

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: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 6:24 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 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.	Date: 5/27/2015	Time: 6:24 pm
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 FRANCISCAN ST. MARGARET HEALTH- DYER (150090) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	904,954	93,482	-82,729	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	35,992	0		-1	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	940,946	93,482	-82,729	-1	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:24 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 24 JOLIET STREET			PO Box:							1.00	
2.00	City: DYER			State: IN		Zip Code: 46311-1799		County: LAKE			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		FRANCISCAN ST. MARGARET HEALTH- DYER		150090	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		FRANCISCAN ST. MARGARET HEALTH - REH		15T090	23844	5	01/01/2002	N	P	T	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00		
21.00	Type of Control (see instructions)						1		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2		N	23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			744	251	922	383	1,583	250	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			173	79	0	70	62		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:24 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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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		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
				1.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	0	76.00	
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N			81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00

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		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	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	344,886	0		118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:24 pm	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	158014	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101		141.00	
142.00	Street: 1515 DRAGOON TRAIL	PO Box: -		142.00			
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.			N		145.00	
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	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			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
				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)					0.50	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:24 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2014	09/30/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 6:24 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		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	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/06/2015	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: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 6:24 pm	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N				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.	HONG		YANG		41.00	
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE INC				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(219) 932 - 2300 X33175		HONG.YANG@FRANCISCANALLIANCE.ORG		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 6:24 pm
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/06/2015		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.		REGIONAL REIMBURSEMENT DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 6:24 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	111	40,515	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)		111	40,515	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 NEONATAL INTENSIVE CARE UNIT	32.00	7	2,555	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	43.00				0	13.00
14.00 Total (see instructions)		132	48,180	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		162				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: 150090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 6:24 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,620	2,550	21,669			1.00
2.00 HMO and other (see instructions)	1,599	1,583				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	302	62				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,620	2,550	21,669			7.00
8.00 INTENSIVE CARE UNIT	1,431	0	2,402			8.00
9.00 NEONATAL INTENSIVE CARE UNIT	0	0	802			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		0	958			13.00
14.00 Total (see instructions)	13,051	2,550	25,831	11.94	802.59	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	5,111	322	7,201	0.00	32.15	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				11.94	834.74	27.00
28.00 Observation Bed Days		413	2,538			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 6:24 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,548	707	5,227	1.00
2.00	HMO and other (see instructions)			286	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	NEONATAL INTENSIVE CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,548	707	5,227	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	376	24	535	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/27/2015 6:24 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	48,912,411	0	48,912,411	1,743,846.00	28.05	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		7,243,324	232	7,243,556	347,823.00	20.83	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		287,521	0	287,521	4,679.00	61.45	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		198,462	0	198,462	1,681.00	118.06	13.00
14.00	Home office salaries & wage-related costs		5,631,777	0	5,631,777	107,436.00	52.42	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		9,392,967	0	9,392,967			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,052,477	0	2,052,477			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	703,021	0	703,021	26,247.94	26.78	26.00
27.00	Administrative & General	5.00	5,306,815	0	5,306,815	178,905.63	29.66	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	1,027,439	0	1,027,439	33,367.82	30.79	29.00
30.00	Operation of Plant	7.00	313,140	0	313,140	42,782.01	7.32	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,196,072	0	1,196,072	94,324.49	12.68	32.00
33.00	Housekeeping under contract (see instructions)		8,983	0	8,983	708.25	12.68	33.00
34.00	Dietary	10.00	640,409	-363,500	276,909	31,762.83	8.72	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	363,500	363,500	41,695.27	8.72	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,271,968	0	1,271,968	32,811.39	38.77	38.00
39.00	Central Services and Supply	14.00	521,367	0	521,367	31,118.38	16.75	39.00
40.00	Pharmacy	15.00	1,698,589	0	1,698,589	45,779.58	37.10	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150090

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2015 6:24 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	16.00 919,914	0	919,914	41,851.10	21.98	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150090

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2015 6:24 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	48,921,394	0	48,921,394	1,744,554.25	28.04	1.00
2.00	Excluded area salaries (see instructions)	7,243,324	232	7,243,556	347,823.00	20.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	41,678,070	-232	41,677,838	1,396,731.25	29.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,117,760	0	6,117,760	113,796.00	53.76	4.00
5.00	Subtotal wage-related costs (see inst.)	9,392,967	0	9,392,967	0.00	22.54	5.00
6.00	Total (sum of lines 3 thru 5)	57,188,797	-232	57,188,565	1,510,527.25	37.86	6.00
7.00	Total overhead cost (see instructions)	13,607,717	0	13,607,717	601,354.69	22.63	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 6:24 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			284,702 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)			900,717 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			6,181,096 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			-2,748 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			152,586 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)			116,427 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			405,345 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,300,152 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			75,497 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			31,670 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			11,445,444 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: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/27/2015 6:24 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		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/27/2015 6:24 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)		0.265746		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		4,526,988		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		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		48,590,759		6.00
7.00	Medicaid cost (line 1 times line 6)		12,912,800		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)		8,385,812		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)		8,385,812		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	9,672,800	8,780,100	18,452,900	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,570,508	2,333,276	4,903,784	21.00
22.00	Partial payment by patients approved for charity care	40,600	697,100	737,700	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,529,908	1,636,176	4,166,084	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?				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)			5,426,084	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			401,453	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			5,024,631	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,335,276	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,501,360	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,887,172	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150090

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

Worksheet A
Date/Time Prepared:
5/27/2015 6:24 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		7,292,802	7,292,802	-3,038,484	4,254,318	1.00
2.00	00200		0	0	3,562,506	3,562,506	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	703,021	11,592,766	12,295,787	0	12,295,787	4.00
5.01	01160	267,390	517,222	784,612	0	784,612	5.01
5.02	00570	879,243	18,150	897,393	0	897,393	5.02
5.03	00590	216,797	2,153,788	2,370,585	0	2,370,585	5.03
5.04	00591	3,943,385	7,186,614	11,129,999	-508,326	10,621,673	5.04
6.00	00600	1,027,439	2,173,137	3,200,576	0	3,200,576	6.00
7.00	00700	313,140	3,082,960	3,396,100	0	3,396,100	7.00
8.00	00800	0	350,462	350,462	0	350,462	8.00
9.00	00900	1,196,072	231,419	1,427,491	0	1,427,491	9.00
10.00	01000	640,409	825,315	1,465,724	-831,954	633,770	10.00
11.00	01100	0	0	0	831,954	831,954	11.00
13.00	01300	1,271,968	14,256	1,286,224	-7,666	1,278,558	13.00
14.00	01400	521,367	675,182	1,196,549	-272,210	924,339	14.00
15.00	01500	1,698,589	5,574,849	7,273,438	-3,153,344	4,120,094	15.00
16.00	01600	919,914	464,711	1,384,625	-10	1,384,615	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	1,194,128	1,194,128	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	8,331,210	1,055,288	9,386,498	-1,215,191	8,171,307	30.00
31.00	03100	1,501,397	422,350	1,923,747	-79,176	1,844,571	31.00
32.00	02060	738,271	560,995	1,299,266	-4,545	1,294,721	32.00
41.00	04100	1,831,870	4,936,672	6,768,542	-52,007	6,716,535	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	866,323	866,323	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,264,325	7,828,937	9,093,262	-5,814,895	3,278,367	50.00
50.01	05001	842,305	684,639	1,526,944	-312,513	1,214,431	50.01
51.00	05100	448,134	118,635	566,769	-40,989	525,780	51.00
53.00	05300	29,752	2,933,758	2,963,510	-144,453	2,819,057	53.00
54.00	05400	1,371,191	981,591	2,352,782	21,885	2,374,667	54.00
54.01	05401	339,989	700,956	1,040,945	-213,791	827,154	54.01
55.00	05500	532,474	222,020	754,494	-3,763	750,731	55.00
56.00	05600	268,465	342,956	611,421	13,130	624,551	56.00
60.00	06000	0	5,584,562	5,584,562	-27	5,584,535	60.00
63.00	06300	0	449,979	449,979	0	449,979	63.00
65.00	06500	889,429	1,262,020	2,151,449	-69,905	2,081,544	65.00
66.00	06600	2,475,857	4,636,036	7,111,893	-11,130	7,100,763	66.00
67.00	06700	299,510	60,966	360,476	-6,984	353,492	67.00
68.00	06800	206,274	54,470	260,744	-40,709	220,035	68.00
69.00	06900	526,015	86,542	612,557	2,700	615,257	69.00
70.00	07000	212,865	33,479	246,344	-1,775	244,569	70.00
71.00	07100	0	0	0	3,285,224	3,285,224	71.00
72.00	07200	0	0	0	8,234,078	8,234,078	72.00
73.00	07300	0	0	0	3,153,237	3,153,237	73.00
76.00	03630	367,025	114,547	481,572	-25,031	456,541	76.00
76.01	03951	420,163	56,305	476,468	-32,143	444,325	76.01
76.02	03952	813,211	4,107,938	4,921,149	-3,774,663	1,146,486	76.02
76.03	03953	1,823,257	16,670	1,839,927	0	1,839,927	76.03
76.04	03954	215,478	94,998	310,476	-77,636	232,840	76.04
76.05	03340	314,298	196,223	510,521	-671	509,850	76.05
76.06	03030	4,923	0	4,923	0	4,923	76.06
76.07	03950	4,999	65	5,064	0	5,064	76.07
76.08	03955	227,825	46,545	274,370	0	274,370	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,601,711	756,850	4,358,561	-283,917	4,074,644	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		4,223,020	4,223,020	-1,147,490	3,075,530	113.00
118.00		43,500,957	84,723,645	128,224,602	-233	128,224,369	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	18,803	82,924	101,727	0	101,727	190.00
192.00	19200	3,655,149	760,849	4,415,998	233	4,416,231	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	1,730,501	364,844	2,095,345	0	2,095,345	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	7,001	656	7,657	0	7,657	194.03
200.00		48,912,411	85,932,918	134,845,329	0	134,845,329	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150090

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

Worksheet A
Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,519,863	5,774,181	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,562,506	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,411,115	15,706,902	4.00
5.01	01160	COMMUNICATIONS	-16,360	768,252	5.01
5.02	00570	ADMITTING	0	897,393	5.02
5.03	00590	PATIENT ACCOUNTING	-1,302,223	1,068,362	5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL	6,998,848	17,620,521	5.04
6.00	00600	MAINTENANCE & REPAIRS	-965	3,199,611	6.00
7.00	00700	OPERATION OF PLANT	0	3,396,100	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	350,462	8.00
9.00	00900	HOUSEKEEPING	0	1,427,491	9.00
10.00	01000	DIETARY	-1,692	632,078	10.00
11.00	01100	CAFETERIA	-542,596	289,358	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,278,558	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-176,101	748,238	14.00
15.00	01500	PHARMACY	-1,504,135	2,615,959	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,384,615	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-102,274	1,091,854	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-221,612	7,949,695	30.00
31.00	03100	INTENSIVE CARE UNIT	-52,820	1,791,751	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,294,721	32.00
41.00	04100	SUBPROVIDER - I RF	-3,932,137	2,784,398	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	866,323	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-478,011	2,800,356	50.00
50.01	05001	OUTPATIENT SURGERY	-68,604	1,145,827	50.01
51.00	05100	RECOVERY ROOM	-3,515	522,265	51.00
53.00	05300	ANESTHESIOLOGY	-16,750	2,802,307	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-259,536	2,115,131	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	-29,049	798,105	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-5,704	745,027	55.00
56.00	05600	RADIOISOTOPE	-3,701	620,850	56.00
60.00	06000	LABORATORY	-823,189	4,761,346	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-14,499	435,480	63.00
65.00	06500	RESPIRATORY THERAPY	-843,667	1,237,877	65.00
66.00	06600	PHYSICAL THERAPY	-1,544,289	5,556,474	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,311	352,181	67.00
68.00	06800	SPEECH PATHOLOGY	-355	219,680	68.00
69.00	06900	ELECTROCARDIOLOGY	-67,192	548,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-13,002	231,567	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,285,224	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,234,078	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,153,237	73.00
76.00	03630	ULTRASOUND	-73,115	383,426	76.00
76.01	03951	PAIN CLINIC	0	444,325	76.01
76.02	03952	CATH LAB	-918	1,145,568	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	1,839,927	76.03
76.04	03954	WOUND CARE CENTER	-938	231,902	76.04
76.05	03340	BARIATRIC CLINIC	-22,966	486,884	76.05
76.06	03030	HEALTHY LIVING CENTER	0	4,923	76.06
76.07	03950	CV RESOURCE CENTER	0	5,064	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	274,370	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,169,187	2,905,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-3,075,530	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-4,438,117	123,786,252	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	101,727	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,416,231	192.00
192.01	19201	WORKING WELL	0	0	192.01
194.00	07950	RESIDENTIAL	0	2,095,345	194.00
194.01	07951	OMNI	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	194.02
194.03	07953	CENTER OF HOPE	0	7,657	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-4,438,117	130,407,212	200.00

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6
Date/Time Prepared:
5/27/2015 6:24 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,562,506	1.00
	O		0	3,562,506	
B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	367,045	1.00
	O		0	367,045	
C - CAFETERIA					
1.00	CAFETERIA	11.00	363,500	468,454	1.00
	O		363,500	468,454	
D - INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	155,159	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	623,468	2.00
	O		0	778,627	
E - PATIENT TRANSPORT					
1.00	ADULTS & PEDIATRICS	30.00	8,018	45	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	44,737	252	2.00
3.00	RADIOISOTOPE	56.00	13,596	76	3.00
4.00	ELECTROCARDIOLOGY	69.00	3,136	18	4.00
5.00	ULTRASOUND	76.00	5,578	31	5.00
6.00	CATH LAB	76.02	2,962	17	6.00
7.00	EMERGENCY	91.00	4,978	28	7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	232	1	8.00
	O		83,237	468	
F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,519,302	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
	O		0	11,519,302	
G - DRUGS CHARGES TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,153,237	1.00
	O		0	3,153,237	
H - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,194,128	1.00
2.00		0.00	0	0	2.00
	O		0	1,194,128	
I - NURSERY					
1.00	NURSERY	43.00	787,241	79,082	1.00
	O		787,241	79,082	
J - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,234,078	1.00
	O		0	8,234,078	

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6

Date/Time Prepared:
5/27/2015 6:24 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
	K - OTHER CAPITAL					
1.00	CAP REL COSTS-BLDG & FIXT		1.00	0	1,818	1.00
	TOTALS			0	1,818	
500.00	Grand Total: Increases			1,233,978	29,358,745	500.00

