

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: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/22/2015 2:56 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/22/2015 Time: 2:56 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCY HEALTH LOURDES HOSPITAL LLC (180102) 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	1,479,627	-56,637	-143,488	-2,329	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	57,171	-310	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	1,536,798	-56,947	-143,488	-2,329	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/22/2015 2:54 pm				
1.00			2.00		3.00			4.00					
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 1530 LONE OAK ROAD				PO Box: 7100				1.00				
2.00	City: PADUCAH				State: KY		Zip Code: 42003		County: MCCracken				
			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				MERCY HEALTH LOURDES HOSPITAL LLC	180102	99918	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF												4.00
5.00	Subprovider - IRF				LOURDES REHAB UNIT	18T102	99918	5	01/10/1985	N	P	O	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				LOURDES HOMECARE	187100	99918		01/01/1988	N	P	N	12.00
13.00	Separately Certified ASC												13.00
14.00	Hospital-Based Hospice				LOURDES HOSPICE	181507	99918		01/27/1987				14.00
14.01	Hospital-Based Hospice II				LOURDES HOSPICE IL	141548	99918		04/15/1992				14.01
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.							3	N		23.00		
					In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
					1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.				394	91	224	354	6,639	48	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.				0	0	0	64	569		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/22/2015 2:54 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	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		Y		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		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		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		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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
61.01	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	
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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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
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N		0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N		0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N				80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N				81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N				85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

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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		Y			94.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		5.00		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		Y			96.00				
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		5.00		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			109.00			
						1.00					
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N			110.00			
						1.00		2.00		3.00	
Miscellaneous Cost Reporting Information											
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N			0			115.00			
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y						116.00			
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N						117.00			
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0						118.00			
		Premiums 1.00		Losses 2.00		Insurance 3.00					
118.01	List amounts of malpractice premiums and paid losses:	1,484,158		994,081				0118.01			
						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: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/22/2015 2:54 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		HB0359		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: MERCY HEALTH LLC	Contractor's Name: NGS		Contractor's Number: 00332		141.00	
142.00	Street: 615 ELSINORE PLACE	PO Box: 8TH FL				142.00	
143.00	City: CINCINNATI	State: OH		Zip Code: 45202		143.00	
		1.00		2.00		3.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y				145.00	
		1.00		2.00		3.00	
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	
		4.00		5.00		6.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
		1.00		2.00		3.00	
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		2.00		3.00	
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)					0.75	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/22/2015 2:54 pm
			Beginning 1.00	Ending 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: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/22/2015 2:54 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TANDI	KEELING		41.00
42.00	Enter the employer/company name of the cost report preparer.	CATHOLIC HEALTH PARTNERS, LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	270-444-2898	TKEELING@LOURDES-PAD.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/22/2015 2:54 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)	03/31/2015		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 180102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	224	81,760	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)		224	81,760	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	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)		250	91,250	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	28	10,220		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.01 HOSPICE II	116.01	0	0			24.01
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)		278				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: 180102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2015 2:54 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)	18,387	316	35,062			1.00
2.00 HMO and other (see instructions)	3,630	7,308				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	295	633				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)	18,387	316	35,062			7.00
8.00 INTENSIVE CARE UNIT	1,608	19	3,136			8.00
9.00 CORONARY CARE UNIT	1,290	21	2,350			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		38	762			13.00
14.00 Total (see instructions)	21,285	394	41,310	0.00	753.41	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	4,321	0	5,934	0.00	23.37	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.02	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	36,077	2,975	53,251	0.00	69.94	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	57.70	24.00
24.01 HOSPICE II	0	0	0	0.00	1.36	24.01
24.10 HOSPICE (non-distinct part)	0	0	222			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	905.80	27.00
28.00 Observation Bed Days		251	1,967			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	48	88			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: 180102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,593	80	9,961	1.00
2.00 HMO and other (see instructions)			827	1,527		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,593	80	9,961	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	337	0	466	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.01 HOSPICE II	0.00					24.01
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: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/22/2015 2:54 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	47,449,772	-30,275	47,419,497	1,884,059.52	25.17	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)		8,471,407	-52,111	8,419,296	330,021.51	25.51	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		66,720	0	66,720	1,084.50	61.52	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		243,900	0	243,900	2,796.00	87.23	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		10,544,816	0	10,544,816			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,292,798	0	2,292,798			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	324,579	289,633	614,212	47,987.53	12.80	26.00
27.00	Administrative & General	5.00	3,636,786	-22,372	3,614,414	81,919.16	44.12	27.00
28.00	Administrative & General under contract (see inst.)		2,594	0	2,594	123.25	21.05	28.00
29.00	Maintenance & Repairs	6.00	654,141	-4,024	650,117	29,172.55	22.29	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	49,941	-49,941	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	8,116	433	8,549	632.25	13.52	32.00
33.00	Housekeeping under contract (see instructions)		1,097,994	0	1,097,994	88,231.41	12.44	33.00
34.00	Dietary	10.00	1,107,648	-6,814	1,100,834	84,839.08	12.98	34.00
35.00	Dietary under contract (see instructions)		224,661	0	224,661	7,063.50	31.81	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,023,537	-6,296	1,017,241	30,961.22	32.86	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,226,215	-13,694	2,212,521	58,185.38	38.03	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180102

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es 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	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	850,669	-5,233	845,436	31,451.82	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180102

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

Worksheet S-3
Part III
Date/Time Prepared:
5/22/2015 2:54 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	48,775,021	-30,275	48,744,746	1,979,477.68	24.63	1.00
2.00	Excluded area salaries (see instructions)	8,471,407	-52,111	8,419,296	330,021.51	25.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	40,303,614	21,836	40,325,450	1,649,456.17	24.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	310,620	0	310,620	3,880.50	80.05	4.00
5.00	Subtotal wage-related costs (see inst.)	10,544,816	0	10,544,816	0.00	26.15	5.00
6.00	Total (sum of lines 3 thru 5)	51,159,050	21,836	51,180,886	1,653,336.67	30.96	6.00
7.00	Total overhead cost (see instructions)	11,206,881	181,692	11,388,573	460,567.15	24.73	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/22/2015 2:54 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,930,086 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,681,151 8.00
9.00	Prescription Drug Plan			1,110,767 9.00
10.00	Dental, Hearing and Vision Plan			346,036 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			-17,774 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)			83,801 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			0 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			3,327,384 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			227,547 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			148,616 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			12,837,614 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: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/22/2015 2:54 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		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
13.01	Hospital-Based Hospice 1		0	0 13.01
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 180102 Component CCN: 187100		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/22/2015 2:54 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MCCRACKEN		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	4,633	94	1,014	5,741 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	1,302.00	174.00	889.00	2,365.00 2.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00 3.00	
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00 4.00	
5.00	Other Administrative Personnel			12.42	0.00	12.42 5.00	
6.00	Direct Nursing Service			34.26	0.00	34.26 6.00	
7.00	Nursing Supervisor			1.00	0.00	1.00 7.00	
8.00	Physical Therapy Service			19.63	0.00	19.63 8.00	
9.00	Physical Therapy Supervisor			0.75	0.00	0.75 9.00	
10.00	Occupational Therapy Service			3.58	0.00	3.58 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			1.27	0.00	1.27 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			1.00	0.00	1.00 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			2.76	0.00	2.76 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	Other (specify)			0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914		20.00	
20.01				99918		20.01	
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	15,887	430	624	193	17,134 21.00	
22.00	Skilled Nursing Visit Charges	3,961,722	112,590	121,772	45,360	4,241,444 22.00	
23.00	Physical Therapy Visits	12,915	265	103	176	13,459 23.00	
24.00	Physical Therapy Visit Charges	2,622,484	55,020	16,170	35,910	2,729,584 24.00	
25.00	Occupational Therapy Visits	2,061	122	22	29	2,234 25.00	
26.00	Occupational Therapy Visit Charges	397,020	23,595	3,315	5,655	429,585 26.00	
27.00	Speech Pathology Visits	635	105	1	0	741 27.00	
28.00	Speech Pathology Visit Charges	122,535	20,475	195	0	143,205 28.00	
29.00	Medical Social Service Visits	326	11	0	9	346 29.00	
30.00	Medical Social Service Visit Charges	56,700	1,925	0	1,575	60,200 30.00	
31.00	Home Health Aide Visits	2,098	53	4	8	2,163 31.00	
32.00	Home Health Aide Visit Charges	136,681	3,484	134	469	140,768 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	33,922	986	754	415	36,077 33.00	
34.00	Other Charges	0	0	0	0	0 34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	7,297,142	217,089	141,586	88,969	7,744,786 35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,733		206	31	1,970 36.00	
37.00	Total Number of Outlier Episodes		18		0	18 37.00	
38.00	Total Non-Routine Medical Supply Charges	812	0	138	0	950 38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180102

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

Worksheet S-7

Date/Time Prepared:
5/22/2015 2:54 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	0	0	0	15.00
16.00		RVB	0	0	0	16.00
17.00		RVA	0	0	0	17.00
18.00		RHC	0	0	0	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	0	0	0	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	0	0	0	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	0	0	0	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	0	0	0	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	0	0	0	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	0	0	0	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180102

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

Worksheet S-7

Date/Time Prepared:
5/22/2015 2:54 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)		
		1.00	2.00	3.00	4.00		
69.00		PE2	0	0	0	69.00	
70.00		PE1	0	0	0	70.00	
71.00		PD2	0	0	0	71.00	
72.00		PD1	0	0	0	72.00	
73.00		PC2	0	0	0	73.00	
74.00		PC1	0	0	0	74.00	
75.00		PB2	0	0	0	75.00	
76.00		PB1	0	0	0	76.00	
77.00		PA2	0	0	0	77.00	
78.00		PA1	0	0	0	78.00	
199.00		AAA	0	0	0	199.00	
200.00	TOTAL		0	0	0	200.00	
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)		
				1.00	2.00		
SNF SERVICES							
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).						201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?		
			1.00	2.00	3.00		
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)							
202.00	Staffing		0	0.00		202.00	
203.00	Recruitment		0	0.00		203.00	
204.00	Retention of employees		0	0.00		204.00	
205.00	Training		0	0.00		205.00	
206.00	OTHER (SPECIFY)		0	0.00		206.00	
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 180102
Component CCN: 181507

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/22/2015 2:54 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	6	0	0	0	6	1.00
2.00	Routine Home Care	40,242	3,358	7,243	402	3,182	46,782	2.00
3.00	Inpatient Respite Care	387	21	0	0	11	419	3.00
4.00	General Inpatient Care	401	65	0	0	55	521	4.00
5.00	Total Hospice Days	41,030	3,450	7,243	402	3,248	47,728	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	855	52	102	16	93	1,000	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	786.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	47.99	66.35	71.01	25.13	34.92	47.73	8.00
9.00	Unduplicated Census Count	828	52	102	16	93	973	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 180102 Component CCN: 141548	Period: From 01/01/2014 To 12/31/2014	Worksheet S-9 Parts I & II Date/Time Prepared: 5/22/2015 2:54 pm
		Hospice II		

	Unduplicated Days	Hospice II					Total (sum of cols. 1, 2 & 5)	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
		1.00	2.00	3.00	4.00	5.00		
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	6,550	725	3,864	703	624	7,899	2.00
3.00	Inpatient Respite Care	28	0	0	0	0	28	3.00
4.00	General Inpatient Care	45	3	0	0	0	48	4.00
5.00	Total Hospice Days	6,623	728	3,864	703	624	7,975	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	129	9	45	4	12	150	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	51.34	80.89	85.87	175.75	52.00	53.17	8.00
9.00	Unduplicated Census Count	129	9	45	4	12	150	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/22/2015 2:54 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)		0.234528	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		14,910,835	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		73,585,412	6.00	
7.00	Medicaid cost (line 1 times line 6)		17,257,840	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,347,005	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)		2,347,005	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,305,968	617,032	6,923,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,478,926	144,711	1,623,637	21.00
22.00	Partial payment by patients approved for charity care	2,662	8,660	11,322	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,476,264	136,051	1,612,315	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)			9,022,335	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			655,851	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			8,366,484	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,962,175	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,574,490	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,921,495	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180102

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

Worksheet A
Date/Time Prepared:
5/22/2015 2:54 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		6,147,812	6,147,812	1,010,459	7,158,271	1.00
2.00	00200		4,748,355	4,748,355	0	4,748,355	2.00
4.00	00400		16,869,980	17,194,559	289,633	17,484,192	4.00
5.01	00540	324,579	13,147	199,426	-1,146	198,280	5.01
5.03	00560	0	0	0	0	0	5.03
5.04	00550	0	0	0	0	0	5.04
5.05	00562	2,205,011	1,907,370	4,112,381	-13,564	4,098,817	5.05
5.06	00563	21,870	3,309	25,179	-135	25,044	5.06
5.07	00564	1,223,626	22,453,493	23,677,119	-7,527	23,669,592	5.07
6.00	00600	654,141	6,766,285	7,420,426	-4,024	7,416,402	6.00
8.00	00800	49,941	-87,514	-37,573	37,573	0	8.00
9.00	00900	8,116	1,420,246	1,428,362	-37,676	1,390,686	9.00
10.00	01000	1,107,648	1,128,799	2,236,447	-6,814	2,229,633	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	1,023,537	63,994	1,087,531	-6,296	1,081,235	13.00
14.00	01400	0	30,870	30,870	0	30,870	14.00
15.00	01500	2,226,215	246,774	2,472,989	-13,694	2,459,295	15.00
16.00	01600	0	75,706	75,706	0	75,706	16.00
17.00	01700	850,669	365,073	1,215,742	-5,233	1,210,509	17.00
18.00	01850	0	324,552	324,552	0	324,552	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,667,084	2,395,905	12,062,989	-947,136	11,115,853	30.00
31.00	03100	1,639,415	158,631	1,798,046	-10,085	1,787,961	31.00
32.00	03200	1,090,210	41,086	1,131,296	-6,706	1,124,590	32.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,075,431	49,691	1,125,122	-6,615	1,118,507	41.00
43.00	04300	0	0	0	93,377	93,377	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,535,789	3,253,967	6,789,756	-21,750	6,768,006	50.00
50.01	05001	833,103	21,284	854,387	-5,125	849,262	50.01
51.00	05100	335,747	9,699	345,446	-2,065	343,381	51.00
52.00	05200	0	0	0	794,292	794,292	52.00
53.00	05300	-19,130	22,269	3,139	118	3,257	53.00
54.00	05400	1,977,477	223,212	2,200,689	-12,164	2,188,525	54.00
54.01	03630	257,296	13,332	270,628	-1,583	269,045	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	03450	184,363	562,950	747,313	-1,134	746,179	56.01
57.00	05700	388,398	138,422	526,820	-2,389	524,431	57.00
59.00	05900	1,195,106	722,180	1,917,286	-7,352	1,909,934	59.00
60.00	06000	1,705,812	2,936,876	4,642,688	-10,493	4,632,195	60.00
64.00	06400	0	385,750	385,750	0	385,750	64.00
65.00	06500	779,168	167,342	946,510	-4,793	941,717	65.00
66.00	06600	785,261	12,642	797,903	-4,830	793,073	66.00
67.00	06700	204,272	6,123	210,395	-1,257	209,138	67.00
68.00	06800	155,812	3,733	159,545	-958	158,587	68.00
69.00	06900	957,610	57,775	1,015,385	-5,891	1,009,494	69.00
70.00	07000	277,282	35,306	312,588	-1,706	310,882	70.00
71.00	07100	0	10,650,625	10,650,625	0	10,650,625	71.00
72.00	07200	0	9,131,362	9,131,362	0	9,131,362	72.00
73.00	07300	0	10,654,646	10,654,646	0	10,654,646	73.00
74.00	07400	0	528,204	528,204	0	528,204	74.00
76.00	03951	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	455,561	396,711	852,272	-2,802	849,470	90.00
90.01	09001	134,204	4,914	139,118	-826	138,292	90.01
90.02	09002	590,152	41,445	631,597	-3,630	627,967	90.02
91.00	09100	1,966,741	1,873,547	3,840,288	-12,098	3,828,190	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	28,363	28,363	0	28,363	95.00
101.00	10100	3,970,666	975,867	4,946,533	-24,425	4,922,108	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		1,010,459	1,010,459	-1,010,459	0	113.00
116.00	11600	3,068,127	3,131,768	6,199,895	-18,873	6,181,022	116.00
116.01	11601	89,242	283,362	372,604	-549	372,055	116.01
118.00		47,181,831	112,407,699	159,589,530	1,649	159,591,179	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180102

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

Worksheet A

Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	198,433	313,684	512,117	-1,221	510,896	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	68,606	129,421	198,027	-422	197,605	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	1,415	1,415	0	1,415	194.02
194.03	07953	RETAIL PHARMACY	0	7,419	7,419	0	7,419	194.03
194.04	07954	SNF CLOSING EXP	902	339	1,241	-6	1,235	194.04
200.00		TOTAL (SUM OF LINES 118-199)	47,449,772	112,859,977	160,309,749	0	160,309,749	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180102

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

Worksheet A
Date/Time Prepared:
5/22/2015 2:54 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	-1,645,964	5,512,307	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,295	4,749,650	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,155,125	13,329,067	4.00
5.01	00540	NONPATIENT TELEPHONES	0	198,280	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00550	DATA PROCESSING	0	0	5.04
5.05	00562	REGIONAL TEAM	-294,296	3,804,521	5.05
5.06	00563	ADMINITTING	0	25,044	5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	-1,059,878	22,609,714	5.07
6.00	00600	MAINTENANCE & REPAIRS	-7,585	7,408,817	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	1,390,686	9.00
10.00	01000	DIETARY	-18,325	2,211,308	10.00
11.00	01100	CAFETERIA	-653,055	-653,055	11.00
13.00	01300	NURSING ADMINISTRATION	-1,076	1,080,159	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-413	30,457	14.00
15.00	01500	PHARMACY	0	2,459,295	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,756	62,950	16.00
17.00	01700	SOCIAL SERVICE	0	1,210,509	17.00
18.00	01850	OTHER SUPPORT DEPARTMENT	0	324,552	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,831,971	9,283,882	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,787,961	31.00
32.00	03200	CORONARY CARE UNIT	0	1,124,590	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	1,118,507	41.00
43.00	04300	NURSERY	0	93,377	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,473,632	5,294,374	50.00
50.01	05001	REHAB MEDICINE	0	849,262	50.01
51.00	05100	RECOVERY ROOM	0	343,381	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	794,292	52.00
53.00	05300	ANESTHESIOLOGY	19,130	22,387	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,188,525	54.00
54.01	03630	ULTRA SOUND	0	269,045	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	746,179	56.01
57.00	05700	CT SCAN	0	524,431	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,909,934	59.00
60.00	06000	LABORATORY	-124,900	4,507,295	60.00
64.00	06400	INTRAVENOUS THERAPY	0	385,750	64.00
65.00	06500	RESPIRATORY THERAPY	0	941,717	65.00
66.00	06600	PHYSICAL THERAPY	0	793,073	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	209,138	67.00
68.00	06800	SPEECH PATHOLOGY	0	158,587	68.00
69.00	06900	ELECTROCARDIOLOGY	-952	1,008,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,737	306,145	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,650,625	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,131,362	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-15,833	10,638,813	73.00
74.00	07400	RENAL DIALYSIS	0	528,204	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,295	848,175	90.00
90.01	09001	PARTIAL HOSPITAL PRG	-4,510	133,782	90.01
90.02	09002	PAIN MANAGEMENT	-825	627,142	90.02
91.00	09100	EMERGENCY	-1,617,192	2,210,998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	28,363	95.00
101.00	10100	HOME HEALTH AGENCY	-14,972	4,907,136	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-118,254	6,062,768	116.00
116.01	11601	HOSPICE II	0	372,055	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,037,121	146,554,058	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	510,896	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/22/2015 2:54 pm
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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.00	07950 MEDICAL BUILDING AND OTHER	0	197,605	194.00
194.01	07951 MARCUM & WALLACE HOSPITAL	13,667,547	13,667,547	194.01
194.02	07952 FOUNDATION	0	1,415	194.02
194.03	07953 RETAIL PHARMACY	0	7,419	194.03
194.04	07954 SNF CLOSING EXP	0	1,235	194.04
200.00	TOTAL (SUM OF LINES 118-199)	630,426	160,940,175	200.00

RECLASSIFICATIONS

Provider CCN: 180102

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

Worksheet A-6

Date/Time Prepared:
5/22/2015 2:54 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - LDRP						
1.00	NURSERY	43.00	89,661	4,268	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	762,681	36,303	2.00	
	TOTALS		852,342	40,571		
B - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,010,459	1.00	
	TOTALS		0	1,010,459		
C - CRNA						
1.00	ANESTHESIOLOGY	53.00	19,130	0	1.00	
	TOTALS		19,130	0		
D - LAUNDRY / HOUSEKEEPING						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	87,514	1.00	
2.00	HOUSEKEEPING	9.00	8,652	0	2.00	
	TOTALS		8,652	87,514		
E - INCENTIVE PAYMENTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	289,633	0	1.00	
2.00	ANESTHESIOLOGY	53.00	118	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
	TOTALS		289,751	0		
500.00	Grand Total: Increases		1,169,875	1,138,544	500.00	

