.141859	0.000000	7.841694	0.000000	60.581395	315.106977	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2013
To 09/30/2014

Part II
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICES (HOURS - A)	I INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)	
	14.00	15.00	16.00	17.00		21.00	22.00	
1.00 Administrative and General	0	0	2,570,018	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	61,063	0	0	0	0	0	0	8.00
9.00 Drugs	0	89	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	61,063	89	2,570,018	0	0	0	0	20.00
21.00 Total cost to be allocated	5,330	39	8,466	0	0	0	0	21.00
22.00 Unit cost multiplier	0.087287	0.438202	0.003294	0.000000		0.000000	0.000000	22.00
Cost Center Description	PARAMED PRGM - PHARMACY (HOURS - C)	PARAMED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	PARAMED PRGM- NURSING (HOURS - F)					
	23.00	23.01	23.03					
1.00 Administrative and General	0	0	0					1.00
2.00 Skilled Nursing Care	0	0	0					2.00
3.00 Physical Therapy	0	0	0					3.00
4.00 Occupational Therapy	0	0	0					4.00
5.00 Speech Pathology	0	0	0					5.00
6.00 Medical Social Services	0	0	0					6.00
7.00 Home Health Aide	0	0	0					7.00
8.00 Supplies (see instructions)	0	0	0					8.00
9.00 Drugs	0	0	0					9.00
10.00 DME	0	0	0					10.00
11.00 Home Dialysis Aide Services	0	0	0					11.00
12.00 Respiratory Therapy	0	0	0					12.00
13.00 Private Duty Nursing	0	0	0					13.00
14.00 Clinic	0	0	0					14.00
15.00 Health Promotion Activities	0	0	0					15.00
16.00 Day Care Program	0	0	0					16.00
17.00 Home Delivered Meals Program	0	0	0					17.00
18.00 Homemaker Service	0	0	0					18.00
19.00 All Others (specify)	0	0	0					19.00
20.00 Total (sum of lines 1-19)	0	0	0					20.00
21.00 Total cost to be allocated	0	0	0					21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet H-3 Part I Date/Time Prepared: 2/28/2015 3:31 pm		
				HHA CCN: 157132	Title XVIII	Home Health Agency I	PPS	
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	1,817,566		1,817,566	7,907	229.87	1.00
2.00	Physical Therapy	3.00	863,162	0	863,162	4,651	185.59	2.00
3.00	Occupational Therapy	4.00	335,456	0	335,456	1,789	187.51	3.00
4.00	Speech Pathology	5.00	78,997	0	78,997	350	225.71	4.00
5.00	Medical Social Services	6.00	82,042		82,042	114	719.67	5.00
6.00	Home Health Aide	7.00	143,787		143,787	1,145	125.58	6.00
7.00	Total (sum of lines 1-6)		3,321,010	0	3,321,010	15,956		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
0	1.00	2.00	3.00	4.00	5.00			
Limitation Cost Computation								
8.00	Skilled Nursing Care	21780	479	4,452				8.00
8.01	Skilled Nursing Care	99915	16	96				8.01
9.00	Physical Therapy	21780	365	2,510				9.00
9.01	Physical Therapy	99915	10	42				9.01
10.00	Occupational Therapy	21780	138	949				10.00
10.01	Occupational Therapy	99915	1	37				10.01
11.00	Speech Pathology	21780	20	152				11.00
11.01	Speech Pathology	99915	0	2				11.01
12.00	Medical Social Services	21780	9	57				12.00
12.01	Medical Social Services	99915	0	2				12.01
13.00	Home Health Aide	21780	107	895				13.00
13.01	Home Health Aide	99915	3	0				13.01
14.00	Total (sum of lines 8-13)		1,148	9,194				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	127,585	0	127,585	0	0.000000	15.00
16.00	Cost of Drugs	9.00	221	0	221	0	0.000000	16.00
Program Visits								
Cost of Services								
Part A								
Part B								
Not Subject to Deductibles & Coinsurance								
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	495	4,548		113,786	1,045,449		1.00
2.00	Physical Therapy	375	2,552		69,596	473,626		2.00
3.00	Occupational Therapy	139	986		26,064	184,885		3.00
4.00	Speech Pathology	20	154		4,514	34,759		4.00
5.00	Medical Social Services	9	59		6,477	42,461		5.00
6.00	Home Health Aide	110	895		13,814	112,394		6.00
7.00	Total (sum of lines 1-6)	1,148	9,194		234,251	1,893,574		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet H-3 Part I Date/Time Prepared: 2/28/2015 3:31 pm
				HHA CCN: 157132	Title XVII I	Home Health Agency I PPS