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6
Date/Time Prepared:
5/27/2015 6:24 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,562,506	9		1.00
	O		0	3,562,506			
B - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	367,045	11		1.00
	O		0	367,045			
C - CAFETERIA							
1.00	DIETARY	10.00	363,500	468,454	0		1.00
	O		363,500	468,454			
D - INSURANCE EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	778,627	9		1.00
2.00		0.00	0	0	0		2.00
	O		0	778,627			
E - PATIENT TRANSPORT							
1.00	EMERGENCY	91.00	83,237	468	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	O		83,237	468			
F - CHARGEABLE SUPPLIES							
1.00	NURSING ADMINISTRATION	13.00	0	7,666	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	272,210	0		2.00
3.00	PHARMACY	15.00	0	107	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	10	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	356,931	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	79,176	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	4,545	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	52,007	0		8.00
9.00	OPERATING ROOM	50.00	0	5,814,895	0		9.00
10.00	OUTPATIENT SURGERY	50.01	0	312,513	0		10.00
11.00	RECOVERY ROOM	51.00	0	40,989	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	144,453	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,104	0		13.00
14.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	213,791	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,763	0		15.00
16.00	RADIOISOTOPE	56.00	0	542	0		16.00
17.00	LABORATORY	60.00	0	27	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	69,905	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	11,130	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	6,984	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	40,709	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	454	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,775	0		23.00
24.00	ULTRASOUND	76.00	0	30,640	0		24.00
25.00	PAIN CLINIC	76.01	0	32,143	0		25.00
26.00	CATH LAB	76.02	0	3,777,642	0		26.00
27.00	WOUND CARE CENTER	76.04	0	77,636	0		27.00
28.00	BARIATRIC CLINIC	76.05	0	671	0		28.00
29.00	EMERGENCY	91.00	0	142,884	0		29.00
	O		0	11,519,302			
G - DRUGS CHARGES TO PATIENTS							
1.00	PHARMACY	15.00	0	3,153,237	0		1.00
	O		0	3,153,237			
H - INTERNS AND RESIDENTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,131,794	0		1.00
2.00	EMERGENCY	91.00	0	62,334	0		2.00
	O		0	1,194,128			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	787,241	79,082	0		1.00
	O		787,241	79,082			
J - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,234,078	0		1.00
	O		0	8,234,078			
K - OTHER CAPITAL							
1.00	INTEREST EXPENSE	113.00	0	1,818	14		1.00
	TOTALS		0	1,818			
500.00	Grand Total: Decreases		1,233,978	29,358,745			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2015 6:24 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	536,972	0	0	0	0	1.00
2.00	Land Improvements	9,267,025	138,109	0	138,109	0	2.00
3.00	Buildings and Fixtures	69,563,984	0	0	0	0	3.00
4.00	Building Improvements	1,512,208	0	0	0	0	4.00
5.00	Fixed Equipment	122,332,516	7,516,030	0	7,516,030	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	203,212,705	7,654,139	0	7,654,139	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	203,212,705	7,654,139	0	7,654,139	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	536,972	0				1.00
2.00	Land Improvements	9,405,134	0				2.00
3.00	Buildings and Fixtures	69,563,984	0				3.00
4.00	Building Improvements	1,512,208	0				4.00
5.00	Fixed Equipment	129,848,546	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	210,866,844	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	210,866,844	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	7,292,802	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,292,802	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	7,292,802				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,292,802				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,405,318	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,562,506	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,967,824	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	367,045	0	0	1,818	5,774,181	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,562,506	2.00
3.00	Total (sum of lines 1-2)	367,045	0	0	1,818	9,336,687	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150090

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

Worksheet A-8

Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-846	0	INTEREST EXPENSE	113.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-59,268	0	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,652,646	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-812	0	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,492,162	0			0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-446,240	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines	B	-16,059	0	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0	0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00
33.00 RENTAL INCOME	B	-7,091	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00
34.00 MISC INCOME	B	-543	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 34.00
35.00 DIETETIC INSTRUCTION	B	-2,170	CAFETERIA	11.00	0 35.00
36.00 SPECIAL FUNCTIONS	B	-78,127	CAFETERIA	11.00	0 36.00
37.00 ADVERTISING EXPENSE	A	-354,873	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 37.00
38.00 MISCELLANEOUS- OTHER OPERATING	B	-3,475	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 38.00
39.00 DISCOUNTS EARNED/REBATES	B	-918	CATH LAB	76.02	0 39.00
40.00 MISCELLANEOUS- OTHER OPERATING	B	-14,268	COMMUNICATIONS	5.01	0 40.00
41.00 TELEPHONE COMMISSION	B	-2,092	COMMUNICATIONS	5.01	0 41.00
42.00 MISCELLANEOUS- OTHER OPERATING	B	-16,697	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 42.00
43.00 PROGRAM FEES	B	-30,330	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 43.00
44.00 UNECESSARY BORROWING	A	-644,467	INTEREST EXPENSE	113.00	0 44.00
45.00 MISCELLANEOUS- OTHER OPERATING	B	-100	BARIATRIC CLINIC	76.05	0 45.00
46.00 LOBBYING EXPENSE	A	-1,960	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 46.00
47.00 DISCOUNTS EARNED/REBATES	B	-1,692	DIETARY	10.00	0 47.00
48.00 INTEREST INCOME- PATIENTS	B	-103	INTEREST EXPENSE	113.00	0 48.00
49.00 PENSION ADJUSTMENT	A	3,411,115	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.00
49.01 DISCOUNTS EARNED/REBATES	B	-26,170	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.01
49.02 DISCOUNTS EARNED/REBATES	B	-965	MAINTENANCE & REPAIRS	6.00	0 49.02
49.03 DISCOUNTS EARNED/REBATES	B	-47,797	CENTRAL SERVICES & SUPPLY	14.00	0 49.03
49.04 DISCOUNTS EARNED/REBATES	B	-139,942	PHARMACY	15.00	0 49.04
49.05 DISCOUNTS EARNED/REBATES	B	-137,845	OPERATING ROOM	50.00	0 49.05
49.06 DISCOUNTS EARNED/REBATES	B	-12,807	RADIOLOGY-DIAGNOSTIC	54.00	0 49.06
49.07 DISCOUNTS EARNED/REBATES	B	-5,151	LABORATORY	60.00	0 49.07
49.08 DISCOUNTS EARNED/REBATES	B	-935	RESPIRATORY THERAPY	65.00	0 49.08
49.09 DISCOUNTS EARNED/REBATES	B	-5,674	PHYSICAL THERAPY	66.00	0 49.09
49.10 PROPERTY TAX	A	7,047	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.10
49.11 MEDICAL STAFF FEES	B	-22,575	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.11
49.12 PODIATRIC RESIDENT COORDINATOR	A	-102,274	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 49.12
49.13 DIETETIC INSTRUCTION	B	-22,866	BARIATRIC CLINIC	76.05	0 49.13
49.14 HAF FEES	A	-5,488,663	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.14
49.15		0		0.00	0 49.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,438,117			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: 150090

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2015 6:24 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1,519,863	0
2.00	5.03	PATIENT ACCOUNTING	PATIENT ACCOUNTING	0	1,302,223
3.00	5.04	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	8,107,648	8,828,382
3.01	15.00	PHARMACY	COEP / PHARMACY	248,305	257,346
4.00	113.00	INTEREST EXPENSE	INTEREST	1,063,418	3,493,532
4.01	5.04	OTHER ADMINISTRATIVE AND GEN	ELIMINATIONS	0	-13,664,912
4.02	14.00	CENTRAL SERVICES & SUPPLY	SPD	23,698	92,734
4.03	15.00	PHARMACY	PHARMACY	322,695	1,676,967
4.04	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	0	221,612
4.05	41.00	SUBPROVIDER - IRF	REHABILITATION	0	4,777,828
4.06	50.00	OPERATING ROOM	OPERATING ROOM	-6,487	-27,540
4.07	50.00	OPERATING ROOM	ORTHOPEDICS	170	723
4.08	50.01	OUTPATIENT SURGERY	ENDOSCOPY	10,629	43,219
4.09	51.00	RECOVERY ROOM	RECOVERY	699	4,214
4.10	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	9,419	26,169
4.11	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTIC	28,139	117,803
4.12	54.00	RADIOLOGY-DIAGNOSTIC	COMPUTED TOMOGRAPHY	33,671	140,965
4.13	54.00	RADIOLOGY-DIAGNOSTIC	MRI	15,365	64,324
4.14	54.01	RADIOLOGY-SPECIAL PROCEDURES	RADIOLOGY-SPECIAL PROCEDURES	10,572	39,621
4.15	55.00	RADIOLOGY-THERAPEUTIC	RADIATION ONCOLOGY	0	5,704
4.16	56.00	RADIOISOTOPE	NUCLEAR MEDICINE	818	4,519
4.17	60.00	LABORATORY	CHEMISTRY	129,461	929,892
4.18	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	9,675	24,174
4.19	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	193,161	1,035,893
4.20	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	5,170	7,994
4.21	66.00	PHYSICAL THERAPY	REHAB UNIT THERAPY	2,792,616	4,318,096
4.22	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	575	1,886
4.23	68.00	SPEECH PATHOLOGY	SPEECH THERAPY	388	743
4.24	69.00	ELECTROCARDIOLOGY	NON INVASIVE VASCULAR	3,703	51,778
4.25	69.00	ELECTROCARDIOLOGY	CARDIAC REHAB	1,472	20,589
4.26	70.00	ELECTROENCEPHALOGRAPHY	NEURO DIAGNOSTICS	3,111	11,890
4.27	76.00	ULTRASOUND	ULTRASOUND	0	73,115
4.28	41.00	SUBPROVIDER - IRF	REHAB UNIT OVERHEAD	845,691	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,373,645	13,881,483

* 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	FRANCSAN ALLI	100.00	FRANCSAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

Provider CCN: 150090

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2015 6:24 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

(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: 150090

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2015 6:24 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	1,519,863	9		1.00
2.00	-1,302,223	0		2.00
3.00	-720,734	0		3.00
3.01	-9,041	0		3.01
4.00	-2,430,114	0		4.00
4.01	13,664,912	0		4.01
4.02	-69,036	0		4.02
4.03	-1,354,272	0		4.03
4.04	-221,612	0		4.04
4.05	-4,777,828	0		4.05
4.06	21,053	0		4.06
4.07	-553	0		4.07
4.08	-32,590	0		4.08
4.09	-3,515	0		4.09
4.10	-16,750	0		4.10
4.11	-89,664	0		4.11
4.12	-107,294	0		4.12
4.13	-48,959	0		4.13
4.14	-29,049	0		4.14
4.15	-5,704	0		4.15
4.16	-3,701	0		4.16
4.17	-800,431	0		4.17
4.18	-14,499	0		4.18
4.19	-842,732	0		4.19
4.20	-2,824	0		4.20
4.21	-1,525,480	0		4.21
4.22	-1,311	0		4.22
4.23	-355	0		4.23
4.24	-48,075	0		4.24
4.25	-19,117	0		4.25
4.26	-8,779	0		4.26
4.27	-73,115	0		4.27
4.28	845,691	0		4.28
5.00	1,492,162			5.00