RECLASSIFICATIONS

Provider CCN: 180102

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

Worksheet A-6
Date/Time Prepared:
5/22/2015 2:54 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - LDRP						
1.00	ADULTS & PEDIATRICS	30.00	852,342	40,571	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		852,342	40,571		
B - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	1,010,459	10	1.00
	TOTALS		0	1,010,459		
C - CRNA						
1.00	ANESTHESIOLOGY	53.00	0	19,130	0	1.00
	TOTALS		0	19,130		
D - LAUNDRY / HOUSEKEEPING						
1.00	LAUNDRY & LINEN SERVICE	8.00	49,941	0	0	1.00
2.00	HOUSEKEEPING	9.00	8,116	38,109	0	2.00
	TOTALS		58,057	38,109		
E - INCENTIVE PAYMENTS						
1.00	NONPATIENT TELEPHONES	5.01	1,146	0	0	1.00
2.00	REGIONAL TEAM	5.05	13,564	0	0	2.00
3.00	ADMINISTRATIVE	5.06	135	0	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	7,527	0	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	4,024	0	0	5.00
6.00	HOUSEKEEPING	9.00	103	0	0	6.00
7.00	DIETARY	10.00	6,814	0	0	7.00
8.00	NURSING ADMINISTRATION	13.00	6,296	0	0	8.00
9.00	PHARMACY	15.00	13,694	0	0	9.00
10.00	SOCIAL SERVICE	17.00	5,233	0	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	54,223	0	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	10,085	0	0	12.00
13.00	CORONARY CARE UNIT	32.00	6,706	0	0	13.00
14.00	SUBPROVIDER - IRF	41.00	6,615	0	0	14.00
15.00	NURSERY	43.00	552	0	0	15.00
16.00	SNF CLOSING EXP	194.04	6	0	0	16.00
17.00	OPERATING ROOM	50.00	21,750	0	0	17.00
18.00	REHAB MEDICINE	50.01	5,125	0	0	18.00
19.00	RECOVERY ROOM	51.00	2,065	0	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	4,692	0	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	12,164	0	0	21.00
22.00	ULTRA SOUND	54.01	1,583	0	0	22.00
23.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	1,134	0	0	23.00
24.00	CT SCAN	57.00	2,389	0	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	7,352	0	0	25.00
26.00	LABORATORY	60.00	10,493	0	0	26.00
27.00	RESPIRATORY THERAPY	65.00	4,793	0	0	27.00
28.00	PHYSICAL THERAPY	66.00	4,830	0	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	1,257	0	0	29.00
30.00	SPEECH PATHOLOGY	68.00	958	0	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	5,891	0	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	1,706	0	0	32.00
33.00	CLINIC	90.00	2,802	0	0	33.00
34.00	PARTIAL HOSPITAL PRG	90.01	826	0	0	34.00
35.00	PAIN MANAGEMENT	90.02	3,630	0	0	35.00
36.00	EMERGENCY	91.00	12,098	0	0	36.00
37.00	HOME HEALTH AGENCY	101.00	24,425	0	0	37.00
38.00	HOSPICE	116.00	18,873	0	0	38.00
39.00	HOSPICE II	116.01	549	0	0	39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,221	0	0	40.00
41.00	MEDICAL BUILDING AND OTHER	194.00	422	0	0	41.00
	TOTALS		289,751	0		
500.00	Grand Total: Decreases		1,200,150	1,108,269		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180102

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

Worksheet A-7
Part I
Date/Time Prepared:
5/22/2015 2:54 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	453,242	0	0	0	1.00
2.00	Land Improvements	2,815,642	0	0	0	2.00
3.00	Buildings and Fixtures	96,688,215	795,515	0	795,515	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	40,230,576	133,466	0	133,466	5.00
6.00	Movable Equipment	75,749,871	2,210,432	0	2,210,432	6.00
7.00	HIT designated Assets	4,201,676	903,422	0	903,422	7.00
8.00	Subtotal (sum of lines 1-7)	220,139,222	4,042,835	0	4,042,835	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	220,139,222	4,042,835	0	4,042,835	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	453,242	0			1.00
2.00	Land Improvements	2,815,642	0			2.00
3.00	Buildings and Fixtures	97,483,730	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	40,276,642	0			5.00
6.00	Movable Equipment	77,874,266	0			6.00
7.00	HIT designated Assets	5,105,098	0			7.00
8.00	Subtotal (sum of lines 1-7)	224,008,620	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	224,008,620	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180102

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

Worksheet A-7
Part II
Date/Time Prepared:
5/22/2015 2:54 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	4,474,408	1,439,155	0	234,249	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,065,854	1,459,717	0	65,645	0	2.00
3.00	Total (sum of lines 1-2)	7,540,262	2,898,872	0	299,894	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	6,147,812				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	157,139	4,748,355				2.00
3.00	Total (sum of lines 1-2)	157,139	10,896,167				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180102

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

Worksheet A-7
Part III
Date/Time Prepared:
5/22/2015 2:54 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	100,752,614	0	100,752,614	0.449989	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	123,256,006	108,636	123,147,370	0.550011	0	2.00
3.00	Total (sum of lines 1-2)	224,008,620	108,636	223,899,984	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	4,474,408	1,558,605	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,065,854	1,459,717	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,540,262	3,018,322	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	-754,955	234,249	0	0	5,512,307	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,295	65,645	0	157,139	4,749,650	2.00
3.00	Total (sum of lines 1-2)	-753,660	299,894	0	157,139	10,261,957	3.00

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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-826,057	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	26,135	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,728,750			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,922,782			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-653,055	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others	B	-709,719	CAP REL COSTS-BLDG & FIXT	1.00	10	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-15,833	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-12,756	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-18,325	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 ADMIN MISC INCOME	B	-406,848	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	33.00

Provider CCN: 180102

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

Worksheet A-8

Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 DAYCARE MISC INCOME	B	-673,835	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02 CLINICAL ENGINEERING MISC INCOME	B	-7,552	MAINTENANCE & REPAIRS	6.00	0 33.02
33.03 ADULTS & PEDI MISC INCOME	B	-536	ADULTS & PEDIATRICS	30.00	0 33.03
33.04 OPERATING ROOM MISC INCOME	B	-2,865	OPERATING ROOM	50.00	0 33.04
33.05 CARDIOLOGY MISC INCOME	B	-172	ELECTROCARDIOLOGY	69.00	0 33.05
33.06 PAIN MANAGEMENT MISC INCOME	B	-825	PAIN MANAGEMENT	90.02	0 33.06
33.07 HHA MISC INCOME	B	-6,147	HOME HEALTH AGENCY	101.00	0 33.07
33.08 HOSPICE MISC INCOME	B	-105,345	HOSPICE	116.00	0 33.08
33.09 MISC NON-ALLOWABLE EXPENSES	A	-10,503	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.09
33.10 MISC NON-ALLOWABLE EXPENSES	A	-3,896	REGIONAL TEAM	5.05	0 33.10
33.11 MISC NON-ALLOWABLE EXPENSES	A	2,805	OTHER ADMINISTRATIVE AND GENERAL	5.07	0 33.11
33.12 MISC NON-ALLOWABLE EXPENSES	A	-33	MAINTENANCE & REPAIRS	6.00	0 33.12
33.13 MISC NON-ALLOWABLE EXPENSES	A	-1,076	NURSING ADMINISTRATION	13.00	0 33.13
33.14 MISC NON-ALLOWABLE EXPENSES	A	-4,153	ADULTS & PEDIATRICS	30.00	0 33.14
33.15 MISC NON-ALLOWABLE EXPENSES	A	-201	OPERATING ROOM	50.00	0 33.15
33.16 MISC NON-ALLOWABLE EXPENSES	A	-780	ELECTROCARDIOLOGY	69.00	0 33.16
33.17 MISC NON-ALLOWABLE EXPENSES	A	-1,295	CLINIC	90.00	0 33.17
33.18 MISC NON-ALLOWABLE EXPENSES	A	-4,510	PARTIAL HOSPITAL PRG	90.01	0 33.18
33.19 MISC NON-ALLOWABLE EXPENSES	A	-6,350	EMERGENCY	91.00	0 33.19
33.20 MISC NON-ALLOWABLE EXPENSES	A	-8,825	HOME HEALTH AGENCY	101.00	0 33.20
33.21 MISC NON-ALLOWABLE EXPENSES	A	-12,909	HOSPICE	116.00	0 33.21
33.22 CRNA NEGATIVE EXPENSES	A	19,130	ANESTHESIOLOGY	53.00	0 33.22
33.23 AHA/KHA LOBBYING	A	-12,180	OTHER ADMINISTRATIVE AND GENERAL	5.07	0 33.23
33.24 CARRYFORWARD ADJUSTMENT	A	71,102	CAP REL COSTS-BLDG & FIXT	1.00	11 33.24
33.25 CARRYFORWARD ADJUSTMENT	A	525	OTHER ADMINISTRATIVE AND GENERAL	5.07	0 33.25
33.26 CARRYFORWARD ADJUSTMENT	A	1,295	CAP REL COSTS-MVBLE EQUIP	2.00	11 33.26
33.27 MARCUM & WALLACE	A	13,667,547	MARCUM & WALLACE HOSPITAL	194.01	0 33.27
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		630,426			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: 180102

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

Worksheet A-8-1

Date/Time Prepared:
5/22/2015 2:54 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MERCY HEALTH	8,812,912	12,283,699	1.00
2.00	5.07	OTHER ADMINISTRATIVE AND GEN	MERCY HEALTH	22,415,071	22,685,776	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	MERCY HEALTH	826,057	1,007,347	3.00
4.00	30.00	ADULTS & PEDIATRICS	LOURDES PHYSICIANS	1,673,315	1,673,315	4.00
4.01	91.00	EMERGENCY	LOURDES PHYSICIANS	1,610,842	1,610,842	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			35,338,197	39,260,979	5.00

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

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

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

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

6.00	B		0.00	MERCY HEALTH	100.00	6.00
7.00	G		0.00	LOURDES PHYSICI	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:	FINANCIAL				100.00

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

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

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

Provider CCN: 180102

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

Worksheet A-8-1

Date/Time Prepared:
5/22/2015 2:54 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	-3,470,787	0		1.00
2.00	-270,705	0		2.00
3.00	-181,290	10		3.00
4.00	0	0		4.00
4.01	0	0		4.01
5.00	-3,922,782			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	HOME OFFICE		6.00
7.00	SISTER COMPANY		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: 180102

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2015 2:54 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	AGGREGATE-REGIONAL TEAM	341,400	290,400	51,000	159,800	1,096	1.00
2.00	5.07	AGGREGATE-OTHER ADMINISTRATIVE AND G	505,093	347,193	157,900	159,800	1,373	2.00
3.00	14.00	AGGREGATE-CENTRAL SERVICES & SUPPLY	413	413	0	159,800	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,827,282	1,827,282	0	159,800	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	1,477,776	1,468,426	9,350	182,900	82	5.00
6.00	60.00	AGGREGATE-LABORATORY	135,000	123,750	11,250	208,000	101	6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	15,800	1,400	14,400	159,800	144	7.00
8.00	91.00	AGGREGATE-EMERGENCY	1,610,842	1,610,842	0	159,800	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,913,606	5,669,706	243,900		2,796	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	AGGREGATE-REGIONAL TEAM	84,202	4,210	0	0	0	1.00
2.00	5.07	AGGREGATE-OTHER ADMINISTRATIVE AND G	105,483	5,274	0	0	0	2.00
3.00	14.00	AGGREGATE-CENTRAL SERVICES & SUPPLY	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	7,210	361	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	10,100	505	0	0	0	6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	11,063	553	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			218,058	10,903	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	AGGREGATE-REGIONAL TEAM	0	84,202	0	290,400		1.00
2.00	5.07	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	105,483	52,417	399,610		2.00
3.00	14.00	AGGREGATE-CENTRAL SERVICES & SUPPLY	0	0	0	413		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,827,282		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	7,210	2,140	1,470,566		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	10,100	1,150	124,900		6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	11,063	3,337	4,737		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,610,842		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	218,058	59,044	5,728,750		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,512,307	5,512,307			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,749,650		4,749,650		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,329,067	92,794	0	13,421,861	4.00
5.01 00540	NONPATIENT TELEPHONES	198,280	3,480	0	53,089	254,849 5.01
5.03 00560	PURCHASING RECEIVING AND STORES	0	104,037	0	0	0 5.03
5.04 00550	DATA PROCESSING	0	0	0	0	3,961 5.04
5.05 00562	REGIONAL TEAM	3,804,521	168,247	471,434	628,419	0 5.05
5.06 00563	ADMINISTRATIVE	25,044	56,537	7,489	6,233	5,942 5.06
5.07 00564	OTHER ADMINISTRATIVE AND GENERAL	22,609,714	289,695	121,579	348,729	32,571 5.07
6.00 00600	MAINTENANCE & REPAIRS	7,408,817	1,114,584	38,586	186,428	6,822 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	22,557	0	0	440 8.00
9.00 00900	HOUSEKEEPING	1,390,686	27,712	2,309	2,452	1,320 9.00
10.00 01000	DIETARY	2,211,308	103,455	26,505	315,675	4,402 10.00
11.00 01100	CAFETERIA	-653,055	45,875	0	0	880 11.00
13.00 01300	NURSING ADMINISTRATION	1,080,159	42,826	372,801	291,704	5,062 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	30,457	111,168	8,358	0	220 14.00
15.00 01500	PHARMACY	2,459,295	55,283	501	634,463	3,521 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	62,950	83,747	4,110	0	7,703 16.00
17.00 01700	SOCIAL SERVICE	1,210,509	5,747	4,708	242,437	9,463 17.00
18.00 01850	OTHER SUPPORT DEPARTMENT	324,552	7,021	0	0	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,283,882	619,690	86,769	2,512,141	26,849 30.00
31.00 03100	INTENSIVE CARE UNIT	1,787,961	91,851	11,439	467,227	2,641 31.00
32.00 03200	CORONARY CARE UNIT	1,124,590	76,917	103,918	310,706	1,761 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	1,118,507	122,442	2,112	306,494	6,382 41.00
43.00 04300	NURSERY	93,377	85,252	0	25,553	2,861 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,294,374	620,713	1,793,216	1,007,686	9,023 50.00
50.01 05001	REHAB MEDICINE	849,262	83,346	2,289	237,431	440 50.01
51.00 05100	RECOVERY ROOM	343,381	75,974	55,436	95,687	1,320 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	794,292	28,143	0	217,361	0 52.00
53.00 05300	ANESTHESIOLOGY	22,387	0	18,709	34	220 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,188,525	106,384	425,290	563,573	11,004 54.00
54.01 03630	ULTRA SOUND	269,045	12,477	62,132	73,328	440 54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	746,179	16,489	17,547	52,543	440 56.01
57.00 05700	CT SCAN	524,431	8,846	331,908	110,692	660 57.00
59.00 05900	CARDIAC CATHETERIZATION	1,909,934	52,676	82,574	340,600	9,243 59.00
60.00 06000	LABORATORY	4,507,295	104,077	101,665	486,150	13,645 60.00
64.00 06400	INTRAVENOUS THERAPY	385,750	13,670	0	0	220 64.00
65.00 06500	RESPIRATORY THERAPY	941,717	14,392	2,460	222,060	1,100 65.00
66.00 06600	PHYSICAL THERAPY	793,073	31,804	18,417	223,796	220 66.00
67.00 06700	OCCUPATIONAL THERAPY	209,138	3,861	1,015	58,217	2,201 67.00
68.00 06800	SPEECH PATHOLOGY	158,587	4,122	3,951	44,406	220 68.00
69.00 06900	ELECTROCARDIOLOGY	1,008,542	52,104	373,533	272,915	3,081 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	306,145	52,124	24,350	79,024	2,421 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,650,625	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,131,362	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,638,813	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	528,204	91,420	0	0	660 74.00
76.00 03951	DIABETES	0	0	0	0	0 76.00
76.01 03950	LITHOTRIPTOR	0	0	0	0	0 76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	848,175	0	4,252	129,833	1,541 90.00
90.01 09001	PARTIAL HOSPITAL PRG	133,782	13,259	0	38,247	0 90.01
90.02 09002	PAIN MANAGEMENT	627,142	89,494	13,695	168,191	4,181 90.02
91.00 09100	EMERGENCY	2,210,998	0	42,330	560,513	8,363 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	28,363	0	0	0	0 95.00
101.00 10100	HOME HEALTH AGENCY	4,907,136	0	14,321	1,131,624	12,985 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	6,062,768	0	39,262	874,404	9,903 116.00
116.01 11601	HOSPICE II	372,055	0	0	25,434	0 116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	146,554,058	4,806,292	4,690,970	13,345,499	216,332 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	4.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,515	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	510,896	0	57,691	56,553	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	197,605	675,354	0	19,552	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	13,667,547	0	0	0	38,517	194.01
194.02	07952	FOUNDATION	1,415	9,127	989	0	0	194.02
194.03	07953	RETAIL PHARMACY	7,419	3,019	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	1,235	0	0	257	0	194.04
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)	160,940,175	5,512,307	4,749,650	13,421,861	254,849	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/22/2015 2:54 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	DATA PROCESSING	Subtotal	REGIONAL TEAM	ADMINISTRATIVE	
			5.03	5.04	5A.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES	104,037					5.03
5.04	00550	DATA PROCESSING	0	3,961				5.04
5.05	00562	REGIONAL TEAM	3,170	0	5,075,791	5,075,791		5.05
5.06	00563	ADMINISTRATIVE	119	0	101,364	3,288	104,652	5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	6,970	0	23,409,258	759,412	0	5.07
6.00	00600	MAINTENANCE & REPAIRS	19,688	0	8,774,925	284,650	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	90	0	23,087	749	0	8.00
9.00	00900	HOUSEKEEPING	4,402	0	1,428,881	46,351	0	9.00
10.00	01000	DIETARY	26,722	0	2,688,067	87,198	0	10.00
11.00	01100	CAFETERIA	0	0	-606,300	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	938	0	1,793,490	58,179	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,380	0	151,583	4,917	0	14.00
15.00	01500	PHARMACY	1,341	0	3,154,404	102,326	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38	0	158,548	5,143	0	16.00
17.00	01700	SOCIAL SERVICE	165	0	1,473,029	47,784	0	17.00
18.00	01850	OTHER SUPPORT DEPARTMENT	78	0	331,651	10,758	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,838	259	12,537,428	406,702	7,557	30.00
31.00	03100	INTENSIVE CARE UNIT	803	45	2,361,967	76,620	1,323	31.00
32.00	03200	CORONARY CARE UNIT	700	33	1,618,625	52,507	966	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	504	30	1,556,471	50,490	861	41.00
43.00	04300	NURSERY	0	2	207,045	6,716	48	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,888	632	8,735,532	283,372	12,523	50.00
50.01	05001	REHAB MEDICINE	253	27	1,173,048	38,053	784	50.01
51.00	05100	RECOVERY ROOM	184	22	572,004	18,555	631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14	1,039,810	33,730	408	52.00
53.00	05300	ANESTHESIOLOGY	323	46	41,719	1,353	1,344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,073	272	3,297,121	106,955	7,941	54.00
54.01	03630	ULTRA SOUND	192	39	417,653	13,548	1,127	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	34	85	833,317	27,032	2,488	56.01
57.00	05700	CT SCAN	107	182	976,826	31,687	5,309	57.00
59.00	05900	CARDIAC CATHETERIZATION	773	145	2,395,945	77,722	4,218	59.00
60.00	06000	LABORATORY	943	338	5,214,113	169,141	9,867	60.00
64.00	06400	INTRAVENOUS THERAPY	0	5	399,645	12,964	139	64.00
65.00	06500	RESPIRATORY THERAPY	394	87	1,182,210	38,350	2,529	65.00
66.00	06600	PHYSICAL THERAPY	90	23	1,067,423	34,626	681	66.00
67.00	06700	OCCUPATIONAL THERAPY	16	7	274,455	8,903	199	67.00
68.00	06800	SPEECH PATHOLOGY	77	6	211,369	6,857	163	68.00
69.00	06900	ELECTROCARDIOLOGY	611	188	1,710,974	55,502	5,483	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40	27	464,131	15,056	785	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	108	10,650,733	345,499	3,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	367	9,131,729	296,224	10,712	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	227	10,639,040	345,120	6,612	73.00
74.00	07400	RENAL DIALYSIS	90	17	620,391	20,125	481	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	684	57	984,542	31,938	1,652	90.00
90.01	09001	PARTIAL HOSPITAL PRG	126	9	185,423	6,015	271	90.01
90.02	09002	PAIN MANAGEMENT	477	119	903,299	29,302	3,477	90.02
91.00	09100	EMERGENCY	1,654	246	2,824,104	91,611	7,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	58	0	28,421	922	13	95.00
101.00	10100	HOME HEALTH AGENCY	3,406	0	6,069,472	196,888	1,534	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,734	0	6,989,071	226,718	1,859	116.00
116.01	11601	HOSPICE II	4	0	397,493	12,894	340	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	100,177	3,664	145,670,327	4,580,452	104,652	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	18,515	601	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	257	0	625,397	20,287	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		PURCHASING RECEIVING AND STORES	DATA PROCESSING	Subtotal	REGIONAL TEAM	ADMINISTRATIVE	
		5.03	5.04	5A.04	5.05	5.06	
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MEDICAL BUILDING AND OTHER	3,497	0	896,008	29,066	0	194.00
194.01	07951 MARCUM & WALLACE HOSPITAL	0	297	13,706,361	444,621	0	194.01
194.02	07952 FOUNDATION	0	0	11,531	374	0	194.02
194.03	07953 RETAIL PHARMACY	106	0	10,544	342	0	194.03
194.04	07954 SNF CLOSING EXP	0	0	1,492	48	0	194.04
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	104,037	3,961	160,940,175	5,075,791	104,652	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/22/2015 2:54 pm		
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5A.06	5.07	6.00	8.00	9.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00550	DATA PROCESSING				5.04
5.05	00562	REGIONAL TEAM				5.05
5.06	00563	ADMINISTRATIVE				5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	24,168,670	24,168,670		5.07
6.00	00600	MAINTENANCE & REPAIRS	9,059,575	1,593,833	10,653,408	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,836	4,193	65,248	93,277
9.00	00900	HOUSEKEEPING	1,475,232	259,535	80,160	1,814,927
10.00	01000	DIETARY	2,775,265	488,247	299,260	0
11.00	01100	CAFETERIA	-606,300	0	132,701	0
13.00	01300	NURSING ADMINISTRATION	1,851,669	325,760	123,882	4,706
14.00	01400	CENTRAL SERVICES & SUPPLY	156,500	27,533	321,570	0
15.00	01500	PHARMACY	3,256,730	572,950	159,915	473
16.00	01600	MEDICAL RECORDS & LIBRARY	163,691	28,798	242,251	0
17.00	01700	SOCIAL SERVICE	1,520,813	267,554	16,624	3,152
18.00	01850	OTHER SUPPORT DEPARTMENT	342,409	60,239	20,308	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,951,687	2,278,564	1,792,540	47,656
31.00	03100	INTENSIVE CARE UNIT	2,439,910	429,248	265,693	4,885
32.00	03200	CORONARY CARE UNIT	1,672,098	294,169	222,494	3,082
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,607,822	282,861	354,179	4,792
43.00	04300	NURSERY	213,809	37,615	246,603	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,031,427	1,588,881	1,795,499	8,506
50.01	05001	REHAB MEDICINE	1,211,885	213,205	241,090	0
51.00	05100	RECOVERY ROOM	591,190	104,007	219,766	810
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,073,948	188,938	81,408	0
53.00	05300	ANESTHESIOLOGY	44,416	7,814	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,412,017	600,269	307,731	6,185
54.01	03630	ULTRA SOUND	432,328	76,059	36,091	0
56.00	05600	RADIOISOTOPE	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	862,837	151,797	47,696	0
57.00	05700	CT SCAN	1,013,822	178,360	25,589	0
59.00	05900	CARDIAC CATHETERIZATION	2,477,885	435,929	152,371	3,139
60.00	06000	LABORATORY	5,393,121	948,801	301,058	0
64.00	06400	INTRAVENOUS THERAPY	412,748	72,614	39,543	0
65.00	06500	RESPIRATORY THERAPY	1,223,089	215,176	41,632	3
66.00	06600	PHYSICAL THERAPY	1,102,730	194,001	91,997	62
67.00	06700	OCCUPATIONAL THERAPY	283,557	49,886	11,170	0
68.00	06800	SPEECH PATHOLOGY	218,389	38,421	11,924	0
69.00	06900	ELECTROCARDIOLOGY	1,771,959	311,737	150,718	1,813
70.00	07000	ELECTROENCEPHALOGRAPHY	479,972	84,441	150,776	544
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,999,389	1,935,101	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,438,665	1,660,525	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	10,990,772	1,933,585	0	0
74.00	07400	RENAL DIALYSIS	640,997	112,769	264,445	493
76.00	03951	DIABETES	0	0	0	0
76.01	03950	LITHOTRIPTOR	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,018,132	179,118	0	0
90.01	09001	PARTIAL HOSPITAL PRG	191,709	33,727	38,354	0
90.02	09002	PAIN MANAGEMENT	936,078	164,682	258,875	915
91.00	09100	EMERGENCY	2,922,885	514,217	0	9,919
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	163,368
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	29,356	5,165	0	0
101.00	10100	HOME HEALTH AGENCY	6,267,894	1,102,698	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	7,217,648	1,269,786	0	0
116.01	11601	HOSPICE II	410,727	72,258	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	145,174,988	21,395,066	8,611,161	93,277
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,116	3,363	53,556	0
191.00	19100	RESEARCH	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	645,684	113,594	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