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						15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col s. 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	1,159,235					1.00
2.00	Physical Therapy	543,222					2.00
3.00	Occupational Therapy	210,949					3.00
4.00	Speech Pathology	39,273					4.00
5.00	Medical Social Services	48,938					5.00
6.00	Home Health Aide	126,208					6.00
7.00	Total (sum of lines 1-6)	2,127,825					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: 150082	Period: From 10/01/2013	Worksheet H-3
		HHA CCN: 157132	To 09/30/2014	Part II Date/Time Prepared: 2/28/2015 3:31 pm
Title XVIII			Home Health Agency I	PPS

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	0.194088	0	0	col. 2, line 2.00
2.00	Occupational Therapy					
3.00	Speech Pathology					
4.00	Cost of Medical Supplies	71.00	0.331712	0	0	col. 2, line 15.00
5.00	Cost of Drugs	73.00	0.257529	0	0	col. 2, line 16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150082 HHA CCN: 157132	Period: From 10/01/2013 To 09/30/2014	Worksheet H-4 Part I-11 Date/Time Prepared: 2/28/2015 3:31 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	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
2.00	Total charges	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	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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	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	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	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
11.00	Total PPS Reimbursement - Full Episodes without Outliers		151,811	1,243,781
12.00	Total PPS Reimbursement - Full Episodes with Outliers		4,017	18,467
13.00	Total PPS Reimbursement - LUPA Episodes		884	24,978
14.00	Total PPS Reimbursement - PEP Episodes		0	38,752
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		479	3,880
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	431
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		157,191	1,330,289
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		157,191	1,330,289
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		157,191	1,330,289
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		157,191	1,330,289
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		157,191	1,330,289
31.01	Sequestration adjustment (see instructions)		3,144	26,606
32.00	Interim payments (see instructions)		154,048	1,303,683
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		-1	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet H-5
	HHA CCN: 157132	Home Health Agency I	Date/Time Prepared: 2/28/2015 3:31 pm 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		154,048		1,303,683	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)		154,048		1,303,683	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		1		0	6.02
7.00	Total Medicare program liability (see instructions)		154,047		1,303,683	7.00
			0	Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150082

Period: From 10/01/2013

Worksheet K

Hospice CCN: 151512

To 09/30/2014

Date/Time Prepared: 2/28/2015 3:31 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	34,177	0	0	0	0	5.00
6.00	Administrative and General	322,071	0	2,029	0	269,065	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	269,625	0	0	0	0	7.00
8.00	Inpatient - Respite Care	44,148	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	35,099	9.00
10.00	Nursing Care	282,753	0	13,760	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	1,462	0	12.00
13.00	Occupational Therapy	0	0	0	415	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	32,385	0	982	0	0	15.00
16.00	Spiritual Counseling	25,995	0	1,696	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	100,972	0	14,360	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	168,296	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	62,661	26.00
27.00	Patient Transportation	0	0	33,118	0	0	27.00
28.00	Imaging Services	0	0	0	0	6,904	28.00
29.00	Labs and Diagnostics	1,467	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	25,165	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,113,593	0	65,945	1,877	567,190	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150082