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

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

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

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

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

6.00	HEALTHCARE SERV		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150090

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2015 6:24 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	15.00	PHARMACY	5,000	0	5,000	171,400	50	1.00
2.00	31.00	INTENSIVE CARE UNIT	52,820	52,820	0	171,400	0	2.00
3.00	32.00	NEONATAL INTENSIVE CARE UNIT	9,996	0	9,996	171,400	157	3.00
4.00	50.00	OPERATING ROOM	360,666	360,666	0	204,100	0	4.00
5.00	50.01	OUTPATIENT SURGERY	23,280	23,280	0	204,100	0	5.00
6.00	50.01	OUTPATIENT SURGERY	25,000	0	25,000	204,100	125	6.00
7.00	60.00	LABORATORY	45,130	0	45,130	171,400	334	7.00
8.00	66.00	PHYSICAL THERAPY	38,081	0	38,081	171,400	337	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	24,000	0	24,000	171,400	240	9.00
10.00	76.04	WOUND CARE CENTER	3,905	0	3,905	171,400	36	10.00
11.00	91.00	EMERGENCY	68,969	68,969	0	171,400	0	11.00
12.00	91.00	EMERGENCY	43,200	0	43,200	171,400	360	12.00
13.00	91.00	EMERGENCY	4,150	0	4,150	171,400	42	13.00
14.00	91.00	EMERGENCY	1,085,994	1,085,994	0	171,400	0	14.00
200.00			1,790,191	1,591,729	198,462		1,681	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	15.00	PHARMACY	4,120	206	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	32.00	NEONATAL INTENSIVE CARE UNIT	12,937	647	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	50.01	OUTPATIENT SURGERY	0	0	0	0	0	5.00
6.00	50.01	OUTPATIENT SURGERY	12,266	613	0	0	0	6.00
7.00	60.00	LABORATORY	27,523	1,376	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	27,770	1,389	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	19,777	989	0	0	0	9.00
10.00	76.04	WOUND CARE CENTER	2,967	148	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	29,665	1,483	0	0	0	12.00
13.00	91.00	EMERGENCY	3,461	173	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
200.00			140,486	7,024	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	15.00	PHARMACY	0	4,120	880	880		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	52,820		2.00
3.00	32.00	NEONATAL INTENSIVE CARE UNIT	0	12,937	0	0		3.00
4.00	50.00	OPERATING ROOM	0	0	0	360,666		4.00
5.00	50.01	OUTPATIENT SURGERY	0	0	0	23,280		5.00
6.00	50.01	OUTPATIENT SURGERY	0	12,266	12,734	12,734		6.00
7.00	60.00	LABORATORY	0	27,523	17,607	17,607		7.00
8.00	66.00	PHYSICAL THERAPY	0	27,770	10,311	10,311		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	19,777	4,223	4,223		9.00
10.00	76.04	WOUND CARE CENTER	0	2,967	938	938		10.00
11.00	91.00	EMERGENCY	0	0	0	68,969		11.00
12.00	91.00	EMERGENCY	0	29,665	13,535	13,535		12.00
13.00	91.00	EMERGENCY	0	3,461	689	689		13.00
14.00	91.00	EMERGENCY	0	0	0	1,085,994		14.00
200.00			0	140,486	60,917	1,652,646		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,774,181	5,774,181			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,562,506		3,562,506		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,706,902	18,123	3,178	15,728,203	4.00
5.01 01160	COMMUNICATIONS	768,252	22,246	843	87,235	878,576 5.01
5.02 00570	ADMINISTRATIVE	897,393	50,619	7,382	286,851	14,351 5.02
5.03 00590	PATIENT ACCOUNTING	1,068,362	10,853	1,572	70,730	102,049 5.03
5.04 00591	OTHER ADMINISTRATIVE AND GENERAL	17,620,521	217,890	404,293	1,286,521	96,468 5.04
6.00 00600	MAINTENANCE & REPAIRS	3,199,611	915,435	17,004	335,200	34,282 6.00
7.00 00700	OPERATION OF PLANT	3,396,100	263,757	2,855	102,161	7,973 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	350,462	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	1,427,491	69,218	2,812	390,216	0 9.00
10.00 01000	DIETARY	632,078	61,062	18,841	90,341	8,770 10.00
11.00 01100	CAFETERIA	289,358	88,150	0	118,591	14,351 11.00
13.00 01300	NURSING ADMINISTRATION	1,278,558	6,435	15,681	414,977	8,770 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	748,238	66,418	65,172	170,095	8,770 14.00
15.00 01500	PHARMACY	2,615,959	49,540	736	554,161	23,120 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,384,615	62,757	3,466	300,120	112,410 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,091,854	0	0	0	7,175 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,949,695	1,241,476	536,843	2,463,809	55,011 30.00
31.00 03100	INTENSIVE CARE UNIT	1,791,751	127,556	186,780	489,828	5,581 31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT	1,294,721	4,495	13,023	240,859	0 32.00
41.00 04100	SUBPROVIDER - I&R	2,784,398	76,269	19,297	597,644	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	866,323	0	0	256,836	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,800,356	211,776	1,012,935	412,484	26,309 50.00
50.01 05001	OUTPATIENT SURGERY	1,145,827	180,885	65,155	274,800	0 50.01
51.00 05100	RECOVERY ROOM	522,265	71,298	27,071	146,203	6,378 51.00
53.00 05300	ANESTHESIOLOGY	2,802,307	7,308	78,712	9,707	1,595 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,115,131	163,302	29,786	461,944	33,485 54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	798,105	0	345,780	110,921	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	745,027	144,780	62,656	173,719	0 55.00
56.00 05600	RADIOISOTOPE	620,850	63,335	38,971	92,022	10,364 56.00
60.00 06000	LABORATORY	4,761,346	100,930	4,423	0	30,296 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	435,480	36,362	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	1,237,877	27,487	38,583	290,174	8,770 65.00
66.00 06600	PHYSICAL THERAPY	5,556,474	18,650	21,305	807,743	8,770 66.00
67.00 06700	OCCUPATIONAL THERAPY	352,181	7,141	224	97,715	797 67.00
68.00 06800	SPEECH PATHOLOGY	219,680	0	12,651	67,296	797 68.00
69.00 06900	ELECTROCARDIOLOGY	548,065	48,911	106,889	172,634	17,540 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	231,567	67,586	8,463	69,447	6,378 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,285,224	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,234,078	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,153,237	0	0	0	0 73.00
76.00 03630	ULTRA SOUND	383,426	29,400	61,683	121,561	0 76.00
76.01 03951	PAIN CLINIC	444,325	19,857	23,542	137,077	1,595 76.01
76.02 03952	CATH LAB	1,145,568	55,127	242,747	266,275	0 76.02
76.03 03953	ACTIVITY THERAPEUTIC	1,839,927	73,289	157	594,834	5,581 76.03
76.04 03954	WOUND CARE CENTER	231,902	0	1,698	70,299	6,378 76.04
76.05 03340	BARITRIC CLINIC	486,884	24,751	2,172	102,539	6,378 76.05
76.06 03030	HEALTHY LIVING CENTER	4,923	0	0	1,606	0 76.06
76.07 03950	CV RESOURCE CENTER	5,064	0	0	1,631	0 76.07
76.08 03955	ANTI COAGULATION CLINIC	274,370	0	334	74,327	0 76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	2,905,457	156,469	44,827	1,149,519	19,134 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	123,786,252	4,860,943	3,530,542	13,962,652	689,626 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,727	10,224	0	6,134	3,986 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	4,416,231	173,616	8,430	1,192,561	73,348 192.00
192.01 19201	WORKING WELL	0	0	0	0	0 192.01
194.00 07950	RESIDENTIAL	2,095,345	389,270	17,804	564,572	37,471 194.00
194.01 07951	OMNI	0	0	0	0	0 194.01
194.02 07952	PSYCHIATRIC	0	340,128	5,730	0	74,145 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.03 07953 CENTER OF HOPE	7,657	0	0	2,284	0	194.03
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)	130,407,212	5,774,181	3,562,506	15,728,203	878,576	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description		ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00570	ADMITTING	1,256,596				5.02
5.03	00590	PATIENT ACCOUNTING	0	1,253,566			5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	19,625,693	19,625,693	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	4,501,532	797,478	5,299,010
7.00	00700	OPERATION OF PLANT	0	0	3,772,846	668,386	307,919
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	350,462	62,087	0
9.00	00900	HOUSEKEEPING	0	0	1,889,737	334,780	80,807
10.00	01000	DIETARY	0	0	811,092	143,691	71,285
11.00	01100	CAFETERIA	0	0	510,450	90,430	102,910
13.00	01300	NURSING ADMINISTRATION	0	0	1,724,421	305,493	7,512
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,058,693	187,555	77,538
15.00	01500	PHARMACY	0	0	3,243,516	574,612	57,835
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,863,368	330,109	73,265
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,099,029	194,701	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	86,530	86,322	12,419,686	2,200,205	1,449,343
31.00	03100	INTENSIVE CARE UNIT	18,481	18,436	2,638,413	467,413	148,914
32.00	02060	NEONATAL INTENSIVE CARE UNIT	9,023	9,001	1,571,122	278,335	5,248
41.00	04100	SUBPROVIDER - I RF	36,698	36,610	3,550,916	629,070	89,039
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	9,030	9,008	1,141,197	202,171	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	94,365	94,138	4,652,363	824,199	247,235
50.01	05001	OUTPATIENT SURGERY	31,169	31,094	1,728,930	306,292	211,172
51.00	05100	RECOVERY ROOM	13,710	13,677	800,602	141,832	83,236
53.00	05300	ANESTHESIOLOGY	41,890	41,789	2,983,308	528,514	8,532
54.00	05400	RADIOLOGY-DIAGNOSTIC	127,504	127,197	3,058,349	541,808	190,644
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	16,250	16,211	1,287,267	228,048	0
55.00	05500	RADIOLOGY-THERAPEUTIC	20,728	20,678	1,167,588	206,846	169,022
56.00	05600	RADIOISOTOPE	23,101	23,046	871,689	154,426	73,940
60.00	06000	LABORATORY	130,000	129,688	5,156,683	913,542	117,829
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,587	6,571	485,000	85,921	42,450
65.00	06500	RESPIRATORY THERAPY	33,676	33,595	1,670,162	295,881	32,089
66.00	06600	PHYSICAL THERAPY	52,184	52,058	6,517,184	1,154,565	21,773
67.00	06700	OCCUPATIONAL THERAPY	5,953	5,938	469,949	83,255	8,337
68.00	06800	SPEECH PATHOLOGY	3,381	3,372	307,177	54,419	0
69.00	06900	ELECTROCARDIOLOGY	32,205	32,128	958,372	169,782	57,100
70.00	07000	ELECTROENCEPHALOGRAPHY	8,061	8,041	399,543	70,782	78,903
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,808	62,656	3,410,688	604,227	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,889	47,774	8,329,741	1,475,672	0
73.00	07300	DRUGS CHARGED TO PATIENTS	132,692	132,370	3,418,299	605,576	0
76.00	03630	ULTRA SOUND	23,846	23,789	643,705	114,037	34,323
76.01	03951	PAIN CLINIC	12,116	12,087	650,599	115,258	23,182
76.02	03952	CATH LAB	69,870	69,702	1,849,289	327,614	64,358
76.03	03953	ACTIVITY THERAPEUTIC	14,336	14,301	2,542,425	450,408	85,561
76.04	03954	WOUND CARE CENTER	3,545	3,536	317,358	56,222	0
76.05	03340	BARITRIC CLINIC	1,142	1,139	625,005	110,724	28,895
76.06	03030	HEALTHY LIVING CENTER	0	0	6,529	1,157	0
76.07	03950	CV RESOURCE CENTER	0	0	6,695	1,186	0
76.08	03955	ANTI COAGULATION CLINIC	3,283	3,275	355,589	62,995	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	84,543	84,339	4,444,288	787,337	182,667
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,256,596	1,253,566	120,886,549	17,939,041	4,232,863
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	122,071	21,626	11,936
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,864,186	1,038,882	202,685
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	0	0	3,104,462	549,977	454,448
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	0	0	420,003	74,406	397,078
194.03	07953	CENTER OF HOPE	0	0	9,941	1,761	0
200.00		Cross Foot Adjustments			0		0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,256,596	1,253,566	130,407,212	19,625,693	5,299,010

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/27/2015 6:24 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00570	ADMINISTRATIVE					5.02	
5.03	00590	PATIENT ACCOUNTING					5.03	
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	4,749,151				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		412,549			8.00	
9.00	00900	HOUSEKEEPING	76,890	0	2,382,214		9.00	
10.00	01000	DIETARY	67,830	0	34,584	1,128,482	10.00	
11.00	01100	CAFETERIA	97,921	0	49,926	0	851,637	11.00
13.00	01300	NURSING ADMINISTRATION	7,148	0	3,645	0	21,006	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	73,780	0	37,618	0	19,927	14.00
15.00	01500	PHARMACY	55,032	0	28,059	0	25,695	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	69,713	0	35,544	0	26,801	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,379,088	272,542	703,141	745,511	189,803	30.00
31.00	03100	INTENSIVE CARE UNIT	141,695	22,047	72,245	60,305	30,091	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	4,994	7,361	2,546	20,135	12,201	32.00
41.00	04100	SUBPROVIDER - I R F	84,723	28,196	43,197	77,126	18,622	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	235,250	0	119,945	0	28,985	50.00
50.01	05001	OUTPATIENT SURGERY	200,936	0	102,450	0	16,224	50.01
51.00	05100	RECOVERY ROOM	79,202	0	40,382	0	7,486	51.00
53.00	05300	ANESTHESIOLOGY	8,118	0	4,139	0	1,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,403	0	92,491	0	32,542	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	6,087	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	160,829	0	82,001	0	8,099	55.00
56.00	05600	RADIOLOGY-SOTOPE	70,355	0	35,872	0	4,009	56.00
60.00	06000	LABORATORY	112,118	0	57,165	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40,393	0	20,595	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	30,533	0	15,568	0	18,808	65.00
66.00	06600	PHYSICAL THERAPY	20,717	0	10,563	0	42,812	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,933	0	4,045	0	5,608	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,984	68.00
69.00	06900	ELECTROCARDIOLOGY	54,332	0	27,702	0	11,242	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75,078	0	38,280	0	4,449	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	32,659	0	16,652	0	5,195	76.00
76.01	03951	PAIN CLINIC	22,058	0	11,247	0	7,073	76.01
76.02	03952	CATH LAB	61,238	0	31,223	0	10,110	76.02
76.03	03953	ACTIVITY THERAPEUTIC	81,413	0	41,510	0	38,882	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	4,196	76.04
76.05	03340	BARIATRIC CLINIC	27,494	0	14,018	0	7,712	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	53	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	80	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	0	0	3,623	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	173,812	0	88,621	0	59,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,734,685	330,146	1,864,974	903,077	671,719	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,357	0	5,791	0	1,159	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192,860	0	98,332	0	52,216	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	432,419	0	220,475	0	69,332	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	377,830	82,403	192,642	225,405	57,078	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	133	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,749,151	412,549	2,382,214	1,128,482	851,637	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/27/2015 6:24 pm	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00570	ADMITTING						5.02
5.03	00590	PATIENT ACCOUNTING						5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	2,069,225					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	66,065	1,521,176				14.00
15.00	01500	PHARMACY	0	1,639	3,986,388			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,166	305	0	2,412,271		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	976,155	42,565	6,511	166,128	0	30.00
31.00	03100	INTENSIVE CARE UNIT	216,091	6,212	2,457	35,481	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,263	6,793	17,323	0	32.00
41.00	04100	SUBPROVIDER - I RF	0	5,985	3,276	70,456	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	17,336	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	208,917	36,217	57,174	181,169	0	50.00
50.01	05001	OUTPATIENT SURGERY	2,838	10,031	115,395	59,840	0	50.01
51.00	05100	RECOVERY ROOM	67,721	1,851	40	26,322	0	51.00
53.00	05300	ANESTHESIOLOGY	7,647	4,329	147,559	80,424	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,573	2,551	244,792	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	2,223	27	31,198	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	725	0	39,794	0	55.00
56.00	05600	RADIOISOTOPE	0	325	2,988,228	44,352	0	56.00
60.00	06000	LABORATORY	0	0	0	249,585	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,647	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,998	524	64,655	0	65.00
66.00	06600	PHYSICAL THERAPY	0	944	43,870	100,186	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	79	0	11,428	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	518	0	6,490	0	68.00
69.00	06900	ELECTROCARDIOLOGY	122,985	1,189	0	61,830	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,033	644	0	15,476	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	384,237	0	120,583	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	963,051	0	91,942	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	254,512	0	73.00
76.00	03630	ULTRA SOUND	0	576	0	45,782	0	76.00
76.01	03951	PAIN CLINIC	0	1,723	1,987	23,261	0	76.01
76.02	03952	CATH LAB	65,829	18,251	5,397	134,143	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	27	0	27,523	0	76.03
76.04	03954	WOUND CARE CENTER	0	1,075	50,153	6,806	0	76.04
76.05	03340	BARIATRIC CLINIC	0	223	0	2,192	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	180	524,685	6,303	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	307,778	18,218	29,761	162,312	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,069,225	1,521,176	3,986,388	2,412,271	0	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	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	0	0	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	0	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,069,225	1,521,176	3,986,388	2,412,271	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00570	ADMITTING				5.02
5.03	00590	PATIENT ACCOUNTING				5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,293,730			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,244,725	21,795,403	-1,244,725	20,550,678
31.00	03100	INTENSIVE CARE UNIT	0	3,841,364	0	3,841,364
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,927,321	0	1,927,321
41.00	04100	SUBPROVIDER - I&R	0	4,600,606	0	4,600,606
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	1,360,704	0	1,360,704
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,152	6,608,606	-17,152	6,591,454
50.01	05001	OUTPATIENT SURGERY	0	2,754,108	0	2,754,108
51.00	05100	RECOVERY ROOM	0	1,248,674	0	1,248,674
53.00	05300	ANESTHESIOLOGY	0	3,773,902	0	3,773,902
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,358,153	0	4,358,153
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,554,850	0	1,554,850
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,834,904	0	1,834,904
56.00	05600	RADIOISOTOPE	0	4,243,196	0	4,243,196
60.00	06000	LABORATORY	0	6,606,922	0	6,606,922
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	687,006	0	687,006
65.00	06500	RESPIRATORY THERAPY	0	2,131,218	0	2,131,218
66.00	06600	PHYSICAL THERAPY	0	7,912,614	0	7,912,614
67.00	06700	OCCUPATIONAL THERAPY	0	590,634	0	590,634
68.00	06800	SPEECH PATHOLOGY	0	371,588	0	371,588
69.00	06900	ELECTROCARDIOLOGY	0	1,464,534	0	1,464,534
70.00	07000	ELECTROENCEPHALOGRAPHY	0	697,188	0	697,188
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,519,735	0	4,519,735
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,860,406	0	10,860,406
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,278,387	0	4,278,387
76.00	03630	ULTRA SOUND	0	892,929	0	892,929
76.01	03951	PAIN CLINIC	0	856,388	0	856,388
76.02	03952	CATH LAB	0	2,567,452	0	2,567,452
76.03	03953	ACTIVITY THERAPEUTIC	0	3,267,749	0	3,267,749
76.04	03954	WOUND CARE CENTER	0	435,810	0	435,810
76.05	03340	BARITRIC CLINIC	0	816,263	0	816,263
76.06	03030	HEALTHY LIVING CENTER	0	7,739	0	7,739
76.07	03950	CV RESOURCE CENTER	0	7,961	0	7,961
76.08	03955	ANTI COAGULATION CLINIC	0	953,375	0	953,375
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	31,853	6,286,629	-31,853	6,254,776
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,293,730	116,114,318	-1,293,730	114,820,588
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	173,940	0	173,940
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,449,161	0	7,449,161
192.01	19201	WORKING WELL	0	0	0	0
194.00	07950	RESIDENTIAL	0	4,831,113	0	4,831,113
194.01	07951	OMNI	0	0	0	0
194.02	07952	PSYCHIATRIC	0	1,826,845	0	1,826,845