Worksheet B
Part I
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	8.00	9.00	
193.00	19300	0	0	0	0	0	193.00
194.00	07950	925,074	162,746	1,953,557	0	0	194.00
194.01	07951	14,150,982	2,489,621	0	0	0	194.01
194.02	07952	11,905	2,094	26,401	0	0	194.02
194.03	07953	10,886	1,915	8,733	0	0	194.03
194.04	07954	1,540	271	0	0	0	194.04
200.00		0					200.00
201.00		0	0	0	0	0	201.00
202.00		160,940,175	24,168,670	10,653,408	93,277	1,814,927	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/22/2015 2:54 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMINITTING						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,562,772					10.00
11.00	01100	CAFETERIA	2,861,679	2,388,080				11.00
13.00	01300	NURSING ADMINISTRATION	0	45,111	2,351,128			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	505,603		14.00
15.00	01500	PHARMACY	0	84,739	27	0	4,098,407	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	45,808	57,010	0	0	17.00
18.00	01850	OTHER SUPPORT DEPARTMENT	0	0	0	59	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	528,838	593,564	806,856	304	0	30.00
31.00	03100	INTENSIVE CARE UNIT	47,326	84,254	174,693	83	0	31.00
32.00	03200	CORONARY CARE UNIT	35,475	58,472	124,425	38	0	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	89,454	70,803	98,333	117	0	41.00
43.00	04300	NURSERY	0	4,666	8,327	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	232,555	198,717	459	0	50.00
50.01	05001	REHAB MEDICINE	0	40,961	7,061	0	0	50.01
51.00	05100	RECOVERY ROOM	0	16,814	33,424	13	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	39,628	70,830	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	111,400	18,097	752	0	54.00
54.01	03630	ULTRA SOUND	0	12,603	0	48	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	8,634	0	11,273	0	56.01
57.00	05700	CT SCAN	0	21,207	92	2,551	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	52,807	69,200	13,700	0	59.00
60.00	06000	LABORATORY	0	125,003	24	41,946	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,970	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	52,413	0	3,118	0	65.00
66.00	06600	PHYSICAL THERAPY	0	37,719	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,877	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,453	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	51,504	30,949	510	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,784	0	2	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	223,842	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	188,654	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,098,407	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	31,963	47,916	173	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	6,423	7,207	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	7,211	7,726	265	0	90.02
91.00	09100	EMERGENCY	0	111,794	167,174	244	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	211,893	212,584	5,130	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	174,810	205,384	4,156	0	116.00
116.01	11601	HOSPICE II	0	4,120	4,919	101	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,562,772	2,368,993	2,350,975	505,512	4,098,407	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,786	31	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00 07950 MEDICAL BUILDING AND OTHER	0	11,301	0	0	0	0 194.00
194.01 07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	0 194.01
194.02 07952 FOUNDATION	0	0	0	0	0	0 194.02
194.03 07953 RETAIL PHARMACY	0	0	0	91	0	0 194.03
194.04 07954 SNF CLOSING EXP	0	0	122	0	0	0 194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	3,562,772	2,388,080	2,351,128	505,603	4,098,407	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

Period:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			OTHER SUPPORT DEPARTMENT		
	16.00	17.00	18.00	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 00540 NONPATIENT TELEPHONES					5.01
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00550 DATA PROCESSING					5.04
5.05 00562 REGIONAL TEAM					5.05
5.06 00563 ADMITTING					5.06
5.07 00564 OTHER ADMINISTRATIVE AND GENERAL					5.07
6.00 00600 MAINTENANCE & REPAIRS					6.00
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	448,879				16.00
17.00 01700 SOCIAL SERVICE	0	1,910,961			17.00
18.00 01850 OTHER SUPPORT DEPARTMENT	0	225	423,240		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	170,447	1,150	30,532	20,113,520	0 30.00
31.00 03100 INTENSIVE CARE UNIT	12,669	313	5,346	3,532,010	0 31.00
32.00 03200 CORONARY CARE UNIT	9,207	144	3,902	2,472,701	0 32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	21,803	441	3,478	2,650,530	0 41.00
43.00 04300 NURSERY	3,241	0	194	531,791	0 43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	42,059	1,736	51,035	13,120,006	0 50.00
50.01 05001 REHAB MEDICINE	0	0	3,168	1,717,370	0 50.01
51.00 05100 RECOVERY ROOM	0	47	2,550	987,466	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	1,648	1,456,400	0 52.00
53.00 05300 ANESTHESIOLOGY	0	13	5,428	57,675	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	70,565	2,843	32,080	4,631,060	0 54.00
54.01 03630 ULTRA SOUND	0	180	4,553	561,862	0 54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0 56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	42,607	10,053	1,134,897	0 56.01
57.00 05700 CT SCAN	0	9,641	21,447	1,272,709	0 57.00
59.00 05900 CARDIAC CATHETERIZATION	15,616	51,781	17,039	3,311,464	0 59.00
60.00 06000 LABORATORY	37,051	158,535	39,864	7,089,397	0 60.00
64.00 06400 INTRAVENOUS THERAPY	0	30,121	562	563,558	0 64.00
65.00 06500 RESPIRATORY THERAPY	6,777	11,784	10,218	1,568,916	0 65.00
66.00 06600 PHYSICAL THERAPY	0	0	2,753	1,473,256	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	1,179	0	805	354,474	0 67.00
68.00 06800 SPEECH PATHOLOGY	958	0	657	276,802	0 68.00
69.00 06900 ELECTROCARDIOLOGY	15,984	1,927	22,150	2,390,659	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	6,998	7	3,172	773,104	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	846,042	12,755	14,017,129	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	713,022	43,278	12,044,144	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	26,714	17,049,478	0 73.00
74.00 07400 RENAL DIALYSIS	0	1	1,944	1,030,083	0 74.00
76.00 03951 DIABETES	0	0	0	0	0 76.00
76.01 03950 LI THOTRIPTOR	0	0	0	0	0 76.01
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	652	6,673	1,284,627	0 90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0	1,096	278,516	0 90.01
90.02 09002 PAIN MANAGEMENT	0	1,003	14,045	1,390,800	0 90.02
91.00 09100 EMERGENCY	22,834	923	28,966	3,942,324	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0	0	52	34,573	0 95.00
101.00 10100 HOME HEALTH AGENCY	0	19,391	6,197	7,825,787	0 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					113.00
116.00 11600 HOSPICE	0	15,706	7,510	8,895,000	0 116.00
116.01 11601 HOSPICE II	0	381	1,376	493,882	0 116.01
118.00 SUBTOTALS (SUM OF LINES 1-117)	437,388	1,910,616	423,240	140,327,970	0 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
			OTHER SUPPORT DEPARTMENT					
	16.00	17.00	18.00	24.00	25.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	76,035	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1	0	767,096	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	3,052,678	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	16,640,603	0	194.01
194.02	07952	FOUNDATION	11,491	0	0	51,891	0	194.02
194.03	07953	RETAIL PHARMACY	0	344	0	21,969	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	1,933	0	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	448,879	1,910,961	423,240	160,940,175		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00550 DATA PROCESSING		5.04
5.05	00562 REGIONAL TEAM		5.05
5.06	00563 ADMITTING		5.06
5.07	00564 OTHER ADMINISTRATIVE AND GENERAL		5.07
6.00	00600 MAINTENANCE & REPAIRS		6.00
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
18.00	01850 OTHER SUPPORT DEPARTMENT		18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	20,113,520	30.00
31.00	03100 INTENSIVE CARE UNIT	3,532,010	31.00
32.00	03200 CORONARY CARE UNIT	2,472,701	32.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
41.00	04100 SUBPROVIDER - IRF	2,650,530	41.00
43.00	04300 NURSERY	531,791	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	13,120,006	50.00
50.01	05001 REHAB MEDICINE	1,717,370	50.01
51.00	05100 RECOVERY ROOM	987,466	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,456,400	52.00
53.00	05300 ANESTHESIOLOGY	57,675	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,631,060	54.00
54.01	03630 ULTRA SOUND	561,862	54.01
56.00	05600 RADIOISOTOPE	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,134,897	56.01
57.00	05700 CT SCAN	1,272,709	57.00
59.00	05900 CARDIAC CATHETERIZATION	3,311,464	59.00
60.00	06000 LABORATORY	7,089,397	60.00
64.00	06400 INTRAVENOUS THERAPY	563,558	64.00
65.00	06500 RESPIRATORY THERAPY	1,568,916	65.00
66.00	06600 PHYSICAL THERAPY	1,473,256	66.00
67.00	06700 OCCUPATIONAL THERAPY	354,474	67.00
68.00	06800 SPEECH PATHOLOGY	276,802	68.00
69.00	06900 ELECTROCARDIOLOGY	2,390,659	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	773,104	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,017,129	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,044,144	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,049,478	73.00
74.00	07400 RENAL DIALYSIS	1,030,083	74.00
76.00	03951 DIABETES	0	76.00
76.01	03950 LI THOTRIPTOR	0	76.01
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1,284,627	90.00
90.01	09001 PARTIAL HOSPITAL PRG	278,516	90.01
90.02	09002 PAIN MANAGEMENT	1,390,800	90.02
91.00	09100 EMERGENCY	3,942,324	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	34,573	95.00
101.00	10100 HOME HEALTH AGENCY	7,825,787	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	8,895,000	116.00
116.01	11601 HOSPICE II	493,882	116.01
118.00		140,327,970	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	76,035	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	767,096	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 MEDICAL BUILDING AND OTHER	3,052,678	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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Cost Center Description			Total	
			26.00	
194.01	07951	MARCUM & WALLACE HOSPITAL	16,640,603	194.01
194.02	07952	FOUNDATION	51,891	194.02
194.03	07953	RETAIL PHARMACY	21,969	194.03
194.04	07954	SNF CLOSING EXP	1,933	194.04
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	160,940,175	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	92,794	0	92,794	4.00
5.01 00540	NONPATIENT TELEPHONES	0	3,480	0	3,480	5.01
5.03 00560	PURCHASING RECEIVING AND STORES	0	104,037	0	104,037	5.03
5.04 00550	DATA PROCESSING	0	0	0	0	5.04
5.05 00562	REGIONAL TEAM	0	168,247	471,434	639,681	5.05
5.06 00563	ADMINISTRATIVE	0	56,537	7,489	64,026	5.06
5.07 00564	OTHER ADMINISTRATIVE AND GENERAL	823,416	289,695	121,579	1,234,690	5.07
6.00 00600	MAINTENANCE & REPAIRS	0	1,114,584	38,586	1,153,170	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	22,557	0	22,557	8.00
9.00 00900	HOUSEKEEPING	0	27,712	2,309	30,021	9.00
10.00 01000	DIETARY	0	103,455	26,505	129,960	10.00
11.00 01100	CAFETERIA	0	45,875	0	45,875	11.00
13.00 01300	NURSING ADMINISTRATION	0	42,826	372,801	415,627	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	111,168	8,358	119,526	14.00
15.00 01500	PHARMACY	0	55,283	501	55,784	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	83,747	4,110	87,857	16.00
17.00 01700	SOCIAL SERVICE	0	5,747	4,708	10,455	17.00
18.00 01850	OTHER SUPPORT DEPARTMENT	0	7,021	0	7,021	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	619,690	86,769	706,459	30.00
31.00 03100	INTENSIVE CARE UNIT	0	91,851	11,439	103,290	31.00
32.00 03200	CORONARY CARE UNIT	0	76,917	103,918	180,835	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	122,442	2,112	124,554	41.00
43.00 04300	NURSERY	0	85,252	0	85,252	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	620,713	1,793,216	2,413,929	50.00
50.01 05001	REHAB MEDICINE	0	83,346	2,289	85,635	50.01
51.00 05100	RECOVERY ROOM	0	75,974	55,436	131,410	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	28,143	0	28,143	52.00
53.00 05300	ANESTHESIOLOGY	0	0	18,709	18,709	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	106,384	425,290	531,674	54.00
54.01 03630	ULTRASOUND	0	12,477	62,132	74,609	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	16,489	17,547	34,036	56.01
57.00 05700	CT SCAN	0	8,846	331,908	340,754	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	52,676	82,574	135,250	59.00
60.00 06000	LABORATORY	0	104,077	101,665	205,742	60.00
64.00 06400	INTRAVENOUS THERAPY	0	13,670	0	13,670	64.00
65.00 06500	RESPIRATORY THERAPY	0	14,392	2,460	16,852	65.00
66.00 06600	PHYSICAL THERAPY	0	31,804	18,417	50,221	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,861	1,015	4,876	67.00
68.00 06800	SPEECH PATHOLOGY	0	4,122	3,951	8,073	68.00
69.00 06900	ELECTROCARDIOLOGY	0	52,104	373,533	425,637	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	52,124	24,350	76,474	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	91,420	0	91,420	74.00
76.00 03951	DIABETES	0	0	0	0	76.00
76.01 03950	LITHOTRIPTOR	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	4,252	4,252	90.00
90.01 09001	PARTIAL HOSPITAL PRG	0	13,259	0	13,259	90.01
90.02 09002	PAIN MANAGEMENT	0	89,494	13,695	103,189	90.02
91.00 09100	EMERGENCY	0	0	42,330	42,330	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	14,321	14,321	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	39,262	39,262	116.00
116.01 11601	HOSPICE II	0	0	0	0	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	823,416	4,806,292	4,690,970	10,320,678	92,266