Period: From 10/01/2013

Worksheet K

Hospice CCN: 151512

To 09/30/2014

Date/Time Prepared: 2/28/2015 3:31 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	34,177	0	34,177	0	34,177	5.00
6.00	Administrative and General	593,165	0	593,165	0	593,165	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	269,625	0	269,625	0	269,625	7.00
8.00	Inpatient - Respite Care	44,148	0	44,148	0	44,148	8.00
VISITING SERVICES							
9.00	Physician Services	35,099	0	35,099	0	35,099	9.00
10.00	Nursing Care	296,513	0	296,513	0	296,513	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,462	0	1,462	0	1,462	12.00
13.00	Occupational Therapy	415	0	415	0	415	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	33,367	0	33,367	0	33,367	15.00
16.00	Spiritual Counseling	27,691	0	27,691	0	27,691	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	115,332	0	115,332	0	115,332	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	168,296	0	168,296	0	168,296	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	62,661	0	62,661	0	62,661	26.00
27.00	Patient Transportation	33,118	0	33,118	0	33,118	27.00
28.00	Imaging Services	6,904	0	6,904	0	6,904	28.00
29.00	Labs and Diagnostics	1,467	0	1,467	0	1,467	29.00
30.00	Medical Supplies	25,165	0	25,165	0	25,165	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,748,605	0	1,748,605	0	1,748,605	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150082

Period: From 10/01/2013

Worksheet K-1

Hospice CCN: 151512

To 09/30/2014

Date/Time Prepared: 2/28/2015 3:31 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	22,986	0	89,642	97,747	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	179,028	7.00
8.00	Inpatient - Respite Care	0	0	0	0	29,295	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	282,753	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	32,385	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	22,986	32,385	89,642	588,823	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150082

Period: From 10/01/2013

Worksheet K-1

Hospice CCN: 151512

To 09/30/2014

Date/Time Prepared: 2/28/2015 3:31 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	34,177	34,177	5.00
6.00	Administrative and General		0	111,696	322,071	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		90,597	0	269,625	7.00
8.00	Inpatient - Respite Care		14,853	0	44,148	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	282,753	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	32,385	15.00
16.00	Spiritual Counseling		0	25,995	25,995	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		100,972	0	100,972	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	1,467	1,467	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	206,422	173,335	1,113,593	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet K-3
		Hospice CCN: 151512		Date/Time Prepared: 2/28/2015 3:31 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet K-3
		Hospice CCN: 151512		Date/Time Prepared: 2/28/2015 3:31 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	1,462	0	0	1,462	12.00
13.00	Occupational Therapy	415	0	0	415	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,877	0	0	1,877	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150082

Period:

Worksheet K-4

Hospice CCN: 151512

From 10/01/2013
To 09/30/2014

Part I
Date/Time Prepared:
2/28/2015 3:31 pm

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	34,177	0	0	0	0	5.00
6.00	Administrative and General	593,165	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	269,625	0	0	0	0	7.00
8.00	Inpatient - Respite Care	44,148	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	35,099	0	0	0	0	9.00
10.00	Nursing Care	296,513	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,462	0	0	0	0	12.00
13.00	Occupational Therapy	415	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	33,367	0	0	0	0	15.00
16.00	Spiritual Counseling	27,691	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	115,332	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	168,296	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	62,661	0	0	0	0	26.00
27.00	Patient Transportation	33,118	0	0	0	0	27.00
28.00	Imaging Services	6,904	0	0	0	0	28.00
29.00	Labs and Diagnostics	1,467	0	0	0	0	29.00
30.00	Medical Supplies	25,165	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,748,605	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150082	Period: From 10/01/2013	Worksheet K-4
		Hospice CCN: 151512	To 09/30/2014	Part I
				Date/Time Prepared: 2/28/2015 3:31 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	34,177				5.00
6.00	Administrative and General	34,177	627,342	627,342		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	269,625	150,854	420,479	7.00
8.00	Inpatient - Respite Care	0	44,148	24,701	68,849	8.00
VISITING SERVICES						
9.00	Physician Services	0	35,099	19,638	54,737	9.00
10.00	Nursing Care	0	296,513	165,896	462,409	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	1,462	818	2,280	12.00
13.00	Occupational Therapy	0	415	232	647	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	33,367	18,669	52,036	15.00
16.00	Spiritual Counseling	0	27,691	15,493	43,184	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	115,332	64,528	179,860	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	168,296	94,161	262,457	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	62,661	35,059	97,720	26.00
27.00	Patient Transportation	0	33,118	18,529	51,647	27.00
28.00	Imaging Services	0	6,904	3,863	10,767	28.00
29.00	Labs and Diagnostics	0	1,467	821	2,288	29.00
30.00	Medical Supplies	0	25,165	14,080	39,245	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	34,177	1,748,605		1,748,605	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period: From 10/01/2013