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description		INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	24.00	25.00	26.00		
194.03	07953 CENTER OF HOPE	0	11,835	0	11,835		194.03
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	1,293,730	130,407,212	-1,293,730	129,113,482		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 6:24 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	18,123	3,178	21,301	21,301	4.00
5.01	01160	COMMUNICATIONS	0	22,246	843	23,089	118	5.01
5.02	00570	ADMITTING	0	50,619	7,382	58,001	389	5.02
5.03	00590	PATIENT ACCOUNTING	0	10,853	1,572	12,425	96	5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL	0	217,890	404,293	622,183	1,743	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	915,435	17,004	932,439	454	6.00
7.00	00700	OPERATION OF PLANT	0	263,757	2,855	266,612	138	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	69,218	2,812	72,030	529	9.00
10.00	01000	DIETARY	0	61,062	18,841	79,903	122	10.00
11.00	01100	CAFETERIA	0	88,150	0	88,150	161	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,435	15,681	22,116	562	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	66,418	65,172	131,590	230	14.00
15.00	01500	PHARMACY	0	49,540	736	50,276	751	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	62,757	3,466	66,223	407	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,241,476	536,843	1,778,319	3,331	30.00
31.00	03100	INTENSIVE CARE UNIT	0	127,556	186,780	314,336	664	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	4,495	13,023	17,518	326	32.00
41.00	04100	SUBPROVIDER - I RF	0	76,269	19,297	95,566	810	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	348	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	211,776	1,012,935	1,224,711	559	50.00
50.01	05001	OUTPATIENT SURGERY	0	180,885	65,155	246,040	372	50.01
51.00	05100	RECOVERY ROOM	0	71,298	27,071	98,369	198	51.00
53.00	05300	ANESTHESIOLOGY	0	7,308	78,712	86,020	13	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	163,302	29,786	193,088	626	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	345,780	345,780	150	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	144,780	62,656	207,436	235	55.00
56.00	05600	RADIOISOTOPE	0	63,335	38,971	102,306	125	56.00
60.00	06000	LABORATORY	0	100,930	4,423	105,353	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	36,362	0	36,362	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	27,487	38,583	66,070	393	65.00
66.00	06600	PHYSICAL THERAPY	0	18,650	21,305	39,955	1,094	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,141	224	7,365	132	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	12,651	12,651	91	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,911	106,889	155,800	234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	67,586	8,463	76,049	94	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	29,400	61,683	91,083	165	76.00
76.01	03951	PAIN CLINIC	0	19,857	23,542	43,399	186	76.01
76.02	03952	CATH LAB	0	55,127	242,747	297,874	361	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	73,289	157	73,446	806	76.03
76.04	03954	WOUND CARE CENTER	0	0	1,698	1,698	95	76.04
76.05	03340	BARITRIC CLINIC	0	24,751	2,172	26,923	139	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	2	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	2	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	334	334	101	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	156,469	44,827	201,296	1,557	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,860,943	3,530,542	8,391,485	18,909	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,224	0	10,224	8	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	173,616	8,430	182,046	1,616	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	389,270	17,804	407,074	765	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	340,128	5,730	345,858	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	3	194.03

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
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	5,774,181	3,562,506	9,336,687	21,301	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 6:24 pm	
Cost Center Description			COMMUNICATIONS	ADMINITTING	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	23,207					5.01
5.02	00570	ADMINITTING	379	58,769				5.02
5.03	00590	PATIENT ACCOUNTING	2,696	0	15,217			5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL	2,548	0	0	626,474		5.04
6.00	00600	MAINTENANCE & REPAIRS	906	0	0	25,456	959,255	6.00
7.00	00700	OPERATION OF PLANT	211	0	0	21,335	55,741	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,982	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	10,686	14,628	9.00
10.00	01000	DIETARY	232	0	0	4,587	12,904	10.00
11.00	01100	CAFETERIA	379	0	0	2,887	18,629	11.00
13.00	01300	NURSING ADMINISTRATION	232	0	0	9,752	1,360	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	232	0	0	5,987	14,036	14.00
15.00	01500	PHARMACY	611	0	0	18,342	10,470	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,971	0	0	10,537	13,263	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	190	0	0	6,215	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,453	4,047	1,041	70,240	262,368	30.00
31.00	03100	INTENSIVE CARE UNIT	147	864	222	14,920	26,957	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	422	109	8,885	950	32.00
41.00	04100	SUBPROVIDER - I RF	0	1,716	442	20,080	16,118	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	422	109	6,453	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	695	4,413	1,136	26,309	44,756	50.00
50.01	05001	OUTPATIENT SURGERY	0	1,458	375	9,777	38,228	50.01
51.00	05100	RECOVERY ROOM	168	641	165	4,527	15,068	51.00
53.00	05300	ANESTHESIOLOGY	42	1,959	504	16,871	1,545	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	884	5,963	1,535	17,295	34,511	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	760	196	7,279	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	969	249	6,603	30,597	55.00
56.00	05600	RADIOISOTOPE	274	1,080	278	4,929	13,385	56.00
60.00	06000	LABORATORY	800	6,080	1,565	29,161	21,330	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	308	79	2,743	7,685	63.00
65.00	06500	RESPIRATORY THERAPY	232	1,575	405	9,445	5,809	65.00
66.00	06600	PHYSICAL THERAPY	232	2,441	628	36,855	3,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	21	278	72	2,658	1,509	67.00
68.00	06800	SPEECH PATHOLOGY	21	158	41	1,737	0	68.00
69.00	06900	ELECTROCARDIOLOGY	463	1,506	388	5,420	10,337	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168	377	97	2,259	14,283	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,937	756	19,287	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,240	576	47,105	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,208	1,687	19,330	0	73.00
76.00	03630	ULTRA SOUND	0	1,115	287	3,640	6,213	76.00
76.01	03951	PAIN CLINIC	42	567	146	3,679	4,197	76.01
76.02	03952	CATH LAB	0	3,268	841	10,458	11,650	76.02
76.03	03953	ACTIVITY THERAPEUTIC	147	670	173	14,377	15,489	76.03
76.04	03954	WOUND CARE CENTER	168	166	43	1,795	0	76.04
76.05	03340	BARITRIC CLINIC	168	53	14	3,534	5,231	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	37	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	38	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	154	40	2,011	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	505	3,954	1,018	25,132	33,067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,217	58,769	15,217	572,635	766,255	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	105	0	0	690	2,161	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,937	0	0	33,162	36,691	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	990	0	0	17,556	82,267	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	1,958	0	0	2,375	71,881	194.02
194.03	07953	CENTER OF HOPE	0	0	0	56	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	23,207	58,769	15,217	626,474	959,255	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 6:24 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00570	ADMINISTRATIVE					5.02	
5.03	00590	PATIENT ACCOUNTING					5.03	
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	344,037				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,982			8.00	
9.00	00900	HOUSEKEEPING	5,570	0	103,443		9.00	
10.00	01000	DIETARY	4,914	0	1,502	104,164	10.00	
11.00	01100	CAFETERIA	7,094	0	2,168	0	119,468	11.00
13.00	01300	NURSING ADMINISTRATION	518	0	158	0	2,947	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,345	0	1,633	0	2,795	14.00
15.00	01500	PHARMACY	3,987	0	1,218	0	3,605	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,050	0	1,543	0	3,760	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	99,901	1,310	30,533	68,814	26,625	30.00
31.00	03100	INTENSIVE CARE UNIT	10,265	106	3,137	5,566	4,221	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	362	35	111	1,859	1,712	32.00
41.00	04100	SUBPROVIDER - IRF	6,137	135	1,876	7,119	2,612	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,042	0	5,208	0	4,066	50.00
50.01	05001	OUTPATIENT SURGERY	14,556	0	4,449	0	2,276	50.01
51.00	05100	RECOVERY ROOM	5,737	0	1,754	0	1,050	51.00
53.00	05300	ANESTHESIOLOGY	588	0	180	0	187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,141	0	4,016	0	4,565	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	854	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	11,651	0	3,561	0	1,136	55.00
56.00	05600	RADIOISOTOPE	5,097	0	1,558	0	562	56.00
60.00	06000	LABORATORY	8,122	0	2,482	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,926	0	894	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,212	0	676	0	2,638	65.00
66.00	06600	PHYSICAL THERAPY	1,501	0	459	0	6,006	66.00
67.00	06700	OCCUPATIONAL THERAPY	575	0	176	0	787	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	419	68.00
69.00	06900	ELECTROCARDIOLOGY	3,936	0	1,203	0	1,577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,439	0	1,662	0	624	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	2,366	0	723	0	729	76.00
76.01	03951	PAIN CLINIC	1,598	0	488	0	992	76.01
76.02	03952	CATH LAB	4,436	0	1,356	0	1,418	76.02
76.03	03953	ACTIVITY THERAPEUTIC	5,898	0	1,802	0	5,454	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	589	76.04
76.05	03340	BARITRIC CLINIC	1,992	0	609	0	1,082	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	7	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	11	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	0	0	508	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,591	0	3,848	0	8,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	270,547	1,586	80,983	83,358	94,228	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	823	0	251	0	163	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,971	0	4,270	0	7,325	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	31,325	0	9,574	0	9,726	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	27,371	396	8,365	20,806	8,007	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	19	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	344,037	1,982	103,443	104,164	119,468	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 6:24 pm		
Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	22.00					24.00	25.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	01160	COMMUNICATIONS				5.01	
5.02	00570	ADMITTING				5.02	
5.03	00590	PATIENT ACCOUNTING				5.03	
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL				5.04	
6.00	00600	MAINTENANCE & REPAIRS				6.00	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00	01700	SOCIAL SERVICE				17.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,405			22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,377,620	0	2,377,620	30.00	
31.00	03100	INTENSIVE CARE UNIT	387,589	0	387,589	31.00	
32.00	02060	NEONATAL INTENSIVE CARE UNIT	33,324	0	33,324	32.00	
41.00	04100	SUBPROVIDER - IRF	156,366	0	156,366	41.00	
42.00	04200	SUBPROVIDER	0	0	0	42.00	
43.00	04300	NURSERY	8,080	0	8,080	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,345,681	0	1,345,681	50.00	
50.01	05001	OUTPATIENT SURGERY	323,830	0	323,830	50.01	
51.00	05100	RECOVERY ROOM	130,244	0	130,244	51.00	
53.00	05300	ANESTHESIOLOGY	115,295	0	115,295	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	287,703	0	287,703	54.00	
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	356,605	0	356,605	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	264,233	0	264,233	55.00	
56.00	05600	RADIOISOTOPE	198,585	0	198,585	56.00	
60.00	06000	LABORATORY	185,667	0	185,667	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,543	0	51,543	63.00	
65.00	06500	RESPIRATORY THERAPY	92,579	0	92,579	65.00	
66.00	06600	PHYSICAL THERAPY	98,522	0	98,522	66.00	
67.00	06700	OCCUPATIONAL THERAPY	14,074	0	14,074	67.00	
68.00	06800	SPEECH PATHOLOGY	15,454	0	15,454	68.00	
69.00	06900	ELECTROCARDIOLOGY	185,897	0	185,897	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	102,044	0	102,044	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,369	0	69,369	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	157,119	0	157,119	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	38,109	0	38,109	73.00	
76.00	03630	ULTRA SOUND	108,359	0	108,359	76.00	
76.01	03951	PAIN CLINIC	56,528	0	56,528	76.01	
76.02	03952	CATH LAB	340,727	0	340,727	76.02	
76.03	03953	ACTIVITY THERAPEUTIC	119,453	0	119,453	76.03	
76.04	03954	WOUND CARE CENTER	6,088	0	6,088	76.04	
76.05	03340	BARIATRIC CLINIC	39,864	0	39,864	76.05	
76.06	03030	HEALTHY LIVING CENTER	46	0	46	76.06	
76.07	03950	CV RESOURCE CENTER	51	0	51	76.07	
76.08	03955	ANTI COAGULATION CLINIC	15,211	0	15,211	76.08	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	306,608	0	306,608	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE				113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,988,467	0	7,988,467	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,425	0	14,425	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	281,018	0	281,018	192.00	
192.01	19201	WORKING WELL	0	0	0	192.01	
194.00	07950	RESIDENTIAL	559,277	0	559,277	194.00	
194.01	07951	OMNI	0	0	0	194.01	
194.02	07952	PSYCHIATRIC	487,017	0	487,017	194.02	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150090