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,515	0	18,515	0 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	57,691	57,691	391 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00 07950	MEDICAL BUILDING AND OTHER	0	675,354	0	675,354	135 194.00
194.01 07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0 194.01
194.02 07952	FOUNDATION	0	9,127	989	10,116	0 194.02
194.03 07953	RETAIL PHARMACY	0	3,019	0	3,019	0 194.03
194.04 07954	SNF CLOSING EXP	0	0	0	0	2 194.04
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers				0	0 201.00
202.00	TOTAL (sum lines 118-201)	823,416	5,512,307	4,749,650	11,085,373	92,794 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/22/2015 2:54 pm	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	DATA PROCESSING	REGIONAL TEAM	ADMINISTRATIVE	
			5.01	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	3,847					5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	104,037				5.03
5.04	00550	DATA PROCESSING	60	0	60			5.04
5.05	00562	REGIONAL TEAM	0	3,170	0	647,197		5.05
5.06	00563	ADMINISTRATIVE	90	119	0	419	64,697	5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	492	6,970	0	96,850	0	5.07
6.00	00600	MAINTENANCE & REPAIRS	103	19,688	0	36,293	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	7	90	0	95	0	8.00
9.00	00900	HOUSEKEEPING	20	4,402	0	5,910	0	9.00
10.00	01000	DIETARY	66	26,722	0	11,118	0	10.00
11.00	01100	CAFETERIA	13	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	76	938	0	7,418	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3	1,380	0	627	0	14.00
15.00	01500	PHARMACY	53	1,341	0	13,047	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	116	38	0	656	0	16.00
17.00	01700	SOCIAL SERVICE	143	165	0	6,092	0	17.00
18.00	01850	OTHER SUPPORT DEPARTMENT	0	78	0	1,372	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	405	7,838	0	51,855	4,664	30.00
31.00	03100	INTENSIVE CARE UNIT	40	803	0	9,769	817	31.00
32.00	03200	CORONARY CARE UNIT	27	700	0	6,695	596	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	96	504	0	6,438	531	41.00
43.00	04300	NURSERY	43	0	0	856	30	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	136	9,888	60	36,130	7,837	50.00
50.01	05001	REHAB MEDICINE	7	253	0	4,852	484	50.01
51.00	05100	RECOVERY ROOM	20	184	0	2,366	390	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,301	252	52.00
53.00	05300	ANESTHESIOLOGY	3	323	0	173	829	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	166	2,073	0	13,637	4,900	54.00
54.01	03630	ULTRA SOUND	7	192	0	1,727	696	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	7	34	0	3,447	1,536	56.01
57.00	05700	CT SCAN	10	107	0	4,040	3,276	57.00
59.00	05900	CARDIAC CATHETERIZATION	140	773	0	9,910	2,603	59.00
60.00	06000	LABORATORY	206	943	0	21,566	6,090	60.00
64.00	06400	INTRAVENOUS THERAPY	3	0	0	1,653	86	64.00
65.00	06500	RESPIRATORY THERAPY	17	394	0	4,890	1,561	65.00
66.00	06600	PHYSICAL THERAPY	3	90	0	4,415	420	66.00
67.00	06700	OCCUPATIONAL THERAPY	33	16	0	1,135	123	67.00
68.00	06800	SPEECH PATHOLOGY	3	77	0	874	100	68.00
69.00	06900	ELECTROCARDIOLOGY	47	611	0	7,077	3,384	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37	40	0	1,920	485	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	44,051	1,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,769	6,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	44,003	4,081	73.00
74.00	07400	RENAL DIALYSIS	10	90	0	2,566	297	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	23	684	0	4,072	1,019	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	126	0	767	167	90.01
90.02	09002	PAIN MANAGEMENT	63	477	0	3,736	2,146	90.02
91.00	09100	EMERGENCY	126	1,654	0	11,680	4,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	58	0	118	8	95.00
101.00	10100	HOME HEALTH AGENCY	196	3,406	0	25,103	947	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	149	2,734	0	28,907	1,147	116.00
116.01	11601	HOSPICE II	0	4	0	1,644	210	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,265	100,177	60	584,039	64,697	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	77	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	257	0	2,587	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/22/2015 2:54 pm		
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	DATA PROCESSING	REGIONAL TEAM	ADMITTING		
		5.01	5.03	5.04	5.05	5.06		
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	3,497	0	3,706	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	582	0	0	56,690	0	194.01
194.02	07952	FOUNDATION	0	0	0	48	0	194.02
194.03	07953	RETAIL PHARMACY	0	106	0	44	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	6	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,847	104,037	60	647,197	64,697	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/22/2015 2:54 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.07	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMINISTRATIVE						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	1,341,414					5.07
6.00	00600	MAINTENANCE & REPAIRS	88,458	1,299,001				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	233	7,956	30,938			8.00
9.00	00900	HOUSEKEEPING	14,404	9,774	0	64,548		9.00
10.00	01000	DIETARY	27,098	36,490	0	0	233,637	10.00
11.00	01100	CAFETERIA	0	16,181	0	0	187,661	11.00
13.00	01300	NURSING ADMINISTRATION	18,080	15,105	0	167	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,528	39,210	0	0	0	14.00
15.00	01500	PHARMACY	31,799	19,499	157	838	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,598	29,538	0	503	0	16.00
17.00	01700	SOCIAL SERVICE	14,849	2,027	0	112	0	17.00
18.00	01850	OTHER SUPPORT DEPARTMENT	3,343	2,476	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	126,460	218,570	15,809	32,414	34,680	30.00
31.00	03100	INTENSIVE CARE UNIT	23,823	32,397	1,620	2,404	3,104	31.00
32.00	03200	CORONARY CARE UNIT	16,326	27,129	1,022	1,750	2,326	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	15,699	43,186	1,589	4,141	5,866	41.00
43.00	04300	NURSERY	2,088	30,069	0	617	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88,183	218,930	2,821	6,015	0	50.00
50.01	05001	REHAB MEDICINE	11,833	29,397	0	0	0	50.01
51.00	05100	RECOVERY ROOM	5,772	26,797	268	670	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,486	9,926	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	434	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,315	37,523	2,051	2,458	0	54.00
54.01	03630	ULTRA SOUND	4,221	4,401	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8,425	5,816	0	0	0	56.01
57.00	05700	CT SCAN	9,899	3,120	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	24,194	18,579	1,041	782	0	59.00
60.00	06000	LABORATORY	52,658	36,709	0	1,565	0	60.00
64.00	06400	INTRAVENOUS THERAPY	4,030	4,822	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,942	5,076	1	167	0	65.00
66.00	06600	PHYSICAL THERAPY	10,767	11,217	21	1,565	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,769	1,362	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,132	1,454	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,301	18,377	601	1,117	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,686	18,385	180	1,117	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	107,398	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,159	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,314	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,259	32,245	164	336	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,941	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	1,872	4,677	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	9,140	31,565	303	0	0	90.02
91.00	09100	EMERGENCY	28,539	0	3,290	5,810	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	287	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	61,200	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	70,473	0	0	0	0	116.00
116.01	11601	HOSPICE II	4,010	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,187,425	1,049,985	30,938	64,548	233,637	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	187	6,530	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,304	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/22/2015 2:54 pm		
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.07	6.00	8.00	9.00	10.00		
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	9,032	238,202	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	138,229	0	0	0	0	194.01
194.02	07952	FOUNDATION	116	3,219	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	106	1,065	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	15	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,341,414	1,299,001	30,938	64,548	233,637	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/22/2015 2:54 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMINISTRATIVE						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	196,102					11.00
13.00	01300	NURSING ADMINISTRATION	3,704	463,132				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	162,274			14.00
15.00	01500	PHARMACY	6,959	5	0	133,869		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	120,306	16.00
17.00	01700	SOCIAL SERVICE	3,762	11,230	0	0	0	17.00
18.00	01850	OTHER SUPPORT DEPARTMENT	0	0	19	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,742	158,937	98	0	45,680	30.00
31.00	03100	INTENSIVE CARE UNIT	6,919	34,412	27	0	3,396	31.00
32.00	03200	CORONARY CARE UNIT	4,802	24,510	12	0	2,468	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	5,814	19,370	37	0	5,844	41.00
43.00	04300	NURSERY	383	1,640	0	0	869	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,097	39,144	147	0	11,273	50.00
50.01	05001	REHAB MEDICINE	3,364	1,391	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,381	6,584	4	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,254	13,952	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,148	3,565	241	0	18,913	54.00
54.01	03630	ULTRA SOUND	1,035	0	15	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	709	0	3,618	0	0	56.01
57.00	05700	CT SCAN	1,741	18	819	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,336	13,631	4,397	0	4,185	59.00
60.00	06000	LABORATORY	10,265	5	13,463	0	9,930	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,558	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,304	0	1,001	0	1,816	65.00
66.00	06600	PHYSICAL THERAPY	3,097	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	647	0	0	0	316	67.00
68.00	06800	SPEECH PATHOLOGY	530	0	0	0	257	68.00
69.00	06900	ELECTROCARDIOLOGY	4,229	6,096	164	0	4,284	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,296	0	1	0	1,875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71,842	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	60,550	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	133,869	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,625	9,439	55	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	527	1,420	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	592	1,522	85	0	0	90.02
91.00	09100	EMERGENCY	9,180	32,930	78	0	6,120	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	17,400	41,875	1,647	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	14,355	40,457	1,334	0	0	116.00
116.01	11601	HOSPICE II	338	969	32	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	194,535	463,102	162,245	133,869	117,226	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	639	6	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	928	0	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	3,080	194.02
194.03	07953	RETAIL PHARMACY	0	0	29	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	24	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	53,628	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	249,730	463,132	162,274	133,869	120,306	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		OTHER SUPPORT DEPARTMENT				
	17.00	18.00	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 00540 NONPATIENT TELEPHONES						5.01
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00550 DATA PROCESSING						5.04
5.05 00562 REGIONAL TEAM						5.05
5.06 00563 ADMITTING						5.06
5.07 00564 OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00 00600 MAINTENANCE & REPAIRS						6.00
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	50,511					17.00
18.00 01850 OTHER SUPPORT DEPARTMENT	6	14,315				18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	30	1,036	1,471,030	0	1,471,030	30.00
31.00 03100 INTENSIVE CARE UNIT	8	181	226,241	0	226,241	31.00
32.00 03200 CORONARY CARE UNIT	4	132	271,483	0	271,483	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	12	118	235,918	0	235,918	41.00
43.00 04300 NURSERY	0	7	122,031	0	122,031	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	46	1,681	2,862,285	0	2,862,285	50.00
50.01 05001 REHAB MEDICINE	0	108	138,966	0	138,966	50.01
51.00 05100 RECOVERY ROOM	1	87	176,596	0	176,596	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	56	71,873	0	71,873	52.00
53.00 05300 ANESTHESIOLOGY	0	184	20,656	0	20,656	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	75	1,089	664,725	0	664,725	54.00
54.01 03630 ULTRA SOUND	5	155	87,570	0	87,570	54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,126	341	59,458	0	59,458	56.01
57.00 05700 CT SCAN	255	728	365,532	0	365,532	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,369	578	224,123	0	224,123	59.00
60.00 06000 LABORATORY	4,191	1,353	368,048	0	368,048	60.00
64.00 06400 INTRAVENOUS THERAPY	796	19	27,637	0	27,637	64.00
65.00 06500 RESPIRATORY THERAPY	311	347	50,215	0	50,215	65.00
66.00 06600 PHYSICAL THERAPY	0	93	83,457	0	83,457	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	27	11,707	0	11,707	67.00
68.00 06800 SPEECH PATHOLOGY	0	22	13,829	0	13,829	68.00
69.00 06900 ELECTROCARDIOLOGY	51	752	491,615	0	491,615	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	108	107,150	0	107,150	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,363	433	248,036	0	248,036	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	18,847	1,469	217,405	0	217,405	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	907	290,174	0	290,174	73.00
74.00 07400 RENAL DIALYSIS	0	66	133,453	0	133,453	74.00
76.00 03951 DIABETES	0	0	0	0	0	76.00
76.01 03950 LI THOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	17	227	33,252	0	33,252	90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	37	23,116	0	23,116	90.01
90.02 09002 PAIN MANAGEMENT	27	477	154,485	0	154,485	90.02
91.00 09100 EMERGENCY	24	983	151,045	0	151,045	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	2	473	0	473	95.00
101.00 10100 HOME HEALTH AGENCY	513	210	174,643	0	174,643	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	415	255	205,535	0	205,535	116.00
116.01 11601 HOSPICE II	10	47	7,440	0	7,440	116.01
118.00 SUBTOTALS (SUM OF LINES 1-117)	50,502	14,315	9,791,202	0	9,791,202	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
		OTHER SUPPORT DEPARTMENT						
	17.00	18.00	24.00	25.00	26.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	25,309	0	25,309	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	67,875	0	67,875	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	930,854	0	930,854	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	195,501	0	195,501	194.01
194.02	07952	FOUNDATION	0	0	16,579	0	16,579	194.02
194.03	07953	RETAIL PHARMACY	9	0	4,378	0	4,378	194.03
194.04	07954	SNF CLOSING EXP	0	0	47	0	47	194.04
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	53,628	0	53,628	201.00
202.00		TOTAL (sum lines 118-201)	50,511	14,315	11,085,373	0	11,085,373	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	549,603				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,732,190			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,252	0	46,805,285		4.00
5.01 00540	NONPATIENT TELEPHONES	347	0	185,133	1,158	5.01
5.03 00560	PURCHASING RECEIVING AND STORES	10,373	0	0	0	2,899,500 5.03
5.04 00550	DATA PROCESSING	0	0	0	18	0 5.04
5.05 00562	REGIONAL TEAM	16,775	271,188	2,191,447	0	88,342 5.05
5.06 00563	ADMINISTRATIVE	5,637	4,308	21,735	27	3,309 5.06
5.07 00564	OTHER ADMINISTRATIVE AND GENERAL	28,884	69,937	1,216,099	148	194,250 5.07
6.00 00600	MAINTENANCE & REPAIRS	111,129	22,196	650,117	31	548,705 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,249	0	0	2	2,504 8.00
9.00 00900	HOUSEKEEPING	2,763	1,328	8,549	6	122,674 9.00
10.00 01000	DIETARY	10,315	15,247	1,100,834	20	744,789 10.00
11.00 01100	CAFETERIA	4,574	0	0	4	0 11.00
13.00 01300	NURSING ADMINISTRATION	4,270	214,450	1,017,241	23	26,146 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	11,084	4,808	0	1	38,456 14.00
15.00 01500	PHARMACY	5,512	288	2,212,521	16	37,374 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,350	2,364	0	35	1,070 16.00
17.00 01700	SOCIAL SERVICE	573	2,708	845,436	43	4,605 17.00
18.00 01850	OTHER SUPPORT DEPARTMENT	700	0	0	0	2,162 18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	61,786	49,913	8,760,519	122	218,448 30.00
31.00 03100	INTENSIVE CARE UNIT	9,158	6,580	1,629,330	12	22,377 31.00
32.00 03200	CORONARY CARE UNIT	7,669	59,778	1,083,504	8	19,507 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	12,208	1,215	1,068,816	29	14,057 41.00
43.00 04300	NURSERY	8,500	0	89,109	13	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	61,888	1,031,530	3,514,039	41	275,567 50.00
50.01 05001	REHAB MEDICINE	8,310	1,317	827,978	2	7,052 50.01
51.00 05100	RECOVERY ROOM	7,575	31,889	333,682	6	5,138 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,806	0	757,989	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	10,762	118	1	8,992 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,607	244,644	1,965,313	50	57,764 54.00
54.01 03630	ULTRA SOUND	1,244	35,741	255,713	2	5,346 54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,644	10,094	183,229	2	948 56.01
57.00 05700	CT SCAN	882	190,927	386,009	3	2,978 57.00
59.00 05900	CARDIAC CATHETERIZATION	5,252	47,500	1,187,754	42	21,547 59.00
60.00 06000	LABORATORY	10,377	58,482	1,695,319	62	26,276 60.00
64.00 06400	INTRAVENOUS THERAPY	1,363	0	0	1	0 64.00
65.00 06500	RESPIRATORY THERAPY	1,435	1,415	774,375	5	10,994 65.00
66.00 06600	PHYSICAL THERAPY	3,171	10,594	780,431	1	2,521 66.00
67.00 06700	OCCUPATIONAL THERAPY	385	584	203,015	10	433 67.00
68.00 06800	SPEECH PATHOLOGY	411	2,273	154,854	1	2,134 68.00
69.00 06900	ELECTROCARDIOLOGY	5,195	214,871	951,719	14	17,032 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,197	14,007	275,576	11	1,108 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	9,115	0	0	3	2,503 74.00
76.00 03951	DIABETES	0	0	0	0	0 76.00
76.01 03950	LITHOTRIPTOR	0	0	0	0	0 76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	2,446	452,759	7	19,050 90.00
90.01 09001	PARTIAL HOSPITAL PRG	1,322	0	133,378	0	3,525 90.01
90.02 09002	PAIN MANAGEMENT	8,923	7,878	586,522	19	13,285 90.02
91.00 09100	EMERGENCY	0	24,350	1,954,643	38	46,091 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	1,616 95.00
101.00 10100	HOME HEALTH AGENCY	0	8,238	3,946,241	59	94,918 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	22,585	3,049,254	45	76,190 116.00
116.01 11601	HOSPICE II	0	0	88,693	0	113 116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	479,210	2,698,435	46,538,993	983	2,791,896 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,846	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	33,186	197,212	0	7,173	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	67,336	0	68,184	0	97,469	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	175	0	194.01
194.02	07952	FOUNDATION	910	569	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	301	0	0	0	2,961	194.03
194.04	07954	SNF CLOSING EXP	0	0	896	0	1	194.04
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)	5,512,307	4,749,650	13,421,861	254,849	104,037	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.029616	1.738404	0.286760	220.076857	0.035881	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			92,794	3,847	104,037	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001983	3.322107	0.035881	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		DATA PROCESSING (GROSS CHARGES)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMITTING (GROSS CHARGES)	Reconciliation		
		5.04	5A.05	5.05	5.06	5A.07		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00550	DATA PROCESSING	626,577,812				5.04	
5.05	00562	REGIONAL TEAM	0	-5,075,791	156,470,684		5.05	
5.06	00563	ADMITTING	0	0	101,364	598,341,579	5.06	
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	0	0	23,409,258	0	-24,168,670	5.07
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,774,925	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	23,087	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,428,881	0	0	9.00
10.00	01000	DIETARY	0	0	2,688,067	0	0	10.00
11.00	01100	CAFETERIA	0	606,300	0	0	606,300	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,793,490	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	151,583	0	0	14.00
15.00	01500	PHARMACY	0	0	3,154,404	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	158,548	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,473,029	0	0	17.00
18.00	01850	OTHER SUPPORT DEPARTMENT	0	0	331,651	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,185,350	0	12,537,428	43,185,350	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,562,150	0	2,361,967	7,562,150	0	31.00
32.00	03200	CORONARY CARE UNIT	5,519,531	0	1,618,625	5,519,531	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,919,920	0	1,556,471	4,919,920	0	41.00
43.00	04300	NURSERY	273,793	0	207,045	273,793	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71,881,134	0	8,735,532	71,881,134	0	50.00
50.01	05001	REHAB MEDICINE	4,481,171	0	1,173,048	4,481,171	0	50.01
51.00	05100	RECOVERY ROOM	3,607,423	0	572,004	3,607,423	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,330,783	0	1,039,810	2,330,783	0	52.00
53.00	05300	ANESTHESIOLOGY	7,677,579	0	41,719	7,677,579	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,374,832	0	3,297,121	45,374,832	0	54.00
54.01	03630	ULTRA SOUND	6,440,386	0	417,653	6,440,386	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	14,219,134	0	833,317	14,219,134	0	56.01
57.00	05700	CT SCAN	30,334,921	0	976,826	30,334,921	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	24,100,219	0	2,395,945	24,100,219	0	59.00
60.00	06000	LABORATORY	56,384,410	0	5,214,113	56,384,410	0	60.00
64.00	06400	INTRAVENOUS THERAPY	795,190	0	399,645	795,190	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,452,571	0	1,182,210	14,452,571	0	65.00
66.00	06600	PHYSICAL THERAPY	3,893,454	0	1,067,423	3,893,454	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,138,390	0	274,455	1,138,390	0	67.00
68.00	06800	SPEECH PATHOLOGY	929,354	0	211,369	929,354	0	68.00
69.00	06900	ELECTROCARDIOLOGY	31,329,577	0	1,710,974	31,329,577	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,486,255	0	464,131	4,486,255	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,041,674	0	10,650,733	18,041,674	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,214,242	0	9,131,729	61,214,242	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,785,631	0	10,639,040	37,785,631	0	73.00
74.00	07400	RENAL DIALYSIS	2,750,196	0	620,391	2,750,196	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LI THOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,438,434	0	984,542	9,438,434	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	1,550,532	0	185,423	1,550,532	0	90.01
90.02	09002	PAI N MANAGEMENT	19,866,295	0	903,299	19,866,295	0	90.02
91.00	09100	EMERGENCY	40,970,278	0	2,824,104	40,970,278	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	73,391	0	28,421	73,391	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	6,069,472	8,765,899	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPI CE	0	0	6,989,071	10,621,855	0	116.00
116.01	11601	HOSPI CE II	0	0	397,493	1,945,625	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	577,008,200	-4,469,491	141,200,836	598,341,579	-23,562,370	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	18,515	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description			DATA PROCESSING (GROSS CHARGES)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMINISTRATIVE (GROSS CHARGES)	Reconciliation	
			5.04	5A.05	5.05	5.06	5A.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	625,397	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	896,008	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	49,569,612	0	13,706,361	0	0	194.01
194.02	07952	FOUNDATION	0	0	11,531	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	10,544	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	1,492	0	0	194.04
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)	3,961		5,075,791	104,652		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000006		0.032439	0.000175		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	60		647,197	64,697		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		0.004136	0.000108		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)		
		5.07	6.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00550	DATA PROCESSING					5.04	
5.05	00562	REGIONAL TEAM					5.05	
5.06	00563	ADMINITTING					5.06	
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	137,377,805				5.07	
6.00	00600	MAINTENANCE & REPAIRS	9,059,575	367,206			6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	23,836	2,249	965,256		8.00	
9.00	00900	HOUSEKEEPING	1,475,232	2,763	0	80,610	9.00	
10.00	01000	DIETARY	2,775,265	10,315	0	599,767	10.00	
11.00	01100	CAFETERIA	0	4,574	0	481,743	11.00	
13.00	01300	NURSING ADMINISTRATION	1,851,669	4,270	0	209	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	156,500	11,084	0	0	14.00	
15.00	01500	PHARMACY	3,256,730	5,512	4,891	1,047	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	163,691	8,350	0	628	16.00	
17.00	01700	SOCIAL SERVICE	1,520,813	573	0	140	17.00	
18.00	01850	OTHER SUPPORT DEPARTMENT	342,409	700	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,951,687	61,786	493,157	40,479	89,026	30.00
31.00	03100	INTENSIVE CARE UNIT	2,439,910	9,158	50,555	3,002	7,967	31.00
32.00	03200	CORONARY CARE UNIT	1,672,098	7,669	31,894	2,185	5,972	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,607,822	12,208	49,584	5,172	15,059	41.00
43.00	04300	NURSERY	213,809	8,500	0	770	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,031,427	61,888	88,027	7,512	0	50.00
50.01	05001	REHAB MEDICINE	1,211,885	8,310	0	0	0	50.01
51.00	05100	RECOVERY ROOM	591,190	7,575	8,377	837	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,073,948	2,806	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	44,416	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,412,017	10,607	64,004	3,070	0	54.00
54.01	03630	ULTRA SOUND	432,328	1,244	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	862,837	1,644	0	0	0	56.01
57.00	05700	CT SCAN	1,013,822	882	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,477,885	5,252	32,480	977	0	59.00
60.00	06000	LABORATORY	5,393,121	10,377	0	1,954	0	60.00
64.00	06400	INTRAVENOUS THERAPY	412,748	1,363	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,223,089	1,435	32	209	0	65.00
66.00	06600	PHYSICAL THERAPY	1,102,730	3,171	645	1,954	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	283,557	385	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	218,389	411	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,771,959	5,195	18,762	1,395	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	479,972	5,197	5,630	1,395	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,999,389	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,438,665	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,990,772	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	640,997	9,115	5,102	419	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LI THOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,018,132	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	191,709	1,322	0	0	0	90.01
90.02	09002	PAI N MANAGEMENT	936,078	8,923	9,465	0	0	90.02
91.00	09100	EMERGENCY	2,922,885	0	102,649	7,256	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	29,356	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,267,894	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,217,648	0	0	0	0	116.00
116.01	11601	HOSPICE II	410,727	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	121,612,618	296,813	965,254	80,610	599,767	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,116	1,846	2	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)		
		5.07	6.00	8.00	9.00	10.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	645,684	0	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00	
194.00	07950	MEDICAL BUILDING AND OTHER	925,074	67,336	0	0	194.00	
194.01	07951	MARCUM & WALLACE HOSPITAL	14,150,982	0	0	0	194.01	
194.02	07952	FOUNDATION	11,905	910	0	0	194.02	
194.03	07953	RETAIL PHARMACY	10,886	301	0	0	194.03	
194.04	07954	SNF CLOSING EXP	1,540	0	0	0	194.04	
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)	24,168,670	10,653,408	93,277	1,814,927	3,562,772	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.175928	29.012075	0.096634	22.514911	5.940260	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,341,414	1,299,001	30,938	64,548	233,637	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009764	3.537527	0.032052	0.800744	0.389546	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMINITTING						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	78,824					11.00
13.00	01300	NURSING ADMINISTRATION	1,489	692,594				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	24,472,926			14.00
15.00	01500	PHARMACY	2,797	8	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	6,094	16.00
17.00	01700	SOCIAL SERVICE	1,512	16,794	0	0	0	17.00
18.00	01850	OTHER SUPPORT DEPARTMENT	0	0	2,878	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,592	237,683	14,725	0	2,314	30.00
31.00	03100	INTENSIVE CARE UNIT	2,781	51,461	4,006	0	172	31.00
32.00	03200	CORONARY CARE UNIT	1,930	36,653	1,842	0	125	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,337	28,967	5,646	0	296	41.00
43.00	04300	NURSERY	154	2,453	0	0	44	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,676	58,538	22,228	0	571	50.00
50.01	05001	REHAB MEDICINE	1,352	2,080	0	0	0	50.01
51.00	05100	RECOVERY ROOM	555	9,846	608	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,308	20,865	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	172	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,677	5,331	36,405	0	958	54.00
54.01	03630	ULTRA SOUND	416	0	2,310	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	285	0	545,647	0	0	56.01
57.00	05700	CT SCAN	700	27	123,464	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,743	20,385	663,130	0	212	59.00
60.00	06000	LABORATORY	4,126	7	2,030,282	0	503	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	385,750	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,730	0	150,912	0	92	65.00
66.00	06600	PHYSICAL THERAPY	1,245	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	260	0	0	0	16	67.00
68.00	06800	SPEECH PATHOLOGY	213	0	0	0	13	68.00
69.00	06900	ELECTROCARDIOLOGY	1,700	9,117	24,676	0	217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	521	0	88	0	95	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,834,993	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,131,362	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	9	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,055	14,115	8,354	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	212	2,123	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	238	2,276	12,841	0	0	90.02
91.00	09100	EMERGENCY	3,690	49,246	11,825	0	310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,994	62,623	248,327	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,770	60,502	201,141	0	0	116.00
116.01	11601	HOSPICE II	136	1,449	4,883	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	78,194	692,549	24,468,504	100	5,938	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	257	9	19	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	373	0	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	156	194.02
194.03	07953	RETAIL PHARMACY	0	0	4,403	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	36	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,388,080	2,351,128	505,603	4,098,407	448,879	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.296356	3.394670	0.020660	40,984.070000	73.659173	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	249,730	463,132	162,274	133,869	120,306	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.487846	0.668692	0.006631	1,338.690000	19.741713	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE OTHER SUPPORT DEPARTMENT (GROSS CHARGES)	
		17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	00540			5.01
5.03	00560			5.03
5.04	00550			5.04
5.05	00562			5.05
5.06	00563			5.06
5.07	00564			5.07
6.00	00600			6.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700	24,472,926		17.00
18.00	01850	2,878	598,341,579	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	14,725	43,185,350	30.00
31.00	03100	4,006	7,562,150	31.00
32.00	03200	1,842	5,519,531	32.00
40.00	04000	0	0	40.00
41.00	04100	5,646	4,919,920	41.00
43.00	04300	0	273,793	43.00
44.00	04400	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	22,228	71,881,134	50.00
50.01	05001	0	4,481,171	50.01
51.00	05100	608	3,607,423	51.00
52.00	05200	0	2,330,783	52.00
53.00	05300	172	7,677,579	53.00
54.00	05400	36,405	45,374,832	54.00
54.01	03630	2,310	6,440,386	54.01
56.00	05600	0	0	56.00
56.01	03450	545,647	14,219,134	56.01
57.00	05700	123,464	30,334,921	57.00
59.00	05900	663,130	24,100,219	59.00
60.00	06000	2,030,282	56,384,410	60.00
64.00	06400	385,750	795,190	64.00
65.00	06500	150,912	14,452,571	65.00
66.00	06600	0	3,893,454	66.00
67.00	06700	0	1,138,390	67.00
68.00	06800	0	929,354	68.00
69.00	06900	24,676	31,329,577	69.00
70.00	07000	88	4,486,255	70.00
71.00	07100	10,834,993	18,041,674	71.00
72.00	07200	9,131,362	61,214,242	72.00
73.00	07300	0	37,785,631	73.00
74.00	07400	9	2,750,196	74.00
76.00	03951	0	0	76.00
76.01	03950	0	0	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	8,354	9,438,434	90.00
90.01	09001	0	1,550,532	90.01
90.02	09002	12,841	19,866,295	90.02
91.00	09100	11,825	40,970,278	91.00
92.00	09200			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	0	73,391	95.00
101.00	10100	248,327	8,765,899	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300			113.00
116.00	11600	201,141	10,621,855	116.00
116.01	11601	4,883	1,945,625	116.01
118.00		24,468,504	598,341,579	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	OTHER SUPPORT DEPARTMENT (GROSS CHARGES)	
		17.00		
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00 19100 RESEARCH	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	19	0		192.00
193.00 19300 NONPAID WORKERS	0	0		193.00
194.00 07950 MEDICAL BUILDING AND OTHER	0	0		194.00
194.01 07951 MARCUM & WALLACE HOSPITAL	0	0		194.01
194.02 07952 FOUNDATION	0	0		194.02
194.03 07953 RETAIL PHARMACY	4,403	0		194.03
194.04 07954 SNF CLOSING EXP	0	0		194.04
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)	1,910,961	423,240		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.078085	0.000707		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	50,511	14,315		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.002064	0.000024		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/22/2015 2:54 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Dissallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	20,113,520	20,113,520	0	20,113,520
31.00	03100 INTENSIVE CARE UNIT	3,532,010	3,532,010	0	3,532,010
32.00	03200 CORONARY CARE UNIT	2,472,701	2,472,701	0	2,472,701
40.00	04000 SUBPROVIDER - I PF	0	0	0	0
41.00	04100 SUBPROVIDER - I RF	2,650,530	2,650,530	0	2,650,530
43.00	04300 NURSERY	531,791	531,791	0	531,791
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	13,120,006	13,120,006	2,140	13,122,146
50.01	05001 REHAB MEDICINE	1,717,370	1,717,370	0	1,717,370
51.00	05100 RECOVERY ROOM	987,466	987,466	0	987,466
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,456,400	1,456,400	0	1,456,400
53.00	05300 ANESTHESIOLOGY	57,675	57,675	0	57,675
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,631,060	4,631,060	0	4,631,060
54.01	03630 ULTRA SOUND	561,862	561,862	0	561,862
56.00	05600 RADIOISOTOPE	0	0	0	0
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,134,897	1,134,897	0	1,134,897
57.00	05700 CT SCAN	1,272,709	1,272,709	0	1,272,709
59.00	05900 CARDIAC CATHETERIZATION	3,311,464	3,311,464	0	3,311,464
60.00	06000 LABORATORY	7,089,397	7,089,397	1,150	7,090,547
64.00	06400 INTRAVENOUS THERAPY	563,558	563,558	0	563,558
65.00	06500 RESPIRATORY THERAPY	1,568,916	1,568,916	0	1,568,916
66.00	06600 PHYSICAL THERAPY	1,473,256	1,473,256	0	1,473,256
67.00	06700 OCCUPATIONAL THERAPY	354,474	354,474	0	354,474
68.00	06800 SPEECH PATHOLOGY	276,802	276,802	0	276,802
69.00	06900 ELECTROCARDIOLOGY	2,390,659	2,390,659	0	2,390,659
70.00	07000 ELECTROENCEPHALOGRAPHY	773,104	773,104	3,337	776,441
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,017,129	14,017,129	0	14,017,129
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,044,144	12,044,144	0	12,044,144
73.00	07300 DRUGS CHARGED TO PATIENTS	17,049,478	17,049,478	0	17,049,478
74.00	07400 RENAL DIALYSIS	1,030,083	1,030,083	0	1,030,083
76.00	03951 DIABETES	0	0	0	0
76.01	03950 LI THOTRIPTOR	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1,284,627	1,284,627	0	1,284,627
90.01	09001 PARTIAL HOSPITAL PRG	278,516	278,516	0	278,516
90.02	09002 PAIN MANAGEMENT	1,390,800	1,390,800	0	1,390,800
91.00	09100 EMERGENCY	3,942,324	3,942,324	0	3,942,324
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,068,435	1,068,435	0	1,068,435
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	34,573	34,573	0	34,573
101.00	10100 HOME HEALTH AGENCY	7,825,787	7,825,787	0	7,825,787
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
116.00	11600 HOSPICE	8,895,000	8,895,000		8,895,000
116.01	11601 HOSPICE II	493,882	493,882		493,882
200.00	Subtotal (see instructions)	141,396,405	141,396,405	6,627	141,403,032
201.00	Less Observation Beds	1,068,435	1,068,435		1,068,435
202.00	Total (see instructions)	140,327,970	140,327,970	6,627	140,334,597