Worksheet K-4

Hospice CCN: 151512

To 09/30/2014

Part II
Date/Time Prepared:
2/28/2015 3:31 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	1,224	5.00
6.00	Administrative and General	0	0	0	0	1,224	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	34,177	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	27.922386	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period: From 10/01/2013

Worksheet K-4

Hospice CCN: 151512

To 09/30/2014

Part II
Date/Time Prepared:
2/28/2015 3:31 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-627,342	1,121,263	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	269,625	7.00
8.00	Inpatient - Respite Care	0	44,148	8.00
VISITING SERVICES				
9.00	Physician Services	0	35,099	9.00
10.00	Nursing Care	0	296,513	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	1,462	12.00
13.00	Occupational Therapy	0	415	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	33,367	15.00
16.00	Spiritual Counseling	0	27,691	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	115,332	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	168,296	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	62,661	26.00
27.00	Patient Transportation	0	33,118	27.00
28.00	Imaging Services	0	6,904	28.00
29.00	Labs and Diagnostics	0	1,467	29.00
30.00	Medical Supplies	0	25,165	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		627,342	39.00
40.00	Unit Cost Multiplier		0.559496	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2013
To 09/30/2014

Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		0	1.00	1.01		
1.00 Administrative and General		133,357	0	2,204	125,265	1.00
2.00 Inpatient - General Care	420,479	0	0	0	90,895	2.00
3.00 Inpatient - Respite Care	68,849	0	0	0	14,883	3.00
4.00 Physician Services	54,737	0	0	0	0	4.00
5.00 Nursing Care	462,409	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	2,280	0	0	0	0	7.00
8.00 Occupational Therapy	647	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	52,036	0	0	0	10,918	10.00
11.00 Spiritual Counseling	43,184	0	0	0	11,713	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	179,860	0	0	0	34,039	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	262,457	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	97,720	0	0	0	0	21.00
22.00 Patient Transportation	51,647	0	0	0	0	22.00
23.00 Imaging Services	10,767	0	0	0	0	23.00
24.00 Labs and Diagnostics	2,288	0	0	0	495	24.00
25.00 Medical Supplies	39,245	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,748,605	133,357	0	2,204	288,208	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2013
To 09/30/2014

Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		Subtotal	Hospice I				
			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	260,826	76,939	190,300	0	74,087	1.00
2.00	Inpatient - General Care	511,374	150,844	0	7,144	0	2.00
3.00	Inpatient - Respite Care	83,732	24,699	0	1,177	0	3.00
4.00	Physician Services	54,737	16,146	0	0	0	4.00
5.00	Nursing Care	462,409	136,402	0	276	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	2,280	673	0	0	0	7.00
8.00	Occupational Therapy	647	191	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	62,954	18,570	0	0	0	10.00
11.00	Spiritual Counseling	54,897	16,194	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	213,899	63,096	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	262,457	77,420	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	97,720	28,826	0	0	0	21.00
22.00	Patient Transportation	51,647	15,235	0	0	0	22.00
23.00	Imaging Services	10,767	3,176	0	0	0	23.00
24.00	Labs and Diagnostics	2,783	821	0	0	0	24.00
25.00	Medical Supplies	39,245	11,577	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,172,374	640,809	190,300	8,597	74,087	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 151512