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	24.00	25.00	26.00		
194.03 07953 CENTER OF HOPE		78	0	78		194.03
200.00 Cross Foot Adjustments	6,405	6,405	0	6,405		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	6,405	9,336,687	0	9,336,687		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1
Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	ADMITTING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	449,554				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,394,891			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,411	3,028	48,209,390		4.00
5.01 01160	COMMUNICATIONS	1,732	803	267,390	1,102	5.01
5.02 00570	ADMITTING	3,941	7,035	879,243	18	432,068,444
5.03 00590	PATIENT ACCOUNTING	845	1,498	216,797	128	0
5.04 00591	OTHER ADMINISTRATIVE AND GENERAL	16,964	385,271	3,943,385	121	0
6.00 00600	MAINTENANCE & REPAIRS	71,272	16,204	1,027,439	43	0
7.00 00700	OPERATION OF PLANT	20,535	2,721	313,140	10	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	5,389	2,680	1,196,072	0	0
10.00 01000	DIETARY	4,754	17,955	276,909	11	0
11.00 01100	CAFETERIA	6,863	0	363,500	18	0
13.00 01300	NURSING ADMINISTRATION	501	14,943	1,271,968	11	0
14.00 01400	CENTRAL SERVICES & SUPPLY	5,171	62,106	521,367	11	0
15.00 01500	PHARMACY	3,857	701	1,698,589	29	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,886	3,303	919,914	141	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	9	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	96,656	511,585	7,551,987	69	29,755,997
31.00 03100	INTENSIVE CARE UNIT	9,931	177,992	1,501,397	7	6,355,167
32.00 02060	NEONATAL INTENSIVE CARE UNIT	350	12,410	738,271	0	3,102,755
41.00 04100	SUBPROVIDER - I&R	5,938	18,389	1,831,870	0	12,619,732
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	787,241	0	3,105,084
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,488	965,277	1,264,325	33	32,450,171
50.01 05001	OUTPATIENT SURGERY	14,083	62,089	842,305	0	10,718,328
51.00 05100	RECOVERY ROOM	5,551	25,797	448,134	8	4,714,732
53.00 05300	ANESTHESIOLOGY	569	75,009	29,752	2	14,405,141
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,714	28,385	1,415,928	42	43,846,038
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	0	329,511	339,989	0	5,588,010
55.00 05500	RADIOLOGY-THERAPEUTIC	11,272	59,708	532,474	0	7,127,798
56.00 05600	RADIOISOTOPE	4,931	37,137	282,061	13	7,944,032
60.00 06000	LABORATORY	7,858	4,215	0	38	44,704,431
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	0	2,265,196
65.00 06500	RESPIRATORY THERAPY	2,140	36,768	889,429	11	11,580,616
66.00 06600	PHYSICAL THERAPY	1,452	20,303	2,475,857	11	17,944,876
67.00 06700	OCCUPATIONAL THERAPY	556	213	299,510	1	2,047,003
68.00 06800	SPEECH PATHOLOGY	0	12,056	206,274	1	1,162,501
69.00 06900	ELECTROCARDIOLOGY	3,808	101,860	529,151	22	11,074,681
70.00 07000	ELECTROENCEPHALOGRAPHY	5,262	8,065	212,865	8	2,771,946
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	21,598,209
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,468,157
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	45,581,212
76.00 03630	ULTRA SOUND	2,289	58,781	372,603	0	8,200,243
76.01 03951	PAIN CLINIC	1,546	22,434	420,163	2	4,166,326
76.02 03952	CATH LAB	4,292	231,326	816,173	0	24,026,962
76.03 03953	ACTIVITY THERAPEUTIC	5,706	150	1,823,257	7	4,929,849
76.04 03954	WOUND CARE CENTER	0	1,618	215,478	8	1,219,033
76.05 03340	BARIATRIC CLINIC	1,927	2,070	314,298	8	392,652
76.06 03030	HEALTHY LIVING CENTER	0	0	4,923	0	0
76.07 03950	CV RESOURCE CENTER	0	0	4,999	0	0
76.08 03955	ANTI COAGULATION CLINIC	0	318	227,825	0	1,129,040
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	12,182	42,718	3,523,452	24	29,072,526
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	378,453	3,364,432	42,797,704	865	432,068,444
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	0	18,803	5	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	13,517	8,033	3,655,381	92	0
192.01 19201	WORKING WELL	0	0	0	0	0
194.00 07950	RESIDENTIAL	30,307	16,966	1,730,501	47	0
194.01 07951	OMNI	0	0	0	0	0
194.02 07952	PSYCHIATRIC	26,481	5,460	0	93	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	ADMITTING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.03 07953 CENTER OF HOPE	0	0	7,001	0	0	194.03
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)	5,774,181	3,562,506	15,728,203	878,576	1,256,596	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.844243	1.049373	0.326248	797.255898	0.002908	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			21,301	23,207	58,769	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000442	21.058984	0.000136	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description		PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00590	PATIENT ACCOUNTING	432,068,444				5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL	0	-19,625,693	110,781,519		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	4,501,532	353,389	6.00
7.00	00700	OPERATION OF PLANT	0	0	3,772,846	20,535	332,854
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	350,462	0	0
9.00	00900	HOUSEKEEPING	0	0	1,889,737	5,389	5,389
10.00	01000	DIETARY	0	0	811,092	4,754	4,754
11.00	01100	CAFETERIA	0	0	510,450	6,863	6,863
13.00	01300	NURSING ADMINISTRATION	0	0	1,724,421	501	501
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,058,693	5,171	5,171
15.00	01500	PHARMACY	0	0	3,243,516	3,857	3,857
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,863,368	4,886	4,886
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,099,029	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,755,997	0	12,419,686	96,656	96,656
31.00	03100	INTENSIVE CARE UNIT	6,355,167	0	2,638,413	9,931	9,931
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,102,755	0	1,571,122	350	350
41.00	04100	SUBPROVIDER - I&R	12,619,732	0	3,550,916	5,938	5,938
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,105,084	0	1,141,197	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,450,171	0	4,652,363	16,488	16,488
50.01	05001	OUTPATIENT SURGERY	10,718,328	0	1,728,930	14,083	14,083
51.00	05100	RECOVERY ROOM	4,714,732	0	800,602	5,551	5,551
53.00	05300	ANESTHESIOLOGY	14,405,141	0	2,983,308	569	569
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,846,038	0	3,058,349	12,714	12,714
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	5,588,010	0	1,287,267	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	7,127,798	0	1,167,588	11,272	11,272
56.00	05600	RADIOISOTOPE	7,944,032	0	871,689	4,931	4,931
60.00	06000	LABORATORY	44,704,431	0	5,156,683	7,858	7,858
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	2,265,196	0	485,000	2,831	2,831
65.00	06500	RESPIRATORY THERAPY	11,580,616	0	1,670,162	2,140	2,140
66.00	06600	PHYSICAL THERAPY	17,944,876	0	6,517,184	1,452	1,452
67.00	06700	OCCUPATIONAL THERAPY	2,047,003	0	469,949	556	556
68.00	06800	SPEECH PATHOLOGY	1,162,501	0	307,177	0	0
69.00	06900	ELECTROCARDIOLOGY	11,074,681	0	958,372	3,808	3,808
70.00	07000	ELECTROENCEPHALOGRAPHY	2,771,946	0	399,543	5,262	5,262
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,598,209	0	3,410,688	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,468,157	0	8,329,741	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	45,581,212	0	3,418,299	0	0
76.00	03630	ULTRA SOUND	8,200,243	0	643,705	2,289	2,289
76.01	03951	PAIN CLINIC	4,166,326	0	650,599	1,546	1,546
76.02	03952	CATH LAB	24,026,962	0	1,849,289	4,292	4,292
76.03	03953	ACTIVITY THERAPEUTIC	4,929,849	0	2,542,425	5,706	5,706
76.04	03954	WOUND CARE CENTER	1,219,033	0	317,358	0	0
76.05	03340	BARIATRIC CLINIC	392,652	0	625,005	1,927	1,927
76.06	03030	HEALTHY LIVING CENTER	0	0	6,529	0	0
76.07	03950	CV RESOURCE CENTER	0	0	6,695	0	0
76.08	03955	ANTI COAGULATION CLINIC	1,129,040	0	355,589	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	29,072,526	0	4,444,288	12,182	12,182
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	432,068,444	-19,625,693	101,260,856	282,288	261,753
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	122,071	796	796
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,864,186	13,517	13,517
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	0	0	3,104,462	30,307	30,307
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	0	0	420,003	26,481	26,481
194.03	07953	CENTER OF HOPE	0	0	9,941	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description		PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,253,566		19,625,693	5,299,010	4,749,151	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002901		0.177157	14.994836	14.267970	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	15,217		626,474	959,255	344,037	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000035		0.005655	2.714445	1.033597	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00590	PATIENT ACCOUNTING					5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	614,243				8.00
9.00	00900	HOUSEKEEPING	0	327,465			9.00
10.00	01000	DIETARY	0	4,754	255,675		10.00
11.00	01100	CAFETERIA	0	6,863	0	63,935	11.00
13.00	01300	NURSING ADMINISTRATION	0	501	0	1,577	26,247
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,171	0	1,496	838
15.00	01500	PHARMACY	0	3,857	0	1,929	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,886	0	2,012	167
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	405,787	96,656	168,907	14,249	12,382
31.00	03100	INTENSIVE CARE UNIT	32,825	9,931	13,663	2,259	2,741
32.00	02060	NEONATAL INTENSIVE CARE UNIT	10,960	350	4,562	916	0
41.00	04100	SUBPROVIDER - IRF	41,981	5,938	17,474	1,398	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,488	0	2,176	2,650
50.01	05001	OUTPATIENT SURGERY	0	14,083	0	1,218	36
51.00	05100	RECOVERY ROOM	0	5,551	0	562	859
53.00	05300	ANESTHESIOLOGY	0	569	0	100	97
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,714	0	2,443	0
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	457	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,272	0	608	0
56.00	05600	RADIOISOTOPE	0	4,931	0	301	0
60.00	06000	LABORATORY	0	7,858	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,831	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	2,140	0	1,412	0
66.00	06600	PHYSICAL THERAPY	0	1,452	0	3,214	0
67.00	06700	OCCUPATIONAL THERAPY	0	556	0	421	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	224	0
69.00	06900	ELECTROCARDIOLOGY	0	3,808	0	844	1,560
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,262	0	334	178
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03630	ULTRA SOUND	0	2,289	0	390	0
76.01	03951	PAIN CLINIC	0	1,546	0	531	0
76.02	03952	CATH LAB	0	4,292	0	759	835
76.03	03953	ACTIVITY THERAPEUTIC	0	5,706	0	2,919	0
76.04	03954	WOUND CARE CENTER	0	0	0	315	0
76.05	03340	BARIATRIC CLINIC	0	1,927	0	579	0
76.06	03030	HEALTHY LIVING CENTER	0	0	0	4	0
76.07	03950	CV RESOURCE CENTER	0	0	0	6	0
76.08	03955	ANTI COAGULATION CLINIC	0	0	0	272	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	12,182	0	4,503	3,904
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	491,553	256,364	204,606	50,428	26,247
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	796	0	87	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,517	0	3,920	0
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	0	30,307	0	5,205	0
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	122,690	26,481	51,069	4,285	0
194.03	07953	CENTER OF HOPE	0	0	0	10	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	412,549	2,382,214	1,128,482	851,637	2,069,225	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.671638	7.274713	4.413736	13.320357	78.836629	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,982	103,443	104,164	119,468	37,645	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.003227	0.315890	0.407408	1.868585	1.434259	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	
	14.00	15.00	16.00	17.00	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME) 22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00570 ADMITTING						5.02
5.03 00590 PATIENT ACCOUNTING						5.03
5.04 00591 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	13,006,065					14.00
15.00 01500 PHARMACY	14,012	296,955				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,609	0	432,068,444			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	432,068,444		17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	5,280	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	363,928	485	29,755,997	29,755,997	5,080	30.00
31.00 03100 INTENSIVE CARE UNIT	53,115	183	6,355,167	6,355,167	0	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	10,799	506	3,102,755	3,102,755	0	32.00
41.00 04100 SUBPROVIDER - I&R	51,171	244	12,619,732	12,619,732	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	3,105,084	3,105,084	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	309,658	4,259	32,450,171	32,450,171	70	50.00
50.01 05001 OUTPATIENT SURGERY	85,768	8,596	10,718,328	10,718,328	0	50.01
51.00 05100 RECOVERY ROOM	15,829	3	4,714,732	4,714,732	0	51.00
53.00 05300 ANESTHESIOLOGY	37,013	10,992	14,405,141	14,405,141	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	116,053	190	43,846,038	43,846,038	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	19,005	2	5,588,010	5,588,010	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	6,198	0	7,127,798	7,127,798	0	55.00
56.00 05600 RADIOISOTOPE	2,776	222,600	7,944,032	7,944,032	0	56.00
60.00 06000 LABORATORY	0	0	44,704,431	44,704,431	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,265,196	2,265,196	0	63.00
65.00 06500 RESPIRATORY THERAPY	25,630	39	11,580,616	11,580,616	0	65.00
66.00 06600 PHYSICAL THERAPY	8,071	3,268	17,944,876	17,944,876	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	674	0	2,047,003	2,047,003	0	67.00
68.00 06800 SPEECH PATHOLOGY	4,432	0	1,162,501	1,162,501	0	68.00
69.00 06900 ELECTROCARDIOLOGY	10,170	0	11,074,681	11,074,681	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,509	0	2,771,946	2,771,946	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,285,224	0	21,598,209	21,598,209	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,234,078	0	16,468,157	16,468,157	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	45,581,212	45,581,212	0	73.00
76.00 03630 ULTRA SOUND	4,923	0	8,200,243	8,200,243	0	76.00
76.01 03951 PAIN CLINIC	14,735	148	4,166,326	4,166,326	0	76.01
76.02 03952 CATH LAB	156,049	402	24,026,962	24,026,962	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	230	0	4,929,849	4,929,849	0	76.03
76.04 03954 WOUND CARE CENTER	9,193	3,736	1,219,033	1,219,033	0	76.04
76.05 03340 BARIATRIC CLINIC	1,907	0	392,652	392,652	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	1,539	39,085	1,129,040	1,129,040	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	155,767	2,217	29,072,526	29,072,526	130	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,006,065	296,955	432,068,444	432,068,444	5,280	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 WORKING WELL	0	0	0	0	0	192.01
194.00 07950 RESIDENTIAL	0	0	0	0	0	194.00
194.01 07951 OMNI	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	
	14.00	15.00	16.00	17.00	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME) 22.00	
194.03 07953 CENTER OF HOPE	0	0	0	0	0	194.03
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)	1,521,176	3,986,388	2,412,271	0	1,293,730	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.116959	13.424216	0.005583	0.000000	245.024621	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	163,050	89,436	104,027	0	6,405	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.012536	0.301177	0.000241	0.000000	1.213068	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150090