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/22/2015 2:54 pm	
			Title XVII		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	41,588,824		41,588,824			30.00
31.00	03100	INTENSIVE CARE UNIT	7,562,150		7,562,150			31.00
32.00	03200	CORONARY CARE UNIT	5,519,531		5,519,531			32.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
41.00	04100	SUBPROVIDER - I/RF	4,919,920		4,919,920			41.00
43.00	04300	NURSERY	273,793		273,793			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,529,286	38,351,848	71,881,134	0.182524	0.000000	50.00
50.01	05001	REHAB MEDICINE	4,481,171	0	4,481,171	0.383241	0.000000	50.01
51.00	05100	RECOVERY ROOM	1,351,350	2,256,073	3,607,423	0.273732	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,023,113	307,670	2,330,783	0.624854	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,527,806	4,149,773	7,677,579	0.007512	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,358,746	34,016,086	45,374,832	0.102062	0.000000	54.00
54.01	03630	ULTRA SOUND	1,374,698	5,065,688	6,440,386	0.087240	0.000000	54.01
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,631,715	11,587,419	14,219,134	0.079815	0.000000	56.01
57.00	05700	CT SCAN	9,363,404	20,971,517	30,334,921	0.041955	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,633,924	12,466,295	24,100,219	0.137404	0.000000	59.00
60.00	06000	LABORATORY	30,917,077	25,467,333	56,384,410	0.125733	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	59,986	735,204	795,190	0.708709	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	13,294,947	1,157,624	14,452,571	0.108556	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,802,054	1,091,400	3,893,454	0.378393	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,027,557	110,833	1,138,390	0.311382	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	477,640	451,714	929,354	0.297843	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,741,927	23,587,650	31,329,577	0.076307	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	382,284	4,103,971	4,486,255	0.172327	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,605,721	7,435,953	18,041,674	0.776931	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,400,573	14,813,669	61,214,242	0.196754	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,560,597	15,225,034	37,785,631	0.451216	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,864,150	886,046	2,750,196	0.374549	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0.000000	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	79,772	9,358,662	9,438,434	0.136106	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	3,047	1,547,485	1,550,532	0.179626	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	609,247	19,257,048	19,866,295	0.070008	0.000000	90.02
91.00	09100	EMERGENCY	9,442,918	31,527,360	40,970,278	0.096224	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,356	1,577,170	1,596,526	0.669225	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	19,306	54,085	73,391	0.471080	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,765,899	8,765,899			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	10,621,855	10,621,855			116.00
116.01	11601	HOSPICE II	0	1,945,625	1,945,625			116.01
200.00		Subtotal (see instructions)	289,447,590	308,893,989	598,341,579			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	289,447,590	308,893,989	598,341,579			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/22/2015 2:54 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.182553		50.00
50.01	05001 REHAB MEDICINE	0.383241		50.01
51.00	05100 RECOVERY ROOM	0.273732		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.624854		52.00
53.00	05300 ANESTHESIOLOGY	0.007512		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.102062		54.00
54.01	03630 ULTRA SOUND	0.087240		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.079815		56.01
57.00	05700 CT SCAN	0.041955		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.137404		59.00
60.00	06000 LABORATORY	0.125754		60.00
64.00	06400 INTRAVENOUS THERAPY	0.708709		64.00
65.00	06500 RESPIRATORY THERAPY	0.108556		65.00
66.00	06600 PHYSICAL THERAPY	0.378393		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.311382		67.00
68.00	06800 SPEECH PATHOLOGY	0.297843		68.00
69.00	06900 ELECTROCARDIOLOGY	0.076307		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173071		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.776931		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.196754		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.451216		73.00
74.00	07400 RENAL DIALYSIS	0.374549		74.00
76.00	03951 DIABETES	0.000000		76.00
76.01	03950 LI THOTRIPTOR	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.136106		90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.179626		90.01
90.02	09002 PAIN MANAGEMENT	0.070008		90.02
91.00	09100 EMERGENCY	0.096224		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.669225		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.471080		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
116.01	11601 HOSPICE II			116.01
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: 180102

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Dissallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,113,520		20,113,520	0	20,113,520	30.00
31.00	03100	INTENSIVE CARE UNIT	3,532,010		3,532,010	0	3,532,010	31.00
32.00	03200	CORONARY CARE UNIT	2,472,701		2,472,701	0	2,472,701	32.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,650,530		2,650,530	0	2,650,530	41.00
43.00	04300	NURSERY	531,791		531,791	0	531,791	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,120,006		13,120,006	2,140	13,122,146	50.00
50.01	05001	REHAB MEDICINE	1,717,370		1,717,370	0	1,717,370	50.01
51.00	05100	RECOVERY ROOM	987,466		987,466	0	987,466	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,456,400		1,456,400	0	1,456,400	52.00
53.00	05300	ANESTHESIOLOGY	57,675		57,675	0	57,675	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,631,060		4,631,060	0	4,631,060	54.00
54.01	03630	ULTRA SOUND	561,862		561,862	0	561,862	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,134,897		1,134,897	0	1,134,897	56.01
57.00	05700	CT SCAN	1,272,709		1,272,709	0	1,272,709	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,311,464		3,311,464	0	3,311,464	59.00
60.00	06000	LABORATORY	7,089,397		7,089,397	1,150	7,090,547	60.00
64.00	06400	INTRAVENOUS THERAPY	563,558		563,558	0	563,558	64.00
65.00	06500	RESPIRATORY THERAPY	1,568,916	0	1,568,916	0	1,568,916	65.00
66.00	06600	PHYSICAL THERAPY	1,473,256	0	1,473,256	0	1,473,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	354,474	0	354,474	0	354,474	67.00
68.00	06800	SPEECH PATHOLOGY	276,802	0	276,802	0	276,802	68.00
69.00	06900	ELECTROCARDIOLOGY	2,390,659		2,390,659	0	2,390,659	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	773,104		773,104	3,337	776,441	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,017,129		14,017,129	0	14,017,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,044,144		12,044,144	0	12,044,144	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,049,478		17,049,478	0	17,049,478	73.00
74.00	07400	RENAL DIALYSIS	1,030,083		1,030,083	0	1,030,083	74.00
76.00	03951	DIABETES	0		0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0		0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,284,627		1,284,627	0	1,284,627	90.00
90.01	09001	PARTIAL HOSPITAL PRG	278,516		278,516	0	278,516	90.01
90.02	09002	PAIN MANAGEMENT	1,390,800		1,390,800	0	1,390,800	90.02
91.00	09100	EMERGENCY	3,942,324		3,942,324	0	3,942,324	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,068,435		1,068,435	0	1,068,435	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	34,573		34,573	0	34,573	95.00
101.00	10100	HOME HEALTH AGENCY	7,825,787		7,825,787	0	7,825,787	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,895,000		8,895,000		8,895,000	116.00
116.01	11601	HOSPICE II	493,882		493,882		493,882	116.01
200.00		Subtotal (see instructions)	141,396,405	0	141,396,405	6,627	141,403,032	200.00
201.00		Less Observation Beds	1,068,435		1,068,435		1,068,435	201.00
202.00		Total (see instructions)	140,327,970	0	140,327,970	6,627	140,334,597	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180102

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2015 2:54 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,588,824		41,588,824		30.00
31.00	03100	INTENSIVE CARE UNIT	7,562,150		7,562,150		31.00
32.00	03200	CORONARY CARE UNIT	5,519,531		5,519,531		32.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	4,919,920		4,919,920		41.00
43.00	04300	NURSERY	273,793		273,793		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,529,286	38,351,848	71,881,134	0.182524	50.00
50.01	05001	REHAB MEDICINE	4,481,171	0	4,481,171	0.383241	50.01
51.00	05100	RECOVERY ROOM	1,351,350	2,256,073	3,607,423	0.273732	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,023,113	307,670	2,330,783	0.624854	52.00
53.00	05300	ANESTHESIOLOGY	3,527,806	4,149,773	7,677,579	0.007512	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,358,746	34,016,086	45,374,832	0.102062	54.00
54.01	03630	ULTRA SOUND	1,374,698	5,065,688	6,440,386	0.087240	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,631,715	11,587,419	14,219,134	0.079815	56.01
57.00	05700	CT SCAN	9,363,404	20,971,517	30,334,921	0.041955	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,633,924	12,466,295	24,100,219	0.137404	59.00
60.00	06000	LABORATORY	30,917,077	25,467,333	56,384,410	0.125733	60.00
64.00	06400	INTRAVENOUS THERAPY	59,986	735,204	795,190	0.708709	64.00
65.00	06500	RESPIRATORY THERAPY	13,294,947	1,157,624	14,452,571	0.108556	65.00
66.00	06600	PHYSICAL THERAPY	2,802,054	1,091,400	3,893,454	0.378393	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,027,557	110,833	1,138,390	0.311382	67.00
68.00	06800	SPEECH PATHOLOGY	477,640	451,714	929,354	0.297843	68.00
69.00	06900	ELECTROCARDIOLOGY	7,741,927	23,587,650	31,329,577	0.076307	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	382,284	4,103,971	4,486,255	0.172327	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,605,721	7,435,953	18,041,674	0.776931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,400,573	14,813,669	61,214,242	0.196754	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,560,597	15,225,034	37,785,631	0.451216	73.00
74.00	07400	RENAL DIALYSIS	1,864,150	886,046	2,750,196	0.374549	74.00
76.00	03951	DIABETES	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	79,772	9,358,662	9,438,434	0.136106	90.00
90.01	09001	PARTIAL HOSPITAL PRG	3,047	1,547,485	1,550,532	0.179626	90.01
90.02	09002	PAIN MANAGEMENT	609,247	19,257,048	19,866,295	0.070008	90.02
91.00	09100	EMERGENCY	9,442,918	31,527,360	40,970,278	0.096224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,356	1,577,170	1,596,526	0.669225	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	19,306	54,085	73,391	0.471080	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,765,899	8,765,899		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	10,621,855	10,621,855		116.00
116.01	11601	HOSPICE II	0	1,945,625	1,945,625		116.01
200.00		Subtotal (see instructions)	289,447,590	308,893,989	598,341,579		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	289,447,590	308,893,989	598,341,579		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/22/2015 2:54 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	REHAB MEDICINE	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRA SOUND	0.000000		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	DIABETES	0.000000		76.00
76.01	03950	LI THOTRIPTOR	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000		90.01
90.02	09002	PAIN MANAGEMENT	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
116.01	11601	HOSPICE II			116.01
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 180102

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

Worksheet C Part II Date/Time Prepared: 5/22/2015 2:54 pm

Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,120,006	2,862,285	10,257,721	143,114	512,886	50.00
50.01	05001	REHAB MEDICINE	1,717,370	138,966	1,578,404	6,948	78,920	50.01
51.00	05100	RECOVERY ROOM	987,466	176,596	810,870	8,830	40,544	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,456,400	71,873	1,384,527	3,594	69,226	52.00
53.00	05300	ANESTHESIOLOGY	57,675	20,656	37,019	1,033	1,851	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,631,060	664,725	3,966,335	33,236	198,317	54.00
54.01	03630	ULTRA SOUND	561,862	87,570	474,292	4,379	23,715	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,134,897	59,458	1,075,439	2,973	53,772	56.01
57.00	05700	CT SCAN	1,272,709	365,532	907,177	18,277	45,359	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,311,464	224,123	3,087,341	11,206	154,367	59.00
60.00	06000	LABORATORY	7,089,397	368,048	6,721,349	18,402	336,067	60.00
64.00	06400	INTRAVENOUS THERAPY	563,558	27,637	535,921	1,382	26,796	64.00
65.00	06500	RESPIRATORY THERAPY	1,568,916	50,215	1,518,701	2,511	75,935	65.00
66.00	06600	PHYSICAL THERAPY	1,473,256	83,457	1,389,799	4,173	69,490	66.00
67.00	06700	OCCUPATIONAL THERAPY	354,474	11,707	342,767	585	17,138	67.00
68.00	06800	SPEECH PATHOLOGY	276,802	13,829	262,973	691	13,149	68.00
69.00	06900	ELECTROCARDIOLOGY	2,390,659	491,615	1,899,044	24,581	94,952	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	773,104	107,150	665,954	5,358	33,298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,017,129	248,036	13,769,093	12,402	688,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,044,144	217,405	11,826,739	10,870	591,337	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,049,478	290,174	16,759,304	14,509	837,965	73.00
74.00	07400	RENAL DIALYSIS	1,030,083	133,453	896,630	6,673	44,832	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LI THOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,284,627	33,252	1,251,375	1,663	62,569	90.00
90.01	09001	PARTIAL HOSPITAL PRG	278,516	23,116	255,400	1,156	12,770	90.01
90.02	09002	PAIN MANAGEMENT	1,390,800	154,485	1,236,315	7,724	61,816	90.02
91.00	09100	EMERGENCY	3,942,324	151,045	3,791,279	7,552	189,564	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,068,435	78,141	990,294	3,907	49,515	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	34,573	473	34,100	24	1,705	95.00
101.00	10100	HOME HEALTH AGENCY	7,825,787	174,643	7,651,144	8,732	382,557	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,895,000	205,535	8,689,465	10,277	434,473	116.00
116.01	11601	HOSPICE II	493,882	7,440	486,442	372	24,322	116.01
200.00		Subtotal (sum of lines 50 thru 199)	112,095,853	7,542,640	104,553,213	377,134	5,227,662	200.00
201.00		Less Observation Beds	1,068,435	78,141	990,294	3,907	49,515	201.00
202.00		Total (line 200 minus line 201)	111,027,418	7,464,499	103,562,919	373,227	5,178,147	202.00