To 09/30/2014

Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description	Hospice I					
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	3,030	15,755	0	0	1.00
2.00 Inpatient - General Care	19,564	2,726	14,180	0	0	2.00
3.00 Inpatient - Respite Care	3,217	485	2,521	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	754	2,242	11,659	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	363	1,891	0	0	10.00
11.00 Spiritual Counseling	0	363	1,891	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	1,393	7,247	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	52,987	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	2,207	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	23,535	10,602	55,144	2,207	52,987	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2013
To 09/30/2014

Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Hospice I

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
1.00 Administrative and General	11,416	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	11,416	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2013
To 09/30/2014

Part I
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		Hospice I					
		PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
		23.01	23.03	24.00	25.00	26.00	
1.00	Administrative and General	0	0	632,353			1.00
2.00	Inpatient - General Care	0	0	705,832	0	705,832	2.00
3.00	Inpatient - Respite Care	0	0	115,831	0	115,831	3.00
4.00	Physician Services	0	0	70,883	0	70,883	4.00
5.00	Nursing Care	0	0	613,742	0	613,742	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	2,953	0	2,953	7.00
8.00	Occupational Therapy	0	0	838	0	838	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	83,778	0	83,778	10.00
11.00	Spiritual Counseling	0	0	73,345	0	73,345	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	285,635	0	285,635	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	392,864	0	392,864	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	126,546	0	126,546	21.00
22.00	Patient Transportation	0	0	66,882	0	66,882	22.00
23.00	Imaging Services	0	0	13,943	0	13,943	23.00
24.00	Labs and Diagnostics	0	0	3,604	0	3,604	24.00
25.00	Medical Supplies	0	0	53,029	0	53,029	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	3,242,058	0	3,242,058	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet K-5 Part I Date/Time Prepared: 2/28/2015 3:31 pm
		Hospice CCN: 151512	Hospice I	

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	171,028	876,860	2.00
3.00	Inpatient - Respite Care	28,067	143,898	3.00
4.00	Physician Services	17,176	88,059	4.00
5.00	Nursing Care	148,715	762,457	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	716	3,669	7.00
8.00	Occupational Therapy	203	1,041	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	20,300	104,078	10.00
11.00	Spiritual Counseling	17,772	91,117	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	69,212	354,847	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	95,194	488,058	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	30,663	157,209	21.00
22.00	Patient Transportation	16,206	83,088	22.00
23.00	Imaging Services	3,379	17,322	23.00
24.00	Labs and Diagnostics	873	4,477	24.00
25.00	Medical Supplies	12,849	65,878	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	0	0	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		3,242,058	34.00
35.00	Unit Cost Multiplier (see instructions)	0.242308		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Hospice CCN: 151512

Period:
From 10/01/2013
To 09/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEE T - A)	NEW BLDG & FIXT (SQUARE FEE T - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
		1.00	1.01	2.00			
1.00	Administrative and General	9,448	0	1,537	371,576	0	1.00
2.00	Inpatient - General Care	0	0	0	269,625	0	2.00
3.00	Inpatient - Respite Care	0	0	0	44,148	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	32,385	0	10.00
11.00	Spiritual Counseling	0	0	0	34,745	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	100,972	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	1,467	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	9,448	0	1,537	854,918	0	34.00
35.00	Total cost to be allocated	133,357	0	2,204	288,208	0	35.00
36.00	Unit Cost Multiplier (see instructions)	14.114839	0.000000	1.433962	0.337118	0	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2013
To 09/30/2014