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 6:24 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,550,678		20,550,678	0	20,550,678	30.00
31.00	03100	INTENSIVE CARE UNIT	3,841,364		3,841,364	0	3,841,364	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	1,927,321		1,927,321	0	1,927,321	32.00
41.00	04100	SUBPROVIDER - IRF	4,600,606		4,600,606	0	4,600,606	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,360,704		1,360,704	0	1,360,704	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,591,454		6,591,454	0	6,591,454	50.00
50.01	05001	OUTPATIENT SURGERY	2,754,108		2,754,108	12,734	2,766,842	50.01
51.00	05100	RECOVERY ROOM	1,248,674		1,248,674	0	1,248,674	51.00
53.00	05300	ANESTHESIOLOGY	3,773,902		3,773,902	0	3,773,902	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,358,153		4,358,153	0	4,358,153	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,554,850		1,554,850	0	1,554,850	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,834,904		1,834,904	0	1,834,904	55.00
56.00	05600	RADIOISOTOPE	4,243,196		4,243,196	0	4,243,196	56.00
60.00	06000	LABORATORY	6,606,922		6,606,922	17,607	6,624,529	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	687,006		687,006	0	687,006	63.00
65.00	06500	RESPIRATORY THERAPY	2,131,218	0	2,131,218	0	2,131,218	65.00
66.00	06600	PHYSICAL THERAPY	7,912,614	0	7,912,614	10,311	7,922,925	66.00
67.00	06700	OCCUPATIONAL THERAPY	590,634	0	590,634	0	590,634	67.00
68.00	06800	SPEECH PATHOLOGY	371,588	0	371,588	0	371,588	68.00
69.00	06900	ELECTROCARDIOLOGY	1,464,534		1,464,534	0	1,464,534	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	697,188		697,188	4,223	701,411	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,519,735		4,519,735	0	4,519,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,860,406		10,860,406	0	10,860,406	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,278,387		4,278,387	0	4,278,387	73.00
76.00	03630	ULTRA SOUND	892,929		892,929	0	892,929	76.00
76.01	03951	PAIN CLINIC	856,388		856,388	0	856,388	76.01
76.02	03952	CATH LAB	2,567,452		2,567,452	0	2,567,452	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,267,749		3,267,749	0	3,267,749	76.03
76.04	03954	WOUND CARE CENTER	435,810		435,810	938	436,748	76.04
76.05	03340	BARIATRIC CLINIC	816,263		816,263	0	816,263	76.05
76.06	03030	HEALTHY LIVING CENTER	7,739		7,739	0	7,739	76.06
76.07	03950	CV RESOURCE CENTER	7,961		7,961	0	7,961	76.07
76.08	03955	ANTI COAGULATION CLINIC	953,375		953,375	0	953,375	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,254,776		6,254,776	14,224	6,269,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,154,660		2,154,660	0	2,154,660	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	116,975,248	0	116,975,248	60,037	117,035,285	200.00
201.00		Less Observation Beds	2,154,660		2,154,660		2,154,660	201.00
202.00		Total (see instructions)	114,820,588	0	114,820,588	60,037	114,880,625	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/27/2015 6:24 pm	
			Title XVIII		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	26,726,409		26,726,409			30.00
31.00	03100	INTENSIVE CARE UNIT	6,355,167		6,355,167			31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,102,755		3,102,755			32.00
41.00	04100	SUBPROVIDER - IRF	12,619,732		12,619,732			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	3,105,084		3,105,084			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,507,192	14,942,979	32,450,171	0.203125	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	3,997,908	6,720,420	10,718,328	0.256953	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,397,609	2,317,123	4,714,732	0.264845	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	6,165,091	8,240,050	14,405,141	0.261983	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,873,433	28,972,605	43,846,038	0.099397	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,140,989	3,447,021	5,588,010	0.278248	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	368,504	6,759,294	7,127,798	0.257429	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,413,157	6,530,875	7,944,032	0.534136	0.000000	56.00
60.00	06000	LABORATORY	22,532,684	22,171,747	44,704,431	0.147791	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,990,358	274,838	2,265,196	0.303288	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	10,988,427	592,189	11,580,616	0.184033	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,034,157	10,910,719	17,944,876	0.440940	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,017,764	29,239	2,047,003	0.288536	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	658,999	503,502	1,162,501	0.319645	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,187,796	5,886,885	11,074,681	0.132242	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	343,059	2,428,887	2,771,946	0.251516	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,236,010	6,362,199	21,598,209	0.209264	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,589,110	5,879,047	16,468,157	0.659479	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,982,738	8,598,474	45,581,212	0.093863	0.000000	73.00
76.00	03630	ULTRA SOUND	2,389,047	5,811,196	8,200,243	0.108891	0.000000	76.00
76.01	03951	PAIN CLINIC	28,710	4,137,616	4,166,326	0.205550	0.000000	76.01
76.02	03952	CATH LAB	8,825,103	15,201,859	24,026,962	0.106857	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,423,514	2,506,335	4,929,849	0.662850	0.000000	76.03
76.04	03954	WOUND CARE CENTER	7,297	1,211,736	1,219,033	0.357505	0.000000	76.04
76.05	03340	BARIATRIC CLINIC	185	392,467	392,652	2.078846	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000	76.07
76.08	03955	ANTI COAGULATION CLINIC	1,851	1,127,189	1,129,040	0.844412	0.000000	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,339,374	20,733,152	29,072,526	0.215144	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,084,129	1,945,459	3,029,588	0.711206	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	237,433,342	194,635,102	432,068,444			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	237,433,342	194,635,102	432,068,444			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 6:24 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.203125		50.00
50.01	05001 OUTPATIENT SURGERY	0.258141		50.01
51.00	05100 RECOVERY ROOM	0.264845		51.00
53.00	05300 ANESTHESIOLOGY	0.261983		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.099397		54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.278248		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.257429		55.00
56.00	05600 RADIOISOTOPE	0.534136		56.00
60.00	06000 LABORATORY	0.148185		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.303288		63.00
65.00	06500 RESPIRATORY THERAPY	0.184033		65.00
66.00	06600 PHYSICAL THERAPY	0.441515		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.288536		67.00
68.00	06800 SPEECH PATHOLOGY	0.319645		68.00
69.00	06900 ELECTROCARDIOLOGY	0.132242		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.253039		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.209264		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.659479		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.093863		73.00
76.00	03630 ULTRA SOUND	0.108891		76.00
76.01	03951 PAIN CLINIC	0.205550		76.01
76.02	03952 CATH LAB	0.106857		76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.662850		76.03
76.04	03954 WOUND CARE CENTER	0.358274		76.04
76.05	03340 BARIATRIC CLINIC	2.078846		76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950 CV RESOURCE CENTER	0.000000		76.07
76.08	03955 ANTI COAGULATION CLINIC	0.844412		76.08
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.215633		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.711206		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 6:24 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		20,550,678	0	20,550,678	30.00
31.00	03100 INTENSIVE CARE UNIT		3,841,364	0	3,841,364	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT		1,927,321	0	1,927,321	32.00
41.00	04100 SUBPROVIDER - IRF		4,600,606	0	4,600,606	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,360,704	0	1,360,704	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		6,591,454	0	6,591,454	50.00
50.01	05001 OUTPATIENT SURGERY		2,754,108	12,734	2,766,842	50.01
51.00	05100 RECOVERY ROOM		1,248,674	0	1,248,674	51.00
53.00	05300 ANESTHESIOLOGY		3,773,902	0	3,773,902	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,358,153	0	4,358,153	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES		1,554,850	0	1,554,850	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		1,834,904	0	1,834,904	55.00
56.00	05600 RADIOISOTOPE		4,243,196	0	4,243,196	56.00
60.00	06000 LABORATORY		6,606,922	17,607	6,624,529	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		687,006	0	687,006	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,131,218	0	2,131,218	65.00
66.00	06600 PHYSICAL THERAPY	0	7,912,614	10,311	7,922,925	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	590,634	0	590,634	67.00
68.00	06800 SPEECH PATHOLOGY	0	371,588	0	371,588	68.00
69.00	06900 ELECTROCARDIOLOGY		1,464,534	0	1,464,534	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		697,188	4,223	701,411	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,519,735	0	4,519,735	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,860,406	0	10,860,406	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		4,278,387	0	4,278,387	73.00
76.00	03630 ULTRA SOUND		892,929	0	892,929	76.00
76.01	03951 PAIN CLINIC		856,388	0	856,388	76.01
76.02	03952 CATH LAB		2,567,452	0	2,567,452	76.02
76.03	03953 ACTIVITY THERAPEUTIC		3,267,749	0	3,267,749	76.03
76.04	03954 WOUND CARE CENTER		435,810	938	436,748	76.04
76.05	03340 BARIATRIC CLINIC		816,263	0	816,263	76.05
76.06	03030 HEALTHY LIVING CENTER		7,739	0	7,739	76.06
76.07	03950 CV RESOURCE CENTER		7,961	0	7,961	76.07
76.08	03955 ANTI COAGULATION CLINIC		953,375	0	953,375	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		6,254,776	14,224	6,269,000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,154,660	0	2,154,660	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		116,975,248	0	116,975,248	200.00
201.00	Less Observation Beds		2,154,660		60,037	117,035,285
202.00	Total (see instructions)		114,820,588	0	114,820,588	60,037
						114,880,625