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

Provider CCN: 180102

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

Worksheet C
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital Cost
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	12,464,006	71,881,134	0.173397	50.00
50.01	05001 REHAB MEDICINE	1,631,502	4,481,171	0.364079	50.01
51.00	05100 RECOVERY ROOM	938,092	3,607,423	0.260045	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,383,580	2,330,783	0.593612	52.00
53.00	05300 ANESTHESIOLOGY	54,791	7,677,579	0.007136	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,399,507	45,374,832	0.096959	54.00
54.01	03630 ULTRA SOUND	533,768	6,440,386	0.082878	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,078,152	14,219,134	0.075824	56.01
57.00	05700 CT SCAN	1,209,073	30,334,921	0.039857	57.00
59.00	05900 CARDIAC CATHETERIZATION	3,145,891	24,100,219	0.130534	59.00
60.00	06000 LABORATORY	6,734,928	56,384,410	0.119447	60.00
64.00	06400 INTRAVENOUS THERAPY	535,380	795,190	0.673273	64.00
65.00	06500 RESPIRATORY THERAPY	1,490,470	14,452,571	0.103128	65.00
66.00	06600 PHYSICAL THERAPY	1,399,593	3,893,454	0.359473	66.00
67.00	06700 OCCUPATIONAL THERAPY	336,751	1,138,390	0.295813	67.00
68.00	06800 SPEECH PATHOLOGY	262,962	929,354	0.282951	68.00
69.00	06900 ELECTROCARDIOLOGY	2,271,126	31,329,577	0.072491	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	734,448	4,486,255	0.163711	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13,316,272	18,041,674	0.738084	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,441,937	61,214,242	0.186916	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,197,004	37,785,631	0.428655	73.00
74.00	07400 RENAL DIALYSIS	978,578	2,750,196	0.355821	74.00
76.00	03951 DIABETES	0	0	0.000000	76.00
76.01	03950 LI THOTRIPTOR	0	0	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1,220,395	9,438,434	0.129301	90.00
90.01	09001 PARTIAL HOSPITAL PRG	264,590	1,550,532	0.170645	90.01
90.02	09002 PAIN MANAGEMENT	1,321,260	19,866,295	0.066508	90.02
91.00	09100 EMERGENCY	3,745,208	40,970,278	0.091413	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,015,013	1,596,526	0.635764	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	32,844	73,391	0.447521	95.00
101.00	10100 HOME HEALTH AGENCY	7,434,498	8,765,899	0.848116	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE	8,450,250	10,621,855	0.795553	116.00
116.01	11601 HOSPICE II	469,188	1,945,625	0.241150	116.01
200.00	Subtotal (sum of lines 50 thru 199)	106,491,057	538,477,361		200.00
201.00	Less Observation Beds	1,015,013	0		201.00
202.00	Total (line 200 minus line 201)	105,476,044	538,477,361		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/22/2015 2:54 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,471,030	0	1,471,030	37,029	39.73	30.00	
31.00	INTENSIVE CARE UNIT	226,241		226,241	3,136	72.14	31.00	
32.00	CORONARY CARE UNIT	271,483		271,483	2,350	115.52	32.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	235,918	0	235,918	5,934	39.76	41.00	
43.00	NURSERY	122,031		122,031	762	160.15	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (Lines 30-199)	2,326,703		2,326,703	49,211		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	18,387	730,516					30.00
31.00	INTENSIVE CARE UNIT	1,608	116,001					31.00
32.00	CORONARY CARE UNIT	1,290	149,021					32.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	4,321	171,803					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (Lines 30-199)	25,606	1,167,341					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/22/2015 2:54 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,862,285	71,881,134	0.039820	17,124,679	681,905	50.00
50.01	05001 REHAB MEDICINE	138,966	4,481,171	0.031011	0	0	50.01
51.00	05100 RECOVERY ROOM	176,596	3,607,423	0.048954	655,020	32,066	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	71,873	2,330,783	0.030836	0	0	52.00
53.00	05300 ANESTHESIOLOGY	20,656	7,677,579	0.002690	1,656,046	4,455	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	664,725	45,374,832	0.014650	5,410,898	79,270	54.00
54.01	03630 ULTRA SOUND	87,570	6,440,386	0.013597	486,414	6,614	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	59,458	14,219,134	0.004182	1,155,813	4,834	56.01
57.00	05700 CT SCAN	365,532	30,334,921	0.012050	4,862,670	58,595	57.00
59.00	05900 CARDIAC CATHETERIZATION	224,123	24,100,219	0.009300	4,908,890	45,653	59.00
60.00	06000 LABORATORY	368,048	56,384,410	0.006527	16,211,435	105,812	60.00
64.00	06400 INTRAVENOUS THERAPY	27,637	795,190	0.034755	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	50,215	14,452,571	0.003474	6,584,216	22,874	65.00
66.00	06600 PHYSICAL THERAPY	83,457	3,893,454	0.021435	1,730,998	37,104	66.00
67.00	06700 OCCUPATIONAL THERAPY	11,707	1,138,390	0.010284	666,663	6,856	67.00
68.00	06800 SPEECH PATHOLOGY	13,829	929,354	0.014880	320,804	4,774	68.00
69.00	06900 ELECTROCARDIOLOGY	491,615	31,329,577	0.015692	4,412,872	69,247	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	107,150	4,486,255	0.023884	180,308	4,306	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	248,036	18,041,674	0.013748	4,794,115	65,909	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	217,405	61,214,242	0.003552	22,492,116	79,892	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	290,174	37,785,631	0.007679	11,351,844	87,171	73.00
74.00	07400 RENAL DIALYSIS	133,453	2,750,196	0.048525	1,116,546	54,180	74.00
76.00	03951 DIABETES	0	0	0.000000	0	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	0.000000	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	33,252	9,438,434	0.003523	35,689	126	90.00
90.01	09001 PARTIAL HOSPITAL PRG	23,116	1,550,532	0.014908	1,925	29	90.01
90.02	09002 PAIN MANAGEMENT	154,485	19,866,295	0.007776	38,338	298	90.02
91.00	09100 EMERGENCY	151,045	40,970,278	0.003687	4,818,682	17,766	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	78,141	1,596,526	0.048944	11,653	570	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	7,154,549	517,070,591		111,028,634	1,470,306	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/22/2015 2:54 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	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	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	37,029	0.00	18,387	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,136	0.00	1,608	0		31.00
32.00	03200	CORONARY CARE UNIT	2,350	0.00	1,290	0		32.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	5,934	0.00	4,321	0		41.00
43.00	04300	NURSERY	762	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	49,211		25,606	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/22/2015 2:54 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 50.00	
50.01	05001	REHAB MEDICINE	0	0	0	0	0 50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00	
54.01	03630	ULTRA SOUND	0	0	0	0	0 54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0 56.01	
57.00	05700	CT SCAN	0	0	0	0	0 57.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00	
60.00	06000	LABORATORY	0	0	0	0	0 60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00	
76.00	03951	DIABETES	0	0	0	0	0 76.00	
76.01	03950	LITHOTRIPTOR	0	0	0	0	0 76.01	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0 90.00	
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0 90.01	
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0 90.02	
91.00	09100	EMERGENCY	0	0	0	0	0 91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES					95.00	
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: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/22/2015 2:54 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	71,881,134	0.000000	0.000000	17,124,679	50.00
50.01 05001 REHAB MEDICINE	0	4,481,171	0.000000	0.000000	0	50.01
51.00 05100 RECOVERY ROOM	0	3,607,423	0.000000	0.000000	655,020	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	2,330,783	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	7,677,579	0.000000	0.000000	1,656,046	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	45,374,832	0.000000	0.000000	5,410,898	54.00
54.01 03630 ULTRA SOUND	0	6,440,386	0.000000	0.000000	486,414	54.01
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	14,219,134	0.000000	0.000000	1,155,813	56.01
57.00 05700 CT SCAN	0	30,334,921	0.000000	0.000000	4,862,670	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	24,100,219	0.000000	0.000000	4,908,890	59.00
60.00 06000 LABORATORY	0	56,384,410	0.000000	0.000000	16,211,435	60.00
64.00 06400 INTRAVENOUS THERAPY	0	795,190	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	14,452,571	0.000000	0.000000	6,584,216	65.00
66.00 06600 PHYSICAL THERAPY	0	3,893,454	0.000000	0.000000	1,730,998	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,138,390	0.000000	0.000000	666,663	67.00
68.00 06800 SPEECH PATHOLOGY	0	929,354	0.000000	0.000000	320,804	68.00
69.00 06900 ELECTROCARDIOLOGY	0	31,329,577	0.000000	0.000000	4,412,872	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,486,255	0.000000	0.000000	180,308	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,041,674	0.000000	0.000000	4,794,115	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	61,214,242	0.000000	0.000000	22,492,116	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	37,785,631	0.000000	0.000000	11,351,844	73.00
74.00 07400 RENAL DIALYSIS	0	2,750,196	0.000000	0.000000	1,116,546	74.00
76.00 03951 DIABETES	0	0	0.000000	0.000000	0	76.00
76.01 03950 LI THOTRIPTOR	0	0	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	9,438,434	0.000000	0.000000	35,689	90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	1,550,532	0.000000	0.000000	1,925	90.01
90.02 09002 PAIN MANAGEMENT	0	19,866,295	0.000000	0.000000	38,338	90.02
91.00 09100 EMERGENCY	0	40,970,278	0.000000	0.000000	4,818,682	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,596,526	0.000000	0.000000	11,653	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	517,070,591			111,028,634	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/22/2015 2:54 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)	Hospital	PPS
Title XVIII						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	11,203,498	0		50.00
50.01	05001 REHAB MEDICINE	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	644,429	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	1,494,273	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,384,303	0		54.00
54.01	03630 ULTRA SOUND	0	1,363,950	0		54.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	5,307,893	0		56.01
57.00	05700 CT SCAN	0	7,568,258	0		57.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,566,417	0		59.00
60.00	06000 LABORATORY	0	5,465,577	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	353,937	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	2,420	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,227,993	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,289,133	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,541,677	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,799,460	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,149,359	0		73.00
74.00	07400 RENAL DIALYSIS	0	302,841	0		74.00
76.00	03951 DIABETES	0	0	0		76.00
76.01	03950 LI THOTRIPTOR	0	0	0		76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	5,686,826	0		90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	252,006	0		90.01
90.02	09002 PAIN MANAGEMENT	0	10,830,834	0		90.02
91.00	09100 EMERGENCY	0	7,728,580	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	737,469	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	105,901,133	0		95.00
200.00	Total (Lines 50-199)	0	105,901,133	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/22/2015 2:54 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	0.182524	11,203,498	0	0	2,044,907	50.00
50.01	05001 REHAB MEDICINE	0.383241	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.273732	644,429	0	0	176,401	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.624854	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.007512	1,494,273	0	0	11,225	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.102062	13,384,303	0	0	1,366,029	54.00
54.01	03630 ULTRA SOUND	0.087240	1,363,950	0	0	118,991	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.079815	5,307,893	0	0	423,649	56.01
57.00	05700 CT SCAN	0.041955	7,568,258	0	0	317,526	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.137404	6,566,417	0	0	902,252	59.00
60.00	06000 LABORATORY	0.125733	5,465,577	430	0	687,203	60.00
64.00	06400 INTRAVENOUS THERAPY	0.708709	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.108556	353,937	0	0	38,422	65.00
66.00	06600 PHYSICAL THERAPY	0.378393	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.311382	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.297843	2,420	0	0	721	68.00
69.00	06900 ELECTROCARDIOLOGY	0.076307	9,227,993	0	0	704,160	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.172327	1,289,133	0	0	222,152	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.776931	2,541,677	65	0	1,974,708	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.196754	7,799,460	0	0	1,534,575	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.451216	6,149,359	149	7,908	2,774,689	73.00
74.00	07400 RENAL DIALYSIS	0.374549	302,841	0	0	113,429	74.00
76.00	03951 DIABETES	0.000000	0	0	0	0	76.00
76.01	03950 LI THOTRIPTOR	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.136106	5,686,826	0	0	774,011	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.179626	252,006	0	0	45,267	90.01
90.02	09002 PAIN MANAGEMENT	0.070008	10,830,834	0	0	758,245	90.02
91.00	09100 EMERGENCY	0.096224	7,728,580	0	0	743,675	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.669225	737,469	0	0	493,533	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.471080		0			95.00
200.00	Subtotal (see instructions)		105,901,133	644	7,908	16,225,770	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		105,901,133	644	7,908	16,225,770	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/22/2015 2:54 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	REHAB MEDICINE	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	54	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
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	51	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67	3,568	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LI THOTRIPTOR	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	172	3,568	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	172	3,568	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180102 Component CCN: 18T102		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/22/2015 2:54 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	2,862,285	71,881,134	0.039820	86,783	3,456	50.00
50.01	05001	REHAB MEDICINE	138,966	4,481,171	0.031011	3,267,305	101,322	50.01
51.00	05100	RECOVERY ROOM	176,596	3,607,423	0.048954	1,881	92	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	71,873	2,330,783	0.030836	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,656	7,677,579	0.002690	7,635	21	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	664,725	45,374,832	0.014650	151,087	2,213	54.00
54.01	03630	ULTRA SOUND	87,570	6,440,386	0.013597	13,793	188	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	59,458	14,219,134	0.004182	12,645	53	56.01
57.00	05700	CT SCAN	365,532	30,334,921	0.012050	107,515	1,296	57.00
59.00	05900	CARDIAC CATHETERIZATION	224,123	24,100,219	0.009300	2,306	21	59.00
60.00	06000	LABORATORY	368,048	56,384,410	0.006527	1,195,008	7,800	60.00
64.00	06400	INTRAVENOUS THERAPY	27,637	795,190	0.034755	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	50,215	14,452,571	0.003474	290,682	1,010	65.00
66.00	06600	PHYSICAL THERAPY	83,457	3,893,454	0.021435	798	17	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,707	1,138,390	0.010284	909	9	67.00
68.00	06800	SPEECH PATHOLOGY	13,829	929,354	0.014880	936	14	68.00
69.00	06900	ELECTROCARDIOLOGY	491,615	31,329,577	0.015692	124,642	1,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	107,150	4,486,255	0.023884	5,120	122	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	248,036	18,041,674	0.013748	151,298	2,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	217,405	61,214,242	0.003552	18,291	65	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	290,174	37,785,631	0.007679	752,482	5,778	73.00
74.00	07400	RENAL DIALYSIS	133,453	2,750,196	0.048525	87,706	4,256	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LI THOTRIPTOR	0	0	0.000000	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	33,252	9,438,434	0.003523	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	23,116	1,550,532	0.014908	0	0	90.01
90.02	09002	PAIN MANAGEMENT	154,485	19,866,295	0.007776	3,974	31	90.02
91.00	09100	EMERGENCY	151,045	40,970,278	0.003687	11,397	42	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,596,526	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	7,076,408	517,070,591		6,294,193	131,842	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/22/2015 2:54 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 REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 DIABETES	0	0	0	0	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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: 180102 Component CCN: 18T102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/22/2015 2:54 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	71,881,134	0.000000	0.000000	86,783	50.00
50.01	05001 REHAB MEDICINE	0	4,481,171	0.000000	0.000000	3,267,305	50.01
51.00	05100 RECOVERY ROOM	0	3,607,423	0.000000	0.000000	1,881	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,330,783	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,677,579	0.000000	0.000000	7,635	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	45,374,832	0.000000	0.000000	151,087	54.00
54.01	03630 ULTRA SOUND	0	6,440,386	0.000000	0.000000	13,793	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	14,219,134	0.000000	0.000000	12,645	56.01
57.00	05700 CT SCAN	0	30,334,921	0.000000	0.000000	107,515	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	24,100,219	0.000000	0.000000	2,306	59.00
60.00	06000 LABORATORY	0	56,384,410	0.000000	0.000000	1,195,008	60.00
64.00	06400 INTRAVENOUS THERAPY	0	795,190	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	14,452,571	0.000000	0.000000	290,682	65.00
66.00	06600 PHYSICAL THERAPY	0	3,893,454	0.000000	0.000000	798	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,138,390	0.000000	0.000000	909	67.00
68.00	06800 SPEECH PATHOLOGY	0	929,354	0.000000	0.000000	936	68.00
69.00	06900 ELECTROCARDIOLOGY	0	31,329,577	0.000000	0.000000	124,642	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,486,255	0.000000	0.000000	5,120	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,041,674	0.000000	0.000000	151,298	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	61,214,242	0.000000	0.000000	18,291	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	37,785,631	0.000000	0.000000	752,482	73.00
74.00	07400 RENAL DIALYSIS	0	2,750,196	0.000000	0.000000	87,706	74.00
76.00	03951 DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	9,438,434	0.000000	0.000000	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	1,550,532	0.000000	0.000000	0	90.01
90.02	09002 PAIN MANAGEMENT	0	19,866,295	0.000000	0.000000	3,974	90.02
91.00	09100 EMERGENCY	0	40,970,278	0.000000	0.000000	11,397	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,596,526	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	517,070,591			6,294,193	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/22/2015 2:54 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,858	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.01
57.00	05700 CT SCAN	0	1,190	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	1,302	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
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	146	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	463	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03951 DIABETES	0	0	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	1,138	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	607	0	90.02
91.00	09100 EMERGENCY	0	2,812	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	11,516	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/22/2015 2:54 pm			
		Component CCN: 18T102	Title XVIII	Subprovider - IRF	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	0.182524	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0.383241	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.273732	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.624854	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.007512	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102062	3,858	0	0	394 54.00
54.01	03630	ULTRA SOUND	0.087240	0	0	0	54.01
56.00	05600	RADIO SOTOPE	0.000000	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.079815	0	0	0	56.01
57.00	05700	CT SCAN	0.041955	1,190	0	0	50 57.00
59.00	05900	CARDIAC CATHETERIZATION	0.137404	0	0	0	59.00
60.00	06000	LABORATORY	0.125733	1,302	0	0	164 60.00
64.00	06400	INTRAVENOUS THERAPY	0.708709	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.108556	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.378393	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311382	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.297843	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.076307	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.172327	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.776931	146	0	0	113 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.196754	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.451216	463	0	575	209 73.00
74.00	07400	RENAL DIALYSIS	0.374549	0	0	0	74.00
76.00	03951	DIABETES	0.000000	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.136106	1,138	0	0	155 90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.179626	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.070008	607	0	0	42 90.02
91.00	09100	EMERGENCY	0.096224	2,812	0	0	271 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.669225	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.471080		0		95.00
200.00		Subtotal (see instructions)		11,516	0	575	1,398 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		11,516	0	575	1,398 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/22/2015 2:54 pm
	Title XVIII	Subprovider - IRF	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 REHAB MEDICINE	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
56.00 05600 RADIO SOTOPE	0	0		56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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	259		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 DIABETES	0	0		76.00
76.01 03950 LI THOTRIPTOR	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0		90.01
90.02 09002 PAIN MANAGEMENT	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	259		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	259		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/22/2015 2:54 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.173397	0	210,867	0	0
50.01 05001 REHAB MEDICINE	0.364079	0	0	0	0
51.00 05100 RECOVERY ROOM	0.260045	0	3,960	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.593612	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.007136	0	9,861	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.096959	0	112,933	0	0
54.01 03630 ULTRA SOUND	0.082878	0	0	0	0
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.075824	0	11,323	0	0
57.00 05700 CT SCAN	0.039857	0	76,160	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.130534	0	0	0	0
60.00 06000 LABORATORY	0.119447	0	107,529	0	0
64.00 06400 INTRAVENOUS THERAPY	0.673273	0	5,293	0	0
65.00 06500 RESPIRATORY THERAPY	0.103128	0	1,946	0	0
66.00 06600 PHYSICAL THERAPY	0.359473	0	4,622	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.295813	0	328	0	0
68.00 06800 SPEECH PATHOLOGY	0.282951	0	1,035	0	0
69.00 06900 ELECTROCARDIOLOGY	0.072491	0	18,635	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.163711	0	6,360	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.738084	0	13,062	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.186916	0	29,120	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.428655	0	51,034	0	0
74.00 07400 RENAL DIALYSIS	0.355821	0	0	0	0
76.00 03951 DIABETES	0.000000	0	0	0	0
76.01 03950 LI THOTRIPTOR	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.129301	0	4,104	0	0
90.01 09001 PARTIAL HOSPITAL PRG	0.170645	0	0	0	0
90.02 09002 PAIN MANAGEMENT	0.066508	0	40,984	0	0
91.00 09100 EMERGENCY	0.091413	0	170,589	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.635764	0	5,331	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.447521	0	0	0	95.00
200.00	Subtotal (see instructions)	0	885,076	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		885,076	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/22/2015 2:54 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	36,564	0		50.00
50.01 05001 REHAB MEDICINE	0	0		50.01
51.00 05100 RECOVERY ROOM	1,030	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	70	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,950	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	859	0		56.01
57.00 05700 CT SCAN	3,036	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	12,844	0		60.00
64.00 06400 INTRAVENOUS THERAPY	3,564	0		64.00
65.00 06500 RESPIRATORY THERAPY	201	0		65.00
66.00 06600 PHYSICAL THERAPY	1,661	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	97	0		67.00
68.00 06800 SPEECH PATHOLOGY	293	0		68.00
69.00 06900 ELECTROCARDIOLOGY	1,351	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,041	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9,641	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5,443	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	21,876	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 DIABETES	0	0		76.00
76.01 03950 LITHOTRIPTOR	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	531	0		90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0		90.01
90.02 09002 PAIN MANAGEMENT	2,726	0		90.02
91.00 09100 EMERGENCY	15,594	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	3,389	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	132,761	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	132,761	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/22/2015 2:54 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,029	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,029	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)		35,062	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)		18,387	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)		20,113,520	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)		20,113,520	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)		20,113,520	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)		543.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,987,451	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)		9,987,451	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/22/2015 2:54 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	3,532,010	3,136	1,126.28	1,608	1,811,058	43.00
44.00	CORONARY CARE UNIT	2,472,701	2,350	1,052.21	1,290	1,357,351	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)					23,132,635	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					36,288,495	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)					995,538	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,470,306	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,465,844	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,822,651	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)					1,967	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					543.18	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,068,435	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/22/2015 2:54 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,471,030	20,113,520	0.073136	1,068,435	78,141	90.00
91.00	Nursing School cost	0	20,113,520	0.000000	1,068,435	0	91.00
92.00	Allied health cost	0	20,113,520	0.000000	1,068,435	0	92.00
93.00	All other Medical Education	0	20,113,520	0.000000	1,068,435	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 18T102		Date/Time Prepared: 5/22/2015 2:54 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,934	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,934	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,934	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)		4,321	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,650,530	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,650,530	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,650,530	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)		446.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,930,061	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)		1,930,061	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1		
		Component CCN: 18T102				Date/Time Prepared: 5/22/2015 2:54 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,979,036		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,909,097		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)					171,803		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					131,842		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					303,645		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,605,452		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: 180102 Component CCN: 18T102		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/22/2015 2:54 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	235,918	2,650,530	0.089008	0	0	90.00
91.00	Nursing School cost	0	2,650,530	0.000000	0	0	91.00
92.00	Allied health cost	0	2,650,530	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,650,530	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		21,668,849	30.00
31.00	03100	INTENSIVE CARE UNIT		3,819,599	31.00
32.00	03200	CORONARY CARE UNIT		3,094,078	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182553	17,124,679	50.00
50.01	05001	REHAB MEDICINE	0.383241	0	50.01
51.00	05100	RECOVERY ROOM	0.273732	655,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.624854	0	52.00
53.00	05300	ANESTHESIOLOGY	0.007512	1,656,046	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102062	5,410,898	54.00
54.01	03630	ULTRA SOUND	0.087240	486,414	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.079815	1,155,813	56.01
57.00	05700	CT SCAN	0.041955	4,862,670	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.137404	4,908,890	59.00
60.00	06000	LABORATORY	0.125754	16,211,435	60.00
64.00	06400	INTRAVENOUS THERAPY	0.708709	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.108556	6,584,216	65.00
66.00	06600	PHYSICAL THERAPY	0.378393	1,730,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311382	666,663	67.00
68.00	06800	SPEECH PATHOLOGY	0.297843	320,804	68.00
69.00	06900	ELECTROCARDIOLOGY	0.076307	4,412,872	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173071	180,308	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.776931	4,794,115	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.196754	22,492,116	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.451216	11,351,844	73.00
74.00	07400	RENAL DIALYSIS	0.374549	1,116,546	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.136106	35,689	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.179626	1,925	90.01
90.02	09002	PAIN MANAGEMENT	0.070008	38,338	90.02
91.00	09100	EMERGENCY	0.096224	4,818,682	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.669225	11,653	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		111,028,634	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)		111,028,634	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 18T102		Date/Time Prepared: 5/22/2015 2:54 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,574,369	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182553	86,783	50.00
50.01	05001	REHAB MEDICINE	0.383241	3,267,305	50.01
51.00	05100	RECOVERY ROOM	0.273732	1,881	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.624854	0	52.00
53.00	05300	ANESTHESIOLOGY	0.007512	7,635	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102062	151,087	54.00
54.01	03630	ULTRA SOUND	0.087240	13,793	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.079815	12,645	56.01
57.00	05700	CT SCAN	0.041955	107,515	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.137404	2,306	59.00
60.00	06000	LABORATORY	0.125754	1,195,008	60.00
64.00	06400	INTRAVENOUS THERAPY	0.708709	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.108556	290,682	65.00
66.00	06600	PHYSICAL THERAPY	0.378393	798	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311382	909	67.00
68.00	06800	SPEECH PATHOLOGY	0.297843	936	68.00
69.00	06900	ELECTROCARDIOLOGY	0.076307	124,642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173071	5,120	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.776931	151,298	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.196754	18,291	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.451216	752,482	73.00
74.00	07400	RENAL DIALYSIS	0.374549	87,706	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.136106	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.179626	0	90.01
90.02	09002	PAIN MANAGEMENT	0.070008	3,974	90.02
91.00	09100	EMERGENCY	0.096224	11,397	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.669225	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		6,294,193	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		6,294,193	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/22/2015 2:54 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		272,252	30.00
31.00	03100	INTENSIVE CARE UNIT		40,986	31.00
32.00	03200	CORONARY CARE UNIT		48,070	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
43.00	04300	NURSERY		15,399	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182524	205,788	50.00
50.01	05001	REHAB MEDICINE	0.383241	0	50.01
51.00	05100	RECOVERY ROOM	0.273732	8,106	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.624854	15,694	52.00
53.00	05300	ANESTHESIOLOGY	0.007512	18,527	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102062	57,077	54.00
54.01	03630	ULTRA SOUND	0.087240	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.079815	14,812	56.01
57.00	05700	CT SCAN	0.041955	39,915	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.137404	0	59.00
60.00	06000	LABORATORY	0.125733	263,199	60.00
64.00	06400	INTRAVENOUS THERAPY	0.708709	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.108556	44,326	65.00
66.00	06600	PHYSICAL THERAPY	0.378393	15,214	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311382	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.297843	4,624	68.00
69.00	06900	ELECTROCARDIOLOGY	0.076307	72,828	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.172327	3,200	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.776931	41,515	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.196754	247,445	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.451216	230,546	73.00
74.00	07400	RENAL DIALYSIS	0.374549	29,280	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.136106	436	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.179626	0	90.01
90.02	09002	PAIN MANAGEMENT	0.070008	0	90.02
91.00	09100	EMERGENCY	0.096224	63,093	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.669225	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,375,625	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)		1,375,625	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/22/2015 2:54 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)		26,512,605	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,837,535	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)		280,259	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		6,739,993	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		244.00	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.78	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.72	31.00
32.00	Sum of lines 30 and 31		26.50	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.08	33.00
34.00	Disproportionate share adjustment (see instructions)		979,199	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/22/2015 2:54 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)		0.000142713	0.000182789	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,291,036	1,397,905	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		965,624	352,349	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,317,973		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)		37,927,571		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)		37,927,571		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,805,907		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		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)		40,733,478		59.00
60.00	Primary payer payments		38,205		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		40,695,273		61.00
62.00	Deductibles billed to program beneficiaries		4,007,756		62.00
63.00	Coinurance billed to program beneficiaries		87,136		63.00
64.00	Allowable bad debts (see instructions)		529,633		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		344,261		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		176,891		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		36,944,642		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	IDENTIFIED ON PS&R AS OTHER ADJUST		7,320		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)		-34,631		70.93
70.94	HRR adjustment amount (see instructions)		-13,666		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/22/2015 2:54 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)		101,942		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		36,801,723		71.00
71.01	Sequestration adjustment (see instructions)		736,034		71.01
72.00	Interim payments		34,586,062		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		1,479,627		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)		98,467		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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2015 2:54 pm
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		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,512,605	26,512,605		26,512,605	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,837,535		8,837,535	8,837,535	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	280,259	210,194	70,065	280,259	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,739,993	5,054,995	1,684,998	6,739,993	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1108	0.1108	0.1108		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	979,199	734,399	244,800	979,199	11.00
11.01	Uncompensated care payments	36.00	1,317,973	965,624	352,349	1,317,973	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	37,927,571	28,422,822	9,504,749	37,927,571	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	37,927,571	28,422,822	9,504,749	37,927,571	15.00
16.00	Payment for inpatient program capital	50.00	2,805,907	2,104,430	701,477	2,805,907	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			30,527,252	10,206,226	40,733,478	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2015 2:54 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,785,149	2,088,862	696,287	2,785,149	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	20,758	15,568	5,190	20,758	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,805,907	2,104,430	701,477	2,805,907	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-34,631	-25,974	-8,657	-34,631	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-13,666	-10,249	-3,417	-13,666	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	101,942	101,942	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/22/2015 2:54 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			3,740 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			16,225,770 2.00
3.00	PPS payments			20,317,293 3.00
4.00	Outlier payment (see instructions)			41,112 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)			3,740 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			8,552 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)			8,552 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)			8,552 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			4,812 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)			3,740 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)			20,358,405 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			13 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			4,375,350 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)			15,986,782 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			15,986,782 30.00
31.00	Primary payer payments			23,180 31.00
32.00	Subtotal (line 30 minus line 31)			15,963,602 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)			475,613 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			309,148 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			206,459 36.00
37.00	Subtotal (see instructions)			16,272,750 37.00
38.00	MSP-LCC reconciliation amount from PS&R			1,187 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			16,271,563 40.00
40.01	Sequestration adjustment (see instructions)			325,431 40.01
41.00	Interim payments			16,002,769 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-56,637 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/22/2015 2:54 pm
		Component CCN: 18T102	Title XVIII	Subprovider - IRF
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		259	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,398	2.00
3.00	PPS payments		2,211	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		259	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		575	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)		575	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)		575	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		316	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)		259	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)		2,211	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)		467	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)		2,003	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,003	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,003	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,003	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)		2,003	40.00
40.01	Sequestration adjustment (see instructions)		40	40.01
41.00	Interim payments		2,273	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-310	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: 180102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2015 2:54 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		34,554,068		16,011,393	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	08/15/2014	31,994		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	08/15/2014	8,624	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)		31,994		-8,624	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)		34,586,062		16,002,769	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,479,627		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		56,637	6.02	
7.00	Total Medicare program liability (see instructions)		36,065,689		15,946,132	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: 180102 Component CCN: 18T102	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part I Date/Time Prepared: 5/22/2015 2:54 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				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		5,621,438		2,273
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)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	04/14/2014	2,382		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/15/2014	180		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		2,202		0
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)		5,623,640		2,273
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
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER		57,171		0
6.02	SETTLEMENT TO PROGRAM		0		310
7.00	Total Medicare program liability (see instructions)		5,680,811		1,963
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/22/2015 2:54 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		9,961	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		21,285	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,630	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		40,548	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		598,341,579	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6,923,000	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)		1,754,031	8.00
9.00	Sequestration adjustment amount (see instructions)		35,081	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,718,950	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,862,438	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)		-143,488	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/22/2015 2:54 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,555,484 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0342 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			237,775 3.00
4.00	Outlier Payments			44,485 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)			16.257534 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)			5,837,744 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)			5,837,744 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,837,744 19.00
20.00	Deductibles			38,880 20.00
21.00	Subtotal (line 19 minus line 20)			5,798,864 21.00
22.00	Coinsurance			4,560 22.00
23.00	Subtotal (line 21 minus line 22)			5,794,304 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,757 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,442 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,480 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,796,746 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)			5,796,746 32.00
32.01	Sequestration adjustment (see instructions)			115,935 32.01
33.00	Interim payments			5,623,640 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			57,171 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			44,485 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: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2015 2:54 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		132,761	2.00	
3.00	Organ acquisition (certified transplant centers only)	0		3.00	
4.00	Subtotal (sum of lines 1, 2 and 3)	0	132,761	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	132,761	7.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0		8.00	
9.00	Ancillary service charges	1,375,625	885,076	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)	1,375,625	885,076	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)	1,375,625	885,076	16.00	
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,375,625	752,315	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	132,761	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	0	24.00	
25.00	Capital exception payments (see instructions)	0	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	132,761	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	132,761	31.00	
32.00	Deductibles	0	0	32.00	
33.00	Coinurance	0	0	33.00	
34.00	Allowable bad debts (see instructions)	0	0	34.00	
35.00	Utilization review	0	0	35.00	
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	132,761	36.00	
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00	
38.00	Subtotal (line 36 ± line 37)	0	132,761	38.00	
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00	
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	132,761	40.00	
41.00	Interim payments	0	135,090	41.00	
42.00	Balance due provider/program (line 40 minus line 41)	0	-2,329	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: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2015 2:54 pm	
		Title XIX	Subprovider - IRF	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	0	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)	0	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)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		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		0	24.00
25.00	Capital exception payments (see instructions)	0		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		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0		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		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