Part II
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEE T - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T - A)	DIETARY (MEALS)	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	260,826	9,448	0	9,448	0	1.00
2.00	Inpatient - General Care	511,374	0	11,835	0	1,946	2.00
3.00	Inpatient - Respite Care	83,732	0	1,949	0	320	3.00
4.00	Physician Services	54,737	0	0	0	0	4.00
5.00	Nursing Care	462,409	0	457	0	75	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	2,280	0	0	0	0	7.00
8.00	Occupational Therapy	647	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	62,954	0	0	0	0	10.00
11.00	Spiritual Counseling	54,897	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	213,899	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	262,457	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	97,720	0	0	0	0	21.00
22.00	Patient Transportation	51,647	0	0	0	0	22.00
23.00	Imaging Services	10,767	0	0	0	0	23.00
24.00	Labs and Diagnostics	2,783	0	0	0	0	24.00
25.00	Medical Supplies	39,245	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,172,374	9,448	14,241	9,448	2,341	34.00
35.00	Total cost to be allocated	640,809	190,300	8,597	74,087	23,535	35.00
36.00	Unit Cost Multiplier (see instructions)	0.294981	20.141829	0.603680	7.841554	10.053396	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Hospice CCN: 151512

Period:
From 10/01/2013
To 09/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		Hospice I					
		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSG)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI S.)	PHARMACY (COSTED REQ UI S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	50	50	0	0	3,465,821	1.00
2.00	Inpatient - General Care	45	45	0	0	0	2.00
3.00	Inpatient - Respite Care	8	8	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	37	37	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	6	6	0	0	0	10.00
11.00	Spiritual Counseling	6	6	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	23	23	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	120,696	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	25,281	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	175	175	25,281	120,696	3,465,821	34.00
35.00	Total cost to be allocated	10,602	55,144	2,207	52,987	11,416	35.00
36.00	Unit Cost Multiplier (see instructions)	60.582857	315.108571	0.087299	0.439012	0.003294	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Hospice CCN: 151512

Period:

From 10/01/2013
To 09/30/2014

Worksheet K-5

Part II
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		Hospice I					
		SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (HOURS - C)	PARAMED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
			SERVICES-SALAR Y & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2013
To 09/30/2014

Part II
Date/Time Prepared:
2/28/2015 3:31 pm

Cost Center Description		PARAMED ED PRGM- NURSING (HOURS - F)	Hospice I
		23.03	
1.00	Administrative and General	0	1.00
2.00	Inpatient - General Care	0	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	0	4.00
5.00	Nursing Care	0	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	0	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	0	10.00
11.00	Spiritual Counseling	0	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	0	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	34.00
35.00	Total cost to be allocated	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet K-5 Part III Date/Time Prepared: 2/28/2015 3:31 pm		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.194088	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00				3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.257529	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.498503	0	0	5.00
6.00	LABORATORY	60.00	0.177235	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.331712	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.222286	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	3.241459	0	0	10.00
11.00	Totals (sum of lines 1-10)					0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150082

Period: From 10/01/2013

Worksheet K-6

Hospice CCN: 151512

To 09/30/2014

Date/Time Prepared: 2/28/2015 3:31 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				3,242,058	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				8,215	2.00
3.00	Average cost per diem (line 1 divided by line 2)				394.65	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	6,999				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,762,155				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		479			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		189,037			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		6			10.00
11.00	Aggregate NF cost (line 3 times line 10)		2,368			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			737		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			290,857		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150082	Period: From 10/01/2013 To 09/30/2014	Worksheet L Parts I-III Date/Time Prepared: 2/28/2015 3:31 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,397,238	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		594,417	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)		309.75	3.00
4.00	Number of interns & residents (see instructions)		17.52	4.00
5.00	Indirect medical education percentage (see instructions)		1.61	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		102,996	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.85	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.04	8.00
9.00	Sum of lines 7 and 8		20.89	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.32	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		276,361	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		7,371,012	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