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/27/2015 6:24 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,726,409		26,726,409			30.00
31.00	03100	INTENSIVE CARE UNIT	6,355,167		6,355,167			31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,102,755		3,102,755			32.00
41.00	04100	SUBPROVIDER - IRF	12,619,732		12,619,732			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	3,105,084		3,105,084			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,507,192	14,942,979	32,450,171	0.203125	0.203125	50.00
50.01	05001	OUTPATIENT SURGERY	3,997,908	6,720,420	10,718,328	0.256953	0.256953	50.01
51.00	05100	RECOVERY ROOM	2,397,609	2,317,123	4,714,732	0.264845	0.264845	51.00
53.00	05300	ANESTHESIOLOGY	6,165,091	8,240,050	14,405,141	0.261983	0.261983	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,873,433	28,972,605	43,846,038	0.099397	0.099397	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,140,989	3,447,021	5,588,010	0.278248	0.278248	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	368,504	6,759,294	7,127,798	0.257429	0.257429	55.00
56.00	05600	RADIOISOTOPE	1,413,157	6,530,875	7,944,032	0.534136	0.534136	56.00
60.00	06000	LABORATORY	22,532,684	22,171,747	44,704,431	0.147791	0.147791	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,990,358	274,838	2,265,196	0.303288	0.303288	63.00
65.00	06500	RESPIRATORY THERAPY	10,988,427	592,189	11,580,616	0.184033	0.184033	65.00
66.00	06600	PHYSICAL THERAPY	7,034,157	10,910,719	17,944,876	0.440940	0.440940	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,017,764	29,239	2,047,003	0.288536	0.288536	67.00
68.00	06800	SPEECH PATHOLOGY	658,999	503,502	1,162,501	0.319645	0.319645	68.00
69.00	06900	ELECTROCARDIOLOGY	5,187,796	5,886,885	11,074,681	0.132242	0.132242	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	343,059	2,428,887	2,771,946	0.251516	0.251516	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,236,010	6,362,199	21,598,209	0.209264	0.209264	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,589,110	5,879,047	16,468,157	0.659479	0.659479	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,982,738	8,598,474	45,581,212	0.093863	0.093863	73.00
76.00	03630	ULTRA SOUND	2,389,047	5,811,196	8,200,243	0.108891	0.108891	76.00
76.01	03951	PAIN CLINIC	28,710	4,137,616	4,166,326	0.205550	0.205550	76.01
76.02	03952	CATH LAB	8,825,103	15,201,859	24,026,962	0.106857	0.106857	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,423,514	2,506,335	4,929,849	0.662850	0.662850	76.03
76.04	03954	WOUND CARE CENTER	7,297	1,211,736	1,219,033	0.357505	0.357505	76.04
76.05	03340	BARIATRIC CLINIC	185	392,467	392,652	2.078846	2.078846	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000	76.07
76.08	03955	ANTI COAGULATION CLINIC	1,851	1,127,189	1,129,040	0.844412	0.844412	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,339,374	20,733,152	29,072,526	0.215144	0.215144	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,084,129	1,945,459	3,029,588	0.711206	0.711206	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	237,433,342	194,635,102	432,068,444			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	237,433,342	194,635,102	432,068,444			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 6:24 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 OUTPATIENT SURGERY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03630 ULTRA SOUND	0.000000		76.00
76.01	03951 PAIN CLINIC	0.000000		76.01
76.02	03952 CATH LAB	0.000000		76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.000000		76.03
76.04	03954 WOUND CARE CENTER	0.000000		76.04
76.05	03340 BARIATRIC CLINIC	0.000000		76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950 CV RESOURCE CENTER	0.000000		76.07
76.08	03955 ANTI COAGULATION CLINIC	0.000000		76.08
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/27/2015 6:24 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	PPS Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,377,620	0	2,377,620	24,207	98.22	30.00
31.00	INTENSIVE CARE UNIT	387,589		387,589	2,402	161.36	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	33,324		33,324	802	41.55	32.00
41.00	SUBPROVIDER - IRF	156,366	0	156,366	7,201	21.71	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	8,080		8,080	958	8.43	43.00
200.00	Total (Lines 30-199)	2,962,979		2,962,979	35,570		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	11,620	1,141,316				
31.00	INTENSIVE CARE UNIT	1,431	230,906				
32.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	5,111	110,960				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	18,162	1,483,182				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/27/2015 6:24 pm			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,345,681	32,450,171	0.041469	5,959,370	247,129	50.00
50.01	05001	OUTPATIENT SURGERY	323,830	10,718,328	0.030213	2,187,795	66,100	50.01
51.00	05100	RECOVERY ROOM	130,244	4,714,732	0.027625	966,043	26,687	51.00
53.00	05300	ANESTHESIOLOGY	115,295	14,405,141	0.008004	2,373,503	18,998	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	287,703	43,846,038	0.006562	7,488,302	49,138	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	356,605	5,588,010	0.063816	1,172,327	74,813	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	264,233	7,127,798	0.037071	212,017	7,860	55.00
56.00	05600	RADIOISOTOPE	198,585	7,944,032	0.024998	847,135	21,177	56.00
60.00	06000	LABORATORY	185,667	44,704,431	0.004153	10,361,016	43,029	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,543	2,265,196	0.022754	988,274	22,487	63.00
65.00	06500	RESPIRATORY THERAPY	92,579	11,580,616	0.007994	5,879,234	46,999	65.00
66.00	06600	PHYSICAL THERAPY	98,522	17,944,876	0.005490	852,117	4,678	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,074	2,047,003	0.006875	335,597	2,307	67.00
68.00	06800	SPEECH PATHOLOGY	15,454	1,162,501	0.013294	172,256	2,290	68.00
69.00	06900	ELECTROCARDIOLOGY	185,897	11,074,681	0.016786	3,068,063	51,501	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,044	2,771,946	0.036813	214,306	7,889	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,369	21,598,209	0.003212	6,783,629	21,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	157,119	16,468,157	0.009541	5,135,574	48,999	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,109	45,581,212	0.000836	17,160,796	14,346	73.00
76.00	03630	ULTRA SOUND	108,359	8,200,243	0.013214	1,208,843	15,974	76.00
76.01	03951	PAIN CLINIC	56,528	4,166,326	0.013568	10,695	145	76.01
76.02	03952	CATH LAB	340,727	24,026,962	0.014181	5,710,947	80,987	76.02
76.03	03953	ACTIVITY THERAPEUTIC	119,453	4,929,849	0.024231	10,395	252	76.03
76.04	03954	WOUND CARE CENTER	6,088	1,219,033	0.004994	5,505	27	76.04
76.05	03340	BARIATRIC CLINIC	39,864	392,652	0.101525	153	16	76.05
76.06	03030	HEALTHY LIVING CENTER	46	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	51	0	0.000000	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	15,211	1,129,040	0.013473	1,433	19	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	306,608	29,072,526	0.010546	3,739,726	39,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	249,283	3,029,588	0.082283	660,063	54,312	92.00
200.00		Total (lines 50-199)	5,274,771	380,159,297		83,505,114	969,387	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/27/2015 6:24 pm
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,207	0.00	11,620	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,402	0.00	1,431	0		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	802	0.00	0	0		32.00
41.00	04100	SUBPROVIDER - I RF	7,201	0.00	5,111	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	958	0.00	0	0		43.00
200.00		Total (lines 30-199)	35,570		18,162	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:24 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	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:24 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	32,450,171	0.000000	0.000000	5,959,370	50.00
50.01	05001	OUTPATIENT SURGERY	0	10,718,328	0.000000	0.000000	2,187,795	50.01
51.00	05100	RECOVERY ROOM	0	4,714,732	0.000000	0.000000	966,043	51.00
53.00	05300	ANESTHESIOLOGY	0	14,405,141	0.000000	0.000000	2,373,503	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	43,846,038	0.000000	0.000000	7,488,302	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	5,588,010	0.000000	0.000000	1,172,327	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,127,798	0.000000	0.000000	212,017	55.00
56.00	05600	RADIOISOTOPE	0	7,944,032	0.000000	0.000000	847,135	56.00
60.00	06000	LABORATORY	0	44,704,431	0.000000	0.000000	10,361,016	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,265,196	0.000000	0.000000	988,274	63.00
65.00	06500	RESPIRATORY THERAPY	0	11,580,616	0.000000	0.000000	5,879,234	65.00
66.00	06600	PHYSICAL THERAPY	0	17,944,876	0.000000	0.000000	852,117	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,047,003	0.000000	0.000000	335,597	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,162,501	0.000000	0.000000	172,256	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,074,681	0.000000	0.000000	3,068,063	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,771,946	0.000000	0.000000	214,306	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,598,209	0.000000	0.000000	6,783,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,468,157	0.000000	0.000000	5,135,574	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,581,212	0.000000	0.000000	17,160,796	73.00
76.00	03630	ULTRA SOUND	0	8,200,243	0.000000	0.000000	1,208,843	76.00
76.01	03951	PAIN CLINIC	0	4,166,326	0.000000	0.000000	10,695	76.01
76.02	03952	CATH LAB	0	24,026,962	0.000000	0.000000	5,710,947	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	4,929,849	0.000000	0.000000	10,395	76.03
76.04	03954	WOUND CARE CENTER	0	1,219,033	0.000000	0.000000	5,505	76.04
76.05	03340	BARIATRIC CLINIC	0	392,652	0.000000	0.000000	153	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0.000000	0.000000	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	1,129,040	0.000000	0.000000	1,433	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	29,072,526	0.000000	0.000000	3,739,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,029,588	0.000000	0.000000	660,063	92.00
200.00		Total (lines 50-199)	0	380,159,297			83,505,114	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:24 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 XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	3,500,312	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	2,063,684	0	50.01
51.00	05100 RECOVERY ROOM	0	857,757	0	51.00
53.00	05300 ANESTHESIOLOGY	0	2,323,985	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,757,639	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	705,060	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	2,923,471	0	55.00
56.00	05600 RADIOISOTOPE	0	2,689,309	0	56.00
60.00	06000 LABORATORY	0	3,463,500	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	73,581	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	203,021	0	65.00
66.00	06600 PHYSICAL THERAPY	0	80,536	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,722	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	38,715	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,179,490	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	836,516	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,148,377	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,786,428	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,479,364	0	73.00
76.00	03630 ULTRA SOUND	0	1,567,035	0	76.00
76.01	03951 PAIN CLINIC	0	1,529,412	0	76.01
76.02	03952 CATH LAB	0	6,600,702	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	112,384	0	76.03
76.04	03954 WOUND CARE CENTER	0	670,238	0	76.04
76.05	03340 BARIATRIC CLINIC	0	51,276	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	0	734,113	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	3,419,694	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	623,648	0	92.00
200.00	Total (lines 50-199)	0	54,422,969	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 6:24 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	0.203125	3,500,312	0	0	711,001	50.00
50.01	05001	OUTPATIENT SURGERY	0.256953	2,063,684	0	0	530,270	50.01
51.00	05100	RECOVERY ROOM	0.264845	857,757	0	0	227,173	51.00
53.00	05300	ANESTHESIOLOGY	0.261983	2,323,985	0	0	608,845	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099397	8,757,639	0	0	870,483	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.278248	705,060	0	0	196,182	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.257429	2,923,471	0	0	752,586	55.00
56.00	05600	RADIOISOTOPE	0.534136	2,689,309	0	0	1,436,457	56.00
60.00	06000	LABORATORY	0.147791	3,463,500	1,173	0	511,874	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.303288	73,581	0	0	22,316	63.00
65.00	06500	RESPIRATORY THERAPY	0.184033	203,021	0	0	37,363	65.00
66.00	06600	PHYSICAL THERAPY	0.440940	80,536	0	0	35,512	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288536	3,722	0	0	1,074	67.00
68.00	06800	SPEECH PATHOLOGY	0.319645	38,715	0	0	12,375	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132242	2,179,490	0	0	288,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.251516	836,516	0	0	210,397	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.209264	2,148,377	0	0	449,578	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.659479	2,786,428	0	0	1,837,591	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.093863	3,479,364	0	83,747	326,584	73.00
76.00	03630	ULTRA SOUND	0.108891	1,567,035	0	0	170,636	76.00
76.01	03951	PAIN CLINIC	0.205550	1,529,412	0	0	314,371	76.01
76.02	03952	CATH LAB	0.106857	6,600,702	0	0	705,331	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.662850	112,384	0	0	74,494	76.03
76.04	03954	WOUND CARE CENTER	0.357505	670,238	0	0	239,613	76.04
76.05	03340	BARIATRIC CLINIC	2.078846	51,276	0	0	106,595	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0.844412	734,113	0	0	619,894	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.215144	3,419,694	0	0	735,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.711206	623,648	0	0	443,542	92.00
200.00		Subtotal (see instructions)		54,422,969	1,173	83,747	12,476,084	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		54,422,969	1,173	83,747	12,476,084	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 6:24 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
50.01	05001	OUTPATIENT SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	173	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,861	73.00
76.00	03630	ULTRA SOUND	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	76.01
76.02	03952	CATH LAB	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	173	7,861	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	173	7,861	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 6:24 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,345,681	32,450,171	0.041469	7,555	313	50.00
50.01	05001	OUTPATIENT SURGERY	323,830	10,718,328	0.030213	28,247	853	50.01
51.00	05100	RECOVERY ROOM	130,244	4,714,732	0.027625	0	0	51.00
53.00	05300	ANESTHESIOLOGY	115,295	14,405,141	0.008004	17,514	140	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	287,703	43,846,038	0.006562	368,258	2,417	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	356,605	5,588,010	0.063816	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	264,233	7,127,798	0.037071	5,704	211	55.00
56.00	05600	RADIOISOTOPE	198,585	7,944,032	0.024998	17,403	435	56.00
60.00	06000	LABORATORY	185,667	44,704,431	0.004153	27,345	114	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,543	2,265,196	0.022754	21,128	481	63.00
65.00	06500	RESPIRATORY THERAPY	92,579	11,580,616	0.007994	305,801	2,445	65.00
66.00	06600	PHYSICAL THERAPY	98,522	17,944,876	0.005490	3,334,288	18,305	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,074	2,047,003	0.006875	1,622,195	11,153	67.00
68.00	06800	SPEECH PATHOLOGY	15,454	1,162,501	0.013294	252,645	3,359	68.00
69.00	06900	ELECTROCARDIOLOGY	185,897	11,074,681	0.016786	766,336	12,864	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,044	2,771,946	0.036813	4,823	178	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,369	21,598,209	0.003212	781,146	2,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	157,119	16,468,157	0.009541	12,795	122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,109	45,581,212	0.000836	1,968,310	1,646	73.00
76.00	03630	ULTRA SOUND	108,359	8,200,243	0.013214	82,535	1,091	76.00
76.01	03951	PAIN CLINIC	56,528	4,166,326	0.013568	0	0	76.01
76.02	03952	CATH LAB	340,727	24,026,962	0.014181	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	119,453	4,929,849	0.024231	0	0	76.03
76.04	03954	WOUND CARE CENTER	6,088	1,219,033	0.004994	0	0	76.04
76.05	03340	BARITRIC CLINIC	39,864	392,652	0.101525	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	46	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	51	0	0.000000	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	15,211	1,129,040	0.013473	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	306,608	29,072,526	0.010546	1,203,328	12,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,029,588	0.000000	0	0	92.00
200.00		Total (lines 50-199)	5,025,488	380,159,297		10,827,356	71,326	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:24 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630 ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951 PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952 CATH LAB	0	0	0	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340 BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:24 pm
	Component CCN: 15T090	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	32,450,171	0.000000	0.000000	7,555	50.00
50.01 05001 OUTPATIENT SURGERY	0	10,718,328	0.000000	0.000000	28,247	50.01
51.00 05100 RECOVERY ROOM	0	4,714,732	0.000000	0.000000	0	51.00
53.00 05300 ANESTHESIOLOGY	0	14,405,141	0.000000	0.000000	17,514	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	43,846,038	0.000000	0.000000	368,258	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	5,588,010	0.000000	0.000000	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	7,127,798	0.000000	0.000000	5,704	55.00
56.00 05600 RADIOISOTOPE	0	7,944,032	0.000000	0.000000	17,403	56.00
60.00 06000 LABORATORY	0	44,704,431	0.000000	0.000000	27,345	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,265,196	0.000000	0.000000	21,128	63.00
65.00 06500 RESPIRATORY THERAPY	0	11,580,616	0.000000	0.000000	305,801	65.00
66.00 06600 PHYSICAL THERAPY	0	17,944,876	0.000000	0.000000	3,334,288	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,047,003	0.000000	0.000000	1,622,195	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,162,501	0.000000	0.000000	252,645	68.00
69.00 06900 ELECTROCARDIOLOGY	0	11,074,681	0.000000	0.000000	766,336	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,771,946	0.000000	0.000000	4,823	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,598,209	0.000000	0.000000	781,146	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,468,157	0.000000	0.000000	12,795	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	45,581,212	0.000000	0.000000	1,968,310	73.00
76.00 03630 ULTRA SOUND	0	8,200,243	0.000000	0.000000	82,535	76.00
76.01 03951 PAIN CLINIC	0	4,166,326	0.000000	0.000000	0	76.01
76.02 03952 CATH LAB	0	24,026,962	0.000000	0.000000	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	4,929,849	0.000000	0.000000	0	76.03
76.04 03954 WOUND CARE CENTER	0	1,219,033	0.000000	0.000000	0	76.04
76.05 03340 BARIATRIC CLINIC	0	392,652	0.000000	0.000000	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0.000000	0.000000	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0.000000	0.000000	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	1,129,040	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	29,072,526	0.000000	0.000000	1,203,328	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,029,588	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	380,159,297			10,827,356	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:24 pm
	Component CCN: 15T090	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03630 ULTRA SOUND	0	0	0	76.00
76.01 03951 PAIN CLINIC	0	0	0	76.01
76.02 03952 CATH LAB	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	0	76.03
76.04 03954 WOUND CARE CENTER	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 6:24 pm		
		Title XIX		Subprovider - IRF		Tefra		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,345,681	32,450,171	0.041469	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	323,830	10,718,328	0.030213	0	0	50.01
51.00	05100	RECOVERY ROOM	130,244	4,714,732	0.027625	0	0	51.00
53.00	05300	ANESTHESIOLOGY	115,295	14,405,141	0.008004	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	287,703	43,846,038	0.006562	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	356,605	5,588,010	0.063816	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	264,233	7,127,798	0.037071	0	0	55.00
56.00	05600	RADIOISOTOPE	198,585	7,944,032	0.024998	0	0	56.00
60.00	06000	LABORATORY	185,667	44,704,431	0.004153	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,543	2,265,196	0.022754	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	92,579	11,580,616	0.007994	0	0	65.00
66.00	06600	PHYSICAL THERAPY	98,522	17,944,876	0.005490	478,345	2,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,074	2,047,003	0.006875	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,454	1,162,501	0.013294	90,372	1,201	68.00
69.00	06900	ELECTROCARDIOLOGY	185,897	11,074,681	0.016786	1,953	33	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,044	2,771,946	0.036813	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,369	21,598,209	0.003212	3,347	11	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	157,119	16,468,157	0.009541	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,109	45,581,212	0.000836	0	0	73.00
76.00	03630	ULTRA SOUND	108,359	8,200,243	0.013214	0	0	76.00
76.01	03951	PAIN CLINIC	56,528	4,166,326	0.013568	0	0	76.01
76.02	03952	CATH LAB	340,727	24,026,962	0.014181	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	119,453	4,929,849	0.024231	0	0	76.03
76.04	03954	WOUND CARE CENTER	6,088	1,219,033	0.004994	0	0	76.04
76.05	03340	BARITRIC CLINIC	39,864	392,652	0.101525	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	46	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	51	0	0.000000	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	15,211	1,129,040	0.013473	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	306,608	29,072,526	0.010546	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,029,588	0.000000	0	0	92.00
200.00		Total (lines 50-199)	5,025,488	380,159,297		574,017	3,871	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:24 pm
Title XIX		Subprovider - IRF	Tefra

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0 76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0 76.01
76.02	03952	CATH LAB	0	0	0	0	0 76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0 76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0 76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0 76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0 76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0 76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	0	0	0 76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:24 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	32,450,171	0.000000	0.000000		50.00
50.01	05001	OUTPATIENT SURGERY	0	10,718,328	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	0	4,714,732	0.000000	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0	14,405,141	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	43,846,038	0.000000	0.000000		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	5,588,010	0.000000	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,127,798	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	7,944,032	0.000000	0.000000		56.00
60.00	06000	LABORATORY	0	44,704,431	0.000000	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,265,196	0.000000	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0	11,580,616	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0	17,944,876	0.000000	0.000000	478,345	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,047,003	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	1,162,501	0.000000	0.000000	90,372	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,074,681	0.000000	0.000000	1,953	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,771,946	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,598,209	0.000000	0.000000	3,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,468,157	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,581,212	0.000000	0.000000		73.00
76.00	03630	ULTRA SOUND	0	8,200,243	0.000000	0.000000		76.00
76.01	03951	PAIN CLINIC	0	4,166,326	0.000000	0.000000		76.01
76.02	03952	CATH LAB	0	24,026,962	0.000000	0.000000		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	4,929,849	0.000000	0.000000		76.03
76.04	03954	WOUND CARE CENTER	0	1,219,033	0.000000	0.000000		76.04
76.05	03340	BARITRIC CLINIC	0	392,652	0.000000	0.000000		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0	0	0.000000	0.000000		76.07
76.08	03955	ANTI COAGULATION CLINIC	0	1,129,040	0.000000	0.000000		76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	29,072,526	0.000000	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,029,588	0.000000	0.000000		92.00
200.00		Total (lines 50-199)	0	380,159,297			574,017	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:24 pm
	Component CCN: 15T090	Title XIX	Subprovider - IRF Tefra