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

Provider CCN: 180102

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

Worksheet G

Date/Time Prepared:
5/22/2015 2:54 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	40,373,809	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	38,978,483	0	0	0	4.00
5.00	Other receivable	9,588,892	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,904,283	0	0	0	6.00
7.00	Inventory	4,844,221	0	0	0	7.00
8.00	Prepaid expenses	452,839	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	81,333,961	0	0	0	11.00
FIXED ASSETS						
12.00	Land	453,242	0	0	0	12.00
13.00	Land improvements	2,815,642	0	0	0	13.00
14.00	Accumulated depreciation	-2,803,523	0	0	0	14.00
15.00	Buildings	97,483,730	0	0	0	15.00
16.00	Accumulated depreciation	-58,298,029	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	40,276,642	0	0	0	19.00
20.00	Accumulated depreciation	-32,996,326	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	68,819,755	0	0	0	23.00
24.00	Accumulated depreciation	-67,684,718	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	9,175,196	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	57,241,611	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	94,954,167	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	94,954,167	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	233,529,739	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	-14,695,017	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,468,086	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,421,192	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	5,164,271	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	358,532	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	17,802,679	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	110,833	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,913,512	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,272,044	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	215,257,695	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)	215,257,695	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	233,529,739	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 180102

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

Worksheet G-1

Date/Time Prepared:
5/22/2015 2:54 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		182,637,845		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		32,619,850			2.00
3.00	Total (sum of line 1 and line 2)		215,257,695		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		215,257,695		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		215,257,695		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 180102

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	41,588,824		41,588,824	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,919,920		4,919,920	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	46,508,744		46,508,744	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,562,150		7,562,150	11.00
12.00	CORONARY CARE UNIT	5,519,531		5,519,531	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)	13,081,681		13,081,681	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	59,590,425		59,590,425	17.00
18.00	Ancillary services	219,409,726	224,238,800	443,648,526	18.00
19.00	Outpatient services	10,154,340	63,267,725	73,422,065	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		8,765,899	8,765,899	22.00
23.00	AMBULANCE SERVICES	19,306	54,085	73,391	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
26.01	HOSPICE II	0	10,621,855	10,621,855	26.01
27.00	NURSERY	273,793	1,945,625	2,219,418	27.00
27.01	PHYSICIAN PRIVATE OFFICE	0	70,107	70,107	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	289,447,590	308,964,096	598,411,686	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		160,309,749		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)		160,309,749		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 180102

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

Worksheet G-3

Date/Time Prepared:
5/22/2015 2:54 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	598,411,686	1.00
2.00	Less contractual allowances and discounts on patients' accounts	413,277,915	2.00
3.00	Net patient revenues (line 1 minus line 2)	185,133,771	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	160,309,749	4.00
5.00	Net income from service to patients (line 3 minus line 4)	24,824,022	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING AND NON-OPERATING	7,795,828	24.00
25.00	Total other income (sum of lines 6-24)	7,795,828	25.00
26.00	Total (line 5 plus line 25)	32,619,850	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	32,619,850	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet H

HHA CCN: 187100

To 12/31/2014

Date/Time Prepared: 5/22/2015 2:54 pm

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00		0	0	0	88,359	88,359	3.00
4.00		0	348,536	0	0	348,536	4.00
5.00	541,599	0	0	144,417	125,818	811,834	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,730,416	0	0	0	0	1,730,416	6.00
7.00	1,218,200	0	0	0	0	1,218,200	7.00
8.00	254,123	0	0	0	0	254,123	8.00
9.00	98,075	0	0	0	0	98,075	9.00
10.00	54,795	0	0	0	0	54,795	10.00
11.00	73,458	0	0	0	0	73,458	11.00
12.00	0	0	0	0	246,704	246,704	12.00
13.00	0	0	0	0	3,795	3,795	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	17,717	521	18,238	23.00
24.00	3,970,666	0	348,536	162,134	465,197	4,946,533	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	88,359	0	88,359			3.00
4.00	0	348,536	0	348,536			4.00
5.00	-24,425	787,409	-14,972	772,437			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,730,416	0	1,730,416			6.00
7.00	0	1,218,200	0	1,218,200			7.00
8.00	0	254,123	0	254,123			8.00
9.00	0	98,075	0	98,075			9.00
10.00	0	54,795	0	54,795			10.00
11.00	0	73,458	0	73,458			11.00
12.00	0	246,704	0	246,704			12.00
13.00	0	3,795	0	3,795			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	18,238	0	18,238			23.00
24.00	-24,425	4,922,108	-14,972	4,907,136			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 180102	Period: 01/01/2014	Worksheet H-1
		HHA CCN: 187100	To 12/31/2014	Part I
				Date/Time Prepared: 5/22/2015 2:54 pm
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bl dgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	88,359	0	88,359		0	3.00
4.00	Transportation	348,536	0	0	348,536	0	4.00
5.00	Administrative and General	772,437	0	88,359	0	860,796	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,730,416	0	0	162,169	1,892,585	6.00
7.00	Physical Therapy	1,218,200	0	0	134,955	1,353,155	7.00
8.00	Occupational Therapy	254,123	0	0	22,646	276,769	8.00
9.00	Speech Pathology	98,075	0	0	7,874	105,949	9.00
10.00	Medical Social Services	54,795	0	0	3,351	58,146	10.00
11.00	Home Health Aide	73,458	0	0	17,541	90,999	11.00
12.00	Supplies (see instructions)	246,704	0	0	0	246,704	12.00
13.00	Drugs	3,795	0	0	0	3,795	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	18,238	0	0	0	18,238	23.00
24.00	Total (sum of lines 1-23)	4,907,136	0	88,359	348,536	4,907,136	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	860,796					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	402,619	2,295,204				6.00
7.00	Physical Therapy	287,862	1,641,017				7.00
8.00	Occupational Therapy	58,878	335,647				8.00
9.00	Speech Pathology	22,539	128,488				9.00
10.00	Medical Social Services	12,370	70,516				10.00
11.00	Home Health Aide	19,359	110,358				11.00
12.00	Supplies (see instructions)	52,482	299,186				12.00
13.00	Drugs	807	4,602				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	3,880	22,118				23.00
24.00	Total (sum of lines 1-23)		4,907,136				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part II Date/Time Prepared: 5/22/2015 2:54 pm
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	1,000	0		3.00
4.00	Transportation (see instructions)	0	0	0	53,251		4.00
5.00	Administrative and General	0	0	1,000	0	-860,796	4,046,340
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	24,777	0	1,892,585
7.00	Physical Therapy	0	0	0	20,619	0	1,353,155
8.00	Occupational Therapy	0	0	0	3,460	0	276,769
9.00	Speech Pathology	0	0	0	1,203	0	105,949
10.00	Medical Social Services	0	0	0	512	0	58,146
11.00	Home Health Aide	0	0	0	2,680	0	90,999
12.00	Supplies (see instructions)	0	0	0	0	0	246,704
13.00	Drugs	0	0	0	0	0	3,795
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	18,238
24.00	Total (sum of lines 1-23)	0	0	1,000	53,251	-860,796	4,046,340
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	88,359	348,536		860,796
26.00	Unit Cost Multiplier	0.000000	0.000000	88.359000	6.545154		0.212734

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 187100

To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	14,321	148,305	12,985	3,406	1.00
2.00 Skilled Nursing Care	2,295,204	0	0	496,214	0	0	2.00
3.00 Physical Therapy	1,641,017	0	0	349,331	0	0	3.00
4.00 Occupational Therapy	335,647	0	0	72,872	0	0	4.00
5.00 Speech Pathology	128,488	0	0	28,124	0	0	5.00
6.00 Medical Social Services	70,516	0	0	15,713	0	0	6.00
7.00 Home Health Aide	110,358	0	0	21,065	0	0	7.00
8.00 Supplies (see instructions)	299,186	0	0	0	0	0	8.00
9.00 Drugs	4,602	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	22,118	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	4,907,136	0	14,321	1,131,624	12,985	3,406	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	DATA PROCESSING	Subtotal	REGIONAL TEAM	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.04	5A.04	5.05	5.06	5A.06	5.07	
1.00 Administrative and General	0	179,017	5,807	1,534	186,358	32,786	1.00
2.00 Skilled Nursing Care	0	2,791,418	90,553	0	2,881,971	507,019	2.00
3.00 Physical Therapy	0	1,990,348	64,565	0	2,054,913	361,517	3.00
4.00 Occupational Therapy	0	408,519	13,252	0	421,771	74,201	4.00
5.00 Speech Pathology	0	156,612	5,080	0	161,692	28,446	5.00
6.00 Medical Social Services	0	86,229	2,797	0	89,026	15,662	6.00
7.00 Home Health Aide	0	131,423	4,263	0	135,686	23,871	7.00
8.00 Supplies (see instructions)	0	299,186	9,705	0	308,891	54,343	8.00
9.00 Drugs	0	4,602	149	0	4,751	836	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	22,118	717	0	22,835	4,017	19.00
20.00 Total (sum of lines 1-19) (2)	0	6,069,472	196,888	1,534	6,267,894	1,102,698	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000			0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 187100

To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Home Health Agency I

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Cost Center Description		MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	0	0	0	211,893	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	212,584	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	211,893	212,584	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE OTHER SUPPORT DEPARTMENT	Subtotal	
		14.00	15.00	16.00	17.00	18.00	24.00	
1.00	Administrative and General	0	0	0	19,391	6,197	456,625	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	3,601,574	2.00
3.00	Physical Therapy	0	0	0	0	0	2,416,430	3.00
4.00	Occupational Therapy	0	0	0	0	0	495,972	4.00
5.00	Speech Pathology	0	0	0	0	0	190,138	5.00
6.00	Medical Social Services	0	0	0	0	0	104,688	6.00
7.00	Home Health Aide	0	0	0	0	0	159,557	7.00
8.00	Supplies (see instructions)	5,130	0	0	0	0	368,364	8.00
9.00	Drugs	0	0	0	0	0	5,587	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	26,852	19.00
20.00	Total (sum of lines 1-19) (2)	5,130	0	0	19,391	6,197	7,825,787	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 187100

To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Home Health Agency I

PPS

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	456,625				1.00
2.00 Skilled Nursing Care	0	3,601,574	223,170	3,824,744		2.00
3.00 Physical Therapy	0	2,416,430	149,732	2,566,162		3.00
4.00 Occupational Therapy	0	495,972	30,732	526,704		4.00
5.00 Speech Pathology	0	190,138	11,782	201,920		5.00
6.00 Medical Social Services	0	104,688	6,487	111,175		6.00
7.00 Home Health Aide	0	159,557	9,887	169,444		7.00
8.00 Supplies (see instructions)	0	368,364	22,825	391,189		8.00
9.00 Drugs	0	5,587	346	5,933		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	26,852	1,664	28,516		19.00
20.00 Total (sum of lines 1-19) (2)	0	7,825,787	456,625	7,825,787		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.061964			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 187100

To 12/31/2014

Part II
Date/Time Prepared: 5/22/2015 2:54 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	DATA PROCESSING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	8,238	517,174	59	94,918	0	1.00
2.00 Skilled Nursing Care	0	0	1,730,416	0	0	0	2.00
3.00 Physical Therapy	0	0	1,218,200	0	0	0	3.00
4.00 Occupational Therapy	0	0	254,123	0	0	0	4.00
5.00 Speech Pathology	0	0	98,075	0	0	0	5.00
6.00 Medical Social Services	0	0	54,795	0	0	0	6.00
7.00 Home Health Aide	0	0	73,458	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	8,238	3,946,241	59	94,918	0	20.00
21.00 Total cost to be allocated	0	14,321	1,131,624	12,985	3,406	0	21.00
22.00 Unit cost multiplier	0.000000	1.738407	0.286760	220.084746	0.035884	0.000000	22.00
Cost Center Description	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMINISTRATIVE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	5A.05	5.05	5.06	5A.07	5.07	6.00	
1.00 Administrative and General	0	179,017	8,765,899	0	186,358	0	1.00
2.00 Skilled Nursing Care	0	2,791,418	0	0	2,881,971	0	2.00
3.00 Physical Therapy	0	1,990,348	0	0	2,054,913	0	3.00
4.00 Occupational Therapy	0	408,519	0	0	421,771	0	4.00
5.00 Speech Pathology	0	156,612	0	0	161,692	0	5.00
6.00 Medical Social Services	0	86,229	0	0	89,026	0	6.00
7.00 Home Health Aide	0	131,423	0	0	135,686	0	7.00
8.00 Supplies (see instructions)	0	299,186	0	0	308,891	0	8.00
9.00 Drugs	0	4,602	0	0	4,751	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	22,118	0	0	22,835	0	19.00
20.00 Total (sum of lines 1-19)		6,069,472	8,765,899		6,267,894	0	20.00
21.00 Total cost to be allocated		196,888	1,534		1,102,698	0	21.00
22.00 Unit cost multiplier		0.032439	0.000175		0.175928	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Prepared: 5/22/2015 2:54 pm PPS
		Home Health Agency I		