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03630 ULTRA SOUND	0	0	0	76.00
76.01 03951 PAIN CLINIC	0	0	0	76.01
76.02 03952 CATH LAB	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	0	76.03
76.04 03954 WOUND CARE CENTER	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 6:24 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,207	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,207	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,669	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)		11,620	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		20,550,678	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		20,550,678	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		20,550,678	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)		848.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,864,915	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		9,864,915	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 6:24 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,841,364	2,402	1,599.24	1,431	2,288,512	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	1,927,321	802	2,403.14	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)					16,583,085	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,736,512	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)					1,372,222	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					969,387	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,341,609	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,394,903	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,538	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					848.96	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,154,660	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 6:24 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,377,620	20,550,678	0.115695	2,154,660	249,283	90.00
91.00	Nursing School cost	0	20,550,678	0.000000	2,154,660	0	91.00
92.00	Allied health cost	0	20,550,678	0.000000	2,154,660	0	92.00
93.00	All other Medical Education	0	20,550,678	0.000000	2,154,660	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T090		Date/Time Prepared: 5/27/2015 6:24 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,201	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,201	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)		7,201	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,111	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)		4,600,606	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)		4,600,606	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)		4,600,606	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)		638.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,265,316	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)		3,265,316	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T090				Date/Time Prepared: 5/27/2015 6:24 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 NEONATAL INTENSIVE CARE UNIT	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)					2,876,158		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,141,474		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)					110,960		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					71,326		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					182,286		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,959,188		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: 150090 Component CCN: 15T090		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 6:24 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	156,366	4,600,606	0.033988	0	0	90.00
91.00	Nursing School cost	0	4,600,606	0.000000	0	0	91.00
92.00	Allied health cost	0	4,600,606	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,600,606	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 6:24 pm
		Title XIX	Subprovider - IRF	Tefra
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)		7,201	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,201	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)		7,201	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)		322	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)		958	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)		4,600,606	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)		4,600,606	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)		4,600,606	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)		638.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		205,719	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)		205,719	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T090				Date/Time Prepared: 5/27/2015 6:24 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	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)					240,766	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					446,485	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,871	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,871	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					442,614	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					24	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)					-442,614	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)					3,871	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: 150090 Component CCN: 15T090		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 6:24 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	4,600,606	0.000000	0	0	90.00
91.00	Nursing School cost	0	4,600,606	0.000000	0	0	91.00
92.00	Allied health cost	0	4,600,606	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,600,606	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 6:24 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		14,534,166	30.00
31.00	03100	INTENSIVE CARE UNIT		3,072,850	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.203125	5,959,370	50.00
50.01	05001	OUTPATIENT SURGERY	0.258141	2,187,795	50.01
51.00	05100	RECOVERY ROOM	0.264845	966,043	51.00
53.00	05300	ANESTHESIOLOGY	0.261983	2,373,503	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099397	7,488,302	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.278248	1,172,327	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.257429	212,017	55.00
56.00	05600	RADIOISOTOPE	0.534136	847,135	56.00
60.00	06000	LABORATORY	0.148185	10,361,016	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.303288	988,274	63.00
65.00	06500	RESPIRATORY THERAPY	0.184033	5,879,234	65.00
66.00	06600	PHYSICAL THERAPY	0.441515	852,117	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288536	335,597	67.00
68.00	06800	SPEECH PATHOLOGY	0.319645	172,256	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132242	3,068,063	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253039	214,306	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.209264	6,783,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.659479	5,135,574	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.093863	17,160,796	73.00
76.00	03630	ULTRA SOUND	0.108891	1,208,843	76.00
76.01	03951	PAIN CLINIC	0.205550	10,695	76.01
76.02	03952	CATH LAB	0.106857	5,710,947	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.662850	10,395	76.03
76.04	03954	WOUND CARE CENTER	0.358274	5,505	76.04
76.05	03340	BARIATRIC CLINIC	2.078846	153	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.844412	1,433	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.215633	3,739,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.711206	660,063	92.00
200.00		Total (sum of lines 50-94 and 96-98)		83,505,114	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)		83,505,114	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T090		Date/Time Prepared: 5/27/2015 6:24 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		5,562,948	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.203125	7,555	50.00
50.01	05001	OUTPATIENT SURGERY	0.258141	28,247	50.01
51.00	05100	RECOVERY ROOM	0.264845	0	51.00
53.00	05300	ANESTHESIOLOGY	0.261983	17,514	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099397	368,258	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.278248	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.257429	5,704	55.00
56.00	05600	RADIOISOTOPE	0.534136	17,403	56.00
60.00	06000	LABORATORY	0.148185	27,345	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.303288	21,128	63.00
65.00	06500	RESPIRATORY THERAPY	0.184033	305,801	65.00
66.00	06600	PHYSICAL THERAPY	0.441515	3,334,288	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288536	1,622,195	67.00
68.00	06800	SPEECH PATHOLOGY	0.319645	252,645	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132242	766,336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253039	4,823	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.209264	781,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.659479	12,795	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.093863	1,968,310	73.00
76.00	03630	ULTRA SOUND	0.108891	82,535	76.00
76.01	03951	PAIN CLINIC	0.205550	0	76.01
76.02	03952	CATH LAB	0.106857	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.662850	0	76.03
76.04	03954	WOUND CARE CENTER	0.358274	0	76.04
76.05	03340	BARIATRIC CLINIC	2.078846	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0.844412	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.215633	1,203,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.711206	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		10,827,356	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)		10,827,356	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 6:24 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,649,558	30.00
31.00	03100	INTENSIVE CARE UNIT		171,676	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		1,300,775	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.203125	958,065	50.00
50.01	05001	OUTPATIENT SURGERY	0.256953	55,416	50.01
51.00	05100	RECOVERY ROOM	0.264845	128,378	51.00
53.00	05300	ANESTHESIOLOGY	0.261983	291,588	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099397	600,208	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.278248	95,818	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.257429	29,812	55.00
56.00	05600	RADIOISOTOPE	0.534136	37,225	56.00
60.00	06000	LABORATORY	0.147791	1,586,651	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.303288	109,037	63.00
65.00	06500	RESPIRATORY THERAPY	0.184033	566,918	65.00
66.00	06600	PHYSICAL THERAPY	0.440940	145,015	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288536	59,854	67.00
68.00	06800	SPEECH PATHOLOGY	0.319645	56,982	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132242	127,069	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.251516	9,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.209264	593,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.659479	421,389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.093863	2,144,501	73.00
76.00	03630	ULTRA SOUND	0.108891	97,091	76.00
76.01	03951	PAIN CLINIC	0.205550	0	76.01
76.02	03952	CATH LAB	0.106857	264,095	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.662850	0	76.03
76.04	03954	WOUND CARE CENTER	0.357505	0	76.04
76.05	03340	BARIATRIC CLINIC	2.078846	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.844412	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.215144	507,356	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.711206	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		8,885,391	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)		8,885,391	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T090		Date/Time Prepared: 5/27/2015 6:24 pm	
		Title XIX	Subprovider - IRF	Tefra	
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	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		488,003	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.203125	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.256953	0	50.01
51.00	05100	RECOVERY ROOM	0.264845	0	51.00
53.00	05300	ANESTHESIOLOGY	0.261983	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099397	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.278248	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.257429	0	55.00
56.00	05600	RADIOISOTOPE	0.534136	0	56.00
60.00	06000	LABORATORY	0.147791	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.303288	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.184033	0	65.00
66.00	06600	PHYSICAL THERAPY	0.440940	478,345	210,921 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288536	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.319645	90,372	28,887 68.00
69.00	06900	ELECTROCARDIOLOGY	0.132242	1,953	258 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.251516	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.209264	3,347	700 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.659479	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.093863	0	73.00
76.00	03630	ULTRA SOUND	0.108891	0	76.00
76.01	03951	PAIN CLINIC	0.205550	0	76.01
76.02	03952	CATH LAB	0.106857	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.662850	0	76.03
76.04	03954	WOUND CARE CENTER	0.357505	0	76.04
76.05	03340	BARIATRIC CLINIC	2.078846	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0.844412	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.215144	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.711206	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		574,017	240,766 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		574,017	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 6:24 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		16,623,099	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,541,033	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		818,564	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		2,668,359	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		125.05	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)		7.80	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.89	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		3.18	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)		10.09	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		9.11	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.83	11.00
12.00	Current year allowable FTE (see instructions)		11.94	12.00
13.00	Total allowable FTE count for the prior year.		11.96	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.		10.46	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.45	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		11.45	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.091563	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.083316	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.083316	21.00
22.00	IME payment adjustment (see instructions)		1,104,351	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.98	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,104,351	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.62	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.00	31.00
32.00	Sum of lines 30 and 31		18.62	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.85	33.00
34.00	Disproportionate share adjustment (see instructions)		268,740	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 6:24 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000040379	0.000054379	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		365,284	415,871	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		273,212	104,822	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		378,034		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		24,733,821		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		24,733,821		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,969,085		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		400,153		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,103,059		59.00
60.00	Primary payer payments		10,973		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,092,086		61.00
62.00	Deductibles billed to program beneficiaries		2,174,592		62.00
63.00	Coinurance billed to program beneficiaries		134,672		63.00
64.00	Allowable bad debts (see instructions)		337,787		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		219,562		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		137,844		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		25,002,384		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-53,340		70.93
70.94	HRR adjustment amount (see instructions)		-140,718		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 6:24 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		24,808,326		71.00
71.01	Sequestration adjustment (see instructions)		496,167		71.01
72.00	Interim payments		23,407,205		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)		904,954		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		742,158		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 6:24 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			8,034 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			12,476,084 2.00
3.00	PPS payments			10,518,731 3.00
4.00	Outlier payment (see instructions)			35,850 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			8,034 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			84,920 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			84,920 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)			84,920 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			76,886 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)			8,034 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			10,554,581 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,112,022 26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			8,450,593 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			143,266 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			8,593,859 30.00
31.00	Primary payer payments			756 31.00
32.00	Subtotal (line 30 minus line 31)			8,593,103 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			274,486 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			178,416 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			136,091 36.00
37.00	Subtotal (see instructions)			8,771,519 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			8,771,519 40.00
40.01	Sequestration adjustment (see instructions)			175,430 40.01
41.00	Interim payments			8,502,607 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			93,482 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: 150090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2015 6:24 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		23,324,305		8,459,607	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	07/22/2014	82,900	07/22/2014	43,000	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)		82,900		43,000	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)		23,407,205		8,502,607	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		904,954		93,482	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		24,312,159		8,596,089	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: 150090
Component CCN: 15T090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2015 6:24 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		6,780,011		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)		6,780,011		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		35,992		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,816,003		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/27/2015 6:24 pm
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		5,227	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		13,051	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		1,599	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		24,873	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		432,068,444	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		18,452,900	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		866,220	8.00
9.00	Sequestration adjustment amount (see instructions)		17,324	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		848,896	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		931,625	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)		-82,729	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/27/2015 6:24 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			6,659,472 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0208 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			153,168 3.00
4.00	Outlier Payments			242,846 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			19.728767 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			7,055,486 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			7,055,486 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			7,055,486 19.00
20.00	Deductibles			20,640 20.00
21.00	Subtotal (line 19 minus line 20)			7,034,846 21.00
22.00	Coinsurance			83,216 22.00
23.00	Subtotal (line 21 minus line 22)			6,951,630 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,346 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,475 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,955,105 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,955,105 32.00
32.01	Sequestration adjustment (see instructions)			139,102 32.01
33.00	Interim payments			6,780,011 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			35,992 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			242,846 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2015 6:24 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		8,885,391	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		8,885,391	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		8,885,391	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		8,885,391	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2015 6:24 pm
		Title XIX	Subprovider - IRF	Tefra
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		3,871	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,871	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,871	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		574,017	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		574,017	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		574,017	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		570,146	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		3,871	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		3,871	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		3,871	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,871	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		3,871	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		3,871	40.00
41.00	Interim payments		3,872	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-1	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 6:24 pm	
		Title XVII	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.			7.76	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			0.86	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))			3.18	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)			10.08	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			9.11	6.00
7.00	Enter the lesser of line 5 or line 6			9.11	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.	1.82	6.82	8.64	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.	1.82	6.82	8.64	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.41		10.00
11.00	Total weighted FTE count	1.82	9.23		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.20	10.17		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.15	9.92		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.06	9.77		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	1.06	9.77		17.00
18.00	Per resident amount	83,841.41	81,029.91		18.00
19.00	Approved amount for resident costs	88,872	791,662	880,534	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)			0.00	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)			880,534	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	18,162	1,901		26.00
27.00	Total Inpatient Days (see instructions)	32,074	32,074		27.00
28.00	Ratio of inpatient days to total inpatient days	0.566253	0.059269		28.00
29.00	Program direct GME amount	498,605	52,188		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		7,374		30.00
31.00	Net Program direct GME amount			543,419	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 6:24 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)		0	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)		34,877,986	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)		10,973	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		34,867,013	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		12,484,118	42.00
43.00	Primary payer payments (see instructions)		756	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		12,483,362	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		47,350,375	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.736362	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.263638	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		543,419	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		400,153	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		143,266	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 150090 Period: From 01/01/2014 To 12/31/2014 Worksheet G
 Date/Time Prepared: 5/27/2015 6:24 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	189,308,792	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	-54,210,477	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-7,987,943	0	0	0	6.00
7.00	Inventory	2,520,917	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,698,292	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)	132,329,581	0	0	0	11.00
FIXED ASSETS						
12.00	Land	536,972	0	0	0	12.00
13.00	Land improvements	9,405,134	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	72,566,523	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,512,208	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	129,848,546	0	0	0	19.00
20.00	Accumulated depreciation	-117,928,212	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	95,941,171	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	21,019	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,019	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	228,291,771	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,644,560	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,930,096	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	980,836	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	1,214,450	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,769,942	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	445,856	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	41,607,048	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	42,052,904	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	53,822,846	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	174,468,925	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	174,468,925	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	228,291,771	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150090

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

Worksheet G-1

Date/Time Prepared:
5/27/2015 6:24 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		159,583,375		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,947,220				2.00
3.00	Total (sum of line 1 and line 2)		173,530,595		0		3.00
4.00	INCREASE FUND BALANCE	908,923		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		908,923		0		10.00
11.00	Subtotal (line 3 plus line 10)		174,439,518		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		174,439,518		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	INCREASE FUND BALANCE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150090

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2015 6:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	34,259,632		34,259,632	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	12,866,460		12,866,460	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	47,126,092		47,126,092	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,581,812		6,581,812	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	3,113,808		3,113,808	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)	9,695,620		9,695,620	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	56,821,712		56,821,712	17.00
18.00	Ancillary services	175,065,910	171,086,675	346,152,585	18.00
19.00	Outpatient services	8,350,423	30,016,041	38,366,464	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	-1,472,089	0	-1,472,089	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	238,765,956	201,102,716	439,868,672	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		134,845,329		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		134,845,329		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet G-3 Date/Time Prepared: 5/27/2015 6:24 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	439,868,672	1.00
2.00	Less contractual allowances and discounts on patients' accounts	288,577,808	2.00
3.00	Net patient revenues (line 1 minus line 2)	151,290,864	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	134,845,329	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,445,535	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	PROVISION FOR BAD DEBTS	0	24.00
24.01	PREMIUM REVENUE	190,266	24.01
24.02	OTHER OPERATING REVENUE	2,700,531	24.02
24.03	NET ASSETS RELEASED FOR OPERATIONS	0	24.03
24.04	NET ASSETS RELEASED FROM RESTRICTION	0	24.04
24.05	EQUITY TRANSFERS	0	24.05
24.06	NON-OPERATING REVENUE	36,972	24.06
25.00	Total other income (sum of lines 6-24)	2,927,769	25.00
26.00	Total (line 5 plus line 25)	19,373,304	26.00
27.00	PROVISION FOR BAD DEBTS	5,426,084	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5,426,084	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,947,220	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 6:24 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,771,456	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		43,512	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)		68.15	3.00
4.00	Number of interns & residents (see instructions)		11.45	4.00
5.00	Indirect medical education percentage (see instructions)		4.86	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		86,093	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.62	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.00	8.00
9.00	Sum of lines 7 and 8		18.62	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.84	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		68,024	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,969,085	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