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	0	0	6,994	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	62,623	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	248,327	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	6,994	62,623	248,327	20.00
21.00 Total cost to be allocated	0	0	0	211,893	212,584	5,130	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	30.296397	3.394663	0.020658	22.00

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE OTHER SUPPORT DEPARTMENT (GROSS CHARGES)	
	15.00	16.00	17.00	18.00	
1.00 Administrative and General	0	0	248,327	8,765,899	1.00
2.00 Skilled Nursing Care	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	9.00
10.00 DME	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	248,327	8,765,899	20.00
21.00 Total cost to be allocated	0	0	19,391	6,197	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.078087	0.000707	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/22/2015 2:54 pm
		HHA CCN: 187100	Title XVIII	Home Health Agency I

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,824,744		3,824,744	24,777	154.37	1.00
2.00	Physical Therapy	3.00	2,566,162	0	2,566,162	20,619	124.46	2.00
3.00	Occupational Therapy	4.00	526,704	0	526,704	3,460	152.23	3.00
4.00	Speech Pathology	5.00	201,920	0	201,920	1,203	167.85	4.00
5.00	Medical Social Services	6.00	111,175		111,175	512	217.14	5.00
6.00	Home Health Aide	7.00	169,444		169,444	2,680	63.23	6.00
7.00	Total (sum of lines 1-6)		7,400,149	0	7,400,149	53,251		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	1,255			8.00
8.01	Skilled Nursing Care		99918	0	15,879			8.01
9.00	Physical Therapy		99914	0	635			9.00
9.01	Physical Therapy		99918	0	12,824			9.01
10.00	Occupational Therapy		99914	0	100			10.00
10.01	Occupational Therapy		99918	0	2,134			10.01
11.00	Speech Pathology		99914	0	12			11.00
11.01	Speech Pathology		99918	0	729			11.01
12.00	Medical Social Services		99914	0	10			12.00
12.01	Medical Social Services		99918	0	336			12.01
13.00	Home Health Aide		99914	0	175			13.00
13.01	Home Health Aide		99918	0	1,988			13.01
14.00	Total (sum of lines 8-13)			0	36,077			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	391,189	0	391,189	456,374	0.857168	15.00
16.00	Cost of Drugs	9.00	5,933	0	5,933	0	0.000000	16.00

Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	17,134		0	2,644,976		1.00
2.00	Physical Therapy	0	13,459		0	1,675,107		2.00
3.00	Occupational Therapy	0	2,234		0	340,082		3.00
4.00	Speech Pathology	0	741		0	124,377		4.00
5.00	Medical Social Services	0	346		0	75,130		5.00
6.00	Home Health Aide	0	2,163		0	136,766		6.00
7.00	Total (sum of lines 1-6)	0	36,077		0	4,996,438		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I
				HHA CCN: 187100		Date/Time Prepared: 5/22/2015 2:54 pm
				Title XVIII	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	951	0			15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2,644,976					1.00
2.00	Physical Therapy	1,675,107					2.00
3.00	Occupational Therapy	340,082					3.00
4.00	Speech Pathology	124,377					4.00
5.00	Medical Social Services	75,130					5.00
6.00	Home Health Aide	136,766					6.00
7.00	Total (sum of lines 1-6)	4,996,438					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 5/22/2015 2:54 pm
			Title XVIII	Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.378393	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.311382	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.297843	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.776931	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.451216	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/22/2015 2:54 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,897,869
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	69,851
13.00	Total PPS Reimbursement - LUPA Episodes		0	63,909
14.00	Total PPS Reimbursement - PEP Episodes		0	34,613
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	10,933
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	5,077,175
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	5,077,175
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	5,077,175
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	5,077,175
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	5,077,175
31.01	Sequestration adjustment (see instructions)		0	0
32.00	Interim payments (see instructions)		0	5,077,175
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

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

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-5
Date/Time Prepared:
5/22/2015 2:54 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		5,077,175	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		5,077,175	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		5,077,175	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K

Hospice CCN: 181507

To 12/31/2014

Date/Time Prepared: 5/22/2015 2:54 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	85,174	8,915	3.00
4.00	Transportation - Staff	0	0	263,378	0	0	4.00
5.00	Volunteer Service Coordination	44,412	0	0	0	0	5.00
6.00	Administrative and General	751,213	0	1,749	1,062,776	152,052	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	27,914	0	0	45	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	296,668	0	9.00
10.00	Nursing Care	1,621,595	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	10,140	0	0	0	0	11.00
12.00	Physical Therapy	4,292	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	2,107	0	0	0	0	14.00
15.00	Medical Social Services	214,841	0	0	0	0	15.00
16.00	Spiritual Counseling	177,627	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	205,533	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	572	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	634,399	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	70,119	0	0	27.00
28.00	Imaging Services	0	0	0	0	355,737	28.00
29.00	Labs and Diagnostics	0	0	0	0	51	29.00
30.00	Medical Supplies	0	0	0	0	200,705	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	7,881	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,068,127	0	335,246	1,444,663	1,351,859	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K

Hospice CCN: 181507

To 12/31/2014

Date/Time Prepared: 5/22/2015 2:54 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	94,089	0	94,089	0	94,089	3.00
4.00	Transportation - Staff	263,378	0	263,378	0	263,378	4.00
5.00	Volunteer Service Coordination	44,412	0	44,412	0	44,412	5.00
6.00	Administrative and General	1,967,790	-18,873	1,948,917	-118,254	1,830,663	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	27,959	0	27,959	0	27,959	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	296,668	0	296,668	0	296,668	9.00
10.00	Nursing Care	1,621,595	0	1,621,595	0	1,621,595	10.00
11.00	Nursing Care-Continuous Home Care	10,140	0	10,140	0	10,140	11.00
12.00	Physical Therapy	4,292	0	4,292	0	4,292	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	2,107	0	2,107	0	2,107	14.00
15.00	Medical Social Services	214,841	0	214,841	0	214,841	15.00
16.00	Spiritual Counseling	177,627	0	177,627	0	177,627	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	205,533	0	205,533	0	205,533	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	572	0	572	0	572	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	634,399	0	634,399	0	634,399	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	70,119	0	70,119	0	70,119	27.00
28.00	Imaging Services	355,737	0	355,737	0	355,737	28.00
29.00	Labs and Diagnostics	51	0	51	0	51	29.00
30.00	Medical Supplies	200,705	0	200,705	0	200,705	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	7,881	0	7,881	0	7,881	38.00
39.00	Total (sum of lines 1 thru 38)	6,199,895	-18,873	6,181,022	-118,254	6,062,768	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K

Hospice CCN: 141548

To 12/31/2014

Date/Time Prepared: 5/22/2015 2:54 pm

		Hospice II					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3,036	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	404	0	14,888	165,736	1,305	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	9,750	9.00
10.00	Nursing Care	73,753	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	6,801	0	0	0	0	15.00
16.00	Spiritual Counseling	1,725	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	6,559	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	81,108	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	1,414	0	0	27.00
28.00	Imaging Services	0	0	0	1,242	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	4,883	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	89,242	0	16,302	166,978	100,082	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K

Hospice CCN: 141548

To 12/31/2014

Date/Time Prepared: 5/22/2015 2:54 pm

		Hospice II					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	3,036	0	3,036	0	3,036	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	182,333	-549	181,784	0	181,784	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	9,750	0	9,750	0	9,750	9.00
10.00	Nursing Care	73,753	0	73,753	0	73,753	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	6,801	0	6,801	0	6,801	15.00
16.00	Spiritual Counseling	1,725	0	1,725	0	1,725	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	6,559	0	6,559	0	6,559	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	81,108	0	81,108	0	81,108	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	1,414	0	1,414	0	1,414	27.00
28.00	Imaging Services	1,242	0	1,242	0	1,242	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	4,883	0	4,883	0	4,883	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	372,604	-549	372,055	0	372,055	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 181507

To 12/31/2014

Date/Time Prepared: 5/22/2015 2:54 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	27,914	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,610,655	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	10,140	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	214,841	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	214,841	0	1,648,709	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 181507

To 12/31/2014

Date/Time Prepared: 5/22/2015 2:54 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	44,412	5.00
6.00	Administrative and General		0	751,213	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	10,940	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	1,728	0	2,564	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	2,107	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	177,627	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		205,533	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		572	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	7,881	38.00
39.00	Total (sum of lines 1 thru 38)	3,835	206,105	994,637	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 141548

To 12/31/2014

Date/Time Prepared: 5/22/2015 2:54 pm

		Hospice II					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	46,768	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	46,768	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 141548

To 12/31/2014

Date/Time Prepared: 5/22/2015 2:54 pm

		Hospice II				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	404	404	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	26,985	73,753	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	6,801	6,801	15.00
16.00	Spiritual Counseling		0	1,725	1,725	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		6,559	0	6,559	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	6,559	35,915	89,242	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 180102	Period: From 01/01/2014	Worksheet K-3
		Hospice CCN: 181507	To 12/31/2014	Date/Time Prepared: 5/22/2015 2:54 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3
		Hospice CCN: 181507		Date/Time Prepared: 5/22/2015 2:54 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	85,174	85,174	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	1,062,776	1,062,776	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	45	45	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	296,668	296,668	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	1,444,663	1,444,663	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3
		Hospice CCN: 141548		Date/Time Prepared: 5/22/2015 2:54 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3
	Hospice CCN: 141548		Date/Time Prepared: 5/22/2015 2:54 pm

		Total Therapists	Aides	All-Other	Hospice II Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	165,736	165,736	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	1,242	1,242	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	166,978	166,978	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-4
Part I
Date/Time Prepared:
5/22/2015 2:54 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	94,089	0	0	94,089		3.00
4.00	Transportation - Staff	263,378	0	0	0	263,378	4.00
5.00	Volunteer Service Coordination	44,412	0	0	0	0	5.00
6.00	Administrative and General	1,830,663	0	0	94,089	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	27,959	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	296,668	0	0	0	0	9.00
10.00	Nursing Care	1,621,595	0	0	0	263,378	10.00
11.00	Nursing Care-Continuous Home Care	10,140	0	0	0	0	11.00
12.00	Physical Therapy	4,292	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	2,107	0	0	0	0	14.00
15.00	Medical Social Services	214,841	0	0	0	0	15.00
16.00	Spiritual Counseling	177,627	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	205,533	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	572	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	634,399	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	70,119	0	0	0	0	27.00
28.00	Imaging Services	355,737	0	0	0	0	28.00
29.00	Labs and Diagnostics	51	0	0	0	0	29.00
30.00	Medical Supplies	200,705	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	7,881	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	6,062,768	0	0	94,089	263,378	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 181507

To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	44,412				5.00
6.00	Administrative and General	44,412	1,969,164	1,969,164		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	27,959	13,449	41,408	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	296,668	142,707	439,375	9.00
10.00	Nursing Care	0	1,884,973	906,736	2,791,709	10.00
11.00	Nursing Care-Continuous Home Care	0	10,140	4,878	15,018	11.00
12.00	Physical Therapy	0	4,292	2,065	6,357	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	2,107	1,014	3,121	14.00
15.00	Medical Social Services	0	214,841	103,346	318,187	15.00
16.00	Spiritual Counseling	0	177,627	85,445	263,072	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	205,533	98,868	304,401	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	572	275	847	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	634,399	305,167	939,566	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	70,119	33,730	103,849	27.00
28.00	Imaging Services	0	355,737	171,122	526,859	28.00
29.00	Labs and Diagnostics	0	51	25	76	29.00
30.00	Medical Supplies	0	200,705	96,546	297,251	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	7,881	3,791	11,672	38.00
39.00	Total (sum of lines 1 thru 38)	44,412	6,062,768		6,062,768	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 181507

To 12/31/2014

Part II
Date/Time Prepared:
5/22/2015 2:54 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	1,000			3.00
4.00	Transportation - Staff	0	0	0	100		4.00
5.00	Volunteer Service Coordination	0	0	0	0	100	5.00
6.00	Administrative and General	0	0	1,000	0	100	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	100	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	94,089	263,378	44,412	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	94.089000	2,633.780000	444.120000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-4
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-1,969,164	4,093,604	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	27,959	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	296,668	9.00
10.00	Nursing Care	0	1,884,973	10.00
11.00	Nursing Care-Continuous Home Care	0	10,140	11.00
12.00	Physical Therapy	0	4,292	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	2,107	14.00
15.00	Medical Social Services	0	214,841	15.00
16.00	Spiritual Counseling	0	177,627	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	205,533	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	572	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	634,399	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	70,119	27.00
28.00	Imaging Services	0	355,737	28.00
29.00	Labs and Diagnostics	0	51	29.00
30.00	Medical Supplies	0	200,705	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	7,881	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,969,164	39.00
40.00	Unit Cost Multiplier		0.481034	40.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 141548

To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Hospice II

	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
		BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0			1.00
2.00	Capital Related Costs-Movable Equip.	0	0			2.00
3.00	Plant Operation and Maintenance	3,036	0	0	3,036	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	181,784	0	0	3,036	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	9,750	0	0	0	9.00
10.00	Nursing Care	73,753	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	6,801	0	0	0	15.00
16.00	Spiritual Counseling	1,725	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	6,559	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	81,108	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	1,414	0	0	0	27.00
28.00	Imaging Services	1,242	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	4,883	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	372,055	0	0	3,036	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 141548

To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

		Hospice II			
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
	5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	184,820	184,820	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	0	9,750	9,624	9.00
10.00	Nursing Care	0	73,753	72,802	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	0	6,801	6,713	15.00
16.00	Spiritual Counseling	0	1,725	1,703	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	6,559	6,474	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	81,108	80,062	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	1,414	1,396	27.00
28.00	Imaging Services	0	1,242	1,226	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	4,883	4,820	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	372,055	372,055	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 141548

To 12/31/2014

Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Hospice II

	CAPITAL RELATED COST					
	BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0				1.00
2.00	Capital Related Costs-Movable Equip.	0	0			2.00
3.00	Plant Operation and Maintenance	0	0	100		3.00
4.00	Transportation - Staff	0	0	0	100	4.00
5.00	Volunteer Service Coordination	0	0	0	0	100
6.00	Administrative and General	0	0	100	100	100
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	3,036	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	30.360000	0.000000	0.000000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

Period:

Worksheet K-4

Hospice CCN: 141548

From 01/01/2014
To 12/31/2014

Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Hospice II

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-184,820	187,235	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	9,750	9.00
10.00	Nursing Care	0	73,753	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	6,801	15.00
16.00	Spiritual Counseling	0	1,725	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	6,559	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	81,108	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	1,414	27.00
28.00	Imaging Services	0	1,242	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	4,883	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		184,820	39.00
40.00	Unit Cost Multiplier		0.987102	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
1.00	Administrative and General		0	39,262	222,741	9,903	1.00
2.00	Inpatient - General Care	41,408	0	0	8,005	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	439,375	0	0	0	0	4.00
5.00	Nursing Care	2,791,709	0	0	465,008	0	5.00
6.00	Nursing Care-Continuous Home Care	15,018	0	0	2,908	0	6.00
7.00	Physical Therapy	6,357	0	0	1,231	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	3,121	0	0	604	0	9.00
10.00	Medical Social Services	318,187	0	0	61,608	0	10.00
11.00	Spiritual Counseling	263,072	0	0	50,936	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	304,401	0	0	58,939	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	847	0	0	164	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	939,566	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	103,849	0	0	0	0	22.00
23.00	Imaging Services	526,859	0	0	0	0	23.00
24.00	Labs and Diagnostics	76	0	0	0	0	24.00
25.00	Medical Supplies	297,251	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	11,672	0	0	2,260	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,062,768	0	39,262	874,404	9,903	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 181507

To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		PURCHASING		Subtotal	Hospice I		
		RECEIVING AND STORES	DATA PROCESSING		REGIONAL TEAM	ADMITTING	
		5.03	5.04	5A.04	5.05	5.06	
1.00	Administrative and General	2,734	0	274,640	8,909	1,859	1.00
2.00	Inpatient - General Care	0	0	49,413	1,603	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	439,375	14,253	0	4.00
5.00	Nursing Care	0	0	3,256,717	105,643	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	17,926	582	0	6.00
7.00	Physical Therapy	0	0	7,588	246	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	3,725	121	0	9.00
10.00	Medical Social Services	0	0	379,795	12,320	0	10.00
11.00	Spiritual Counseling	0	0	314,008	10,186	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	363,340	11,786	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	1,011	33	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	939,566	30,479	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	103,849	3,369	0	22.00
23.00	Imaging Services	0	0	526,859	17,091	0	23.00
24.00	Labs and Diagnostics	0	0	76	2	0	24.00
25.00	Medical Supplies	0	0	297,251	9,643	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	13,932	452	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,734	0	6,989,071	226,718	1,859	34.00
35.00	Unit Cost Multiplier (see instructions)			0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Subtotal	Hospice I				
			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	8.00	9.00	
1.00	Administrative and General	285,408	50,211	0	0	0	1.00
2.00	Inpatient - General Care	51,016	8,975	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	453,628	79,806	0	0	0	4.00
5.00	Nursing Care	3,362,360	591,532	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	18,508	3,256	0	0	0	6.00
7.00	Physical Therapy	7,834	1,378	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	3,846	677	0	0	0	9.00
10.00	Medical Social Services	392,115	68,984	0	0	0	10.00
11.00	Spiritual Counseling	324,194	57,035	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	375,126	65,995	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	1,044	184	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	970,045	170,658	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	107,218	18,863	0	0	0	22.00
23.00	Imaging Services	543,950	95,696	0	0	0	23.00
24.00	Labs and Diagnostics	78	14	0	0	0	24.00
25.00	Medical Supplies	306,894	53,991	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	14,384	2,531	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,217,648	1,269,786	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	Hospice I						
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
1.00 Administrative and General	0	174,810	205,384	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	4,156	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	174,810	205,384	4,156	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Hospice I

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
			OTHER SUPPORT DEPARTMENT			
	16.00	17.00	18.00	24.00	25.00	
1.00 Administrative and General	0	15,706	7,510	739,029		1.00
2.00 Inpatient - General Care	0	0	0	59,991	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	533,434	0	4.00
5.00 Nursing Care	0	0	0	3,953,892	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	21,764	0	6.00
7.00 Physical Therapy	0	0	0	9,212	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	4,523	0	9.00
10.00 Medical Social Services	0	0	0	461,099	0	10.00
11.00 Spiritual Counseling	0	0	0	381,229	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	441,121	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	1,228	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	1,140,703	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	126,081	0	22.00
23.00 Imaging Services	0	0	0	639,646	0	23.00
24.00 Labs and Diagnostics	0	0	0	92	0	24.00
25.00 Medical Supplies	0	0	0	365,041	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	16,915	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	15,706	7,510	8,895,000	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 181507

To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice I	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	59,991	5,436	65,427		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	533,434	48,336	581,770		4.00
5.00	Nursing Care	3,953,892	358,270	4,312,162		5.00
6.00	Nursing Care-Continuous Home Care	21,764	1,972	23,736		6.00
7.00	Physical Therapy	9,212	835	10,047		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	4,523	410	4,933		9.00
10.00	Medical Social Services	461,099	41,781	502,880		10.00
11.00	Spiritual Counseling	381,229	34,544	415,773		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	441,121	39,971	481,092		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	1,228	111	1,339		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	1,140,703	103,361	1,244,064		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	126,081	11,424	137,505		22.00
23.00	Imaging Services	639,646	57,960	697,606		23.00
24.00	Labs and Diagnostics	92	8	100		24.00
25.00	Medical Supplies	365,041	33,077	398,118		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	16,915	1,533	18,448		33.00
34.00	Total (sum of lines 1 thru 33) (2)	8,895,000		8,895,000		34.00
35.00	Unit Cost Multiplier (see instructions)		0.090612			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 181507

To 12/31/2014

Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	CAPITAL RELATED COSTS					Hospice I
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHON ES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	1.00	2.00	4.00	5.01	5.03	
1.00 Administrative and General	0	22,585	776,752	45	76,190	1.00
2.00 Inpatient - General Care	0	0	27,914	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	1,621,595	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	10,140	0	0	6.00
7.00 Physical Therapy	0	0	4,292	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	2,107	0	0	9.00
10.00 Medical Social Services	0	0	214,841	0	0	10.00
11.00 Spiritual Counseling	0	0	177,627	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	205,533	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	572	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	7,881	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	22,585	3,049,254	45	76,190	34.00
35.00 Total cost to be allocated	0	39,262	874,404	9,903	2,734	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	1.738410	0.286760	220.066667	0.035884	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2014
To 12/31/2014

Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Hospice I		Hospice I			
		DATA PROCESSING (GROSS CHARGES)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.04	5A.05	5.05	5.06	5A.07	
1.00	Administrative and General	7,214,117	0	274,640	10,621,855	0	1.00
2.00	Inpatient - General Care	0	0	49,413	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	439,375	0	0	4.00
5.00	Nursing Care	0	0	3,256,717	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	17,926	0	0	6.00
7.00	Physical Therapy	0	0	7,588	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	3,725	0	0	9.00
10.00	Medical Social Services	0	0	379,795	0	0	10.00
11.00	Spiritual Counseling	0	0	314,008	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	363,340	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	1,011	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	939,566	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	103,849	0	0	22.00
23.00	Imaging Services	0	0	526,859	0	0	23.00
24.00	Labs and Diagnostics	0	0	76	0	0	24.00
25.00	Medical Supplies	0	0	297,251	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	13,932	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,214,117		6,989,071	10,621,855		34.00
35.00	Total cost to be allocated	0		226,718	1,859		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000		0.032439	0.000175		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.07	6.00	8.00	9.00	10.00	
1.00	Administrative and General	285,408	0	0	0	0	1.00
2.00	Inpatient - General Care	51,016	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	453,628	0	0	0	0	4.00
5.00	Nursing Care	3,362,360	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	18,508	0	0	0	0	6.00
7.00	Physical Therapy	7,834	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	3,846	0	0	0	0	9.00
10.00	Medical Social Services	392,115	0	0	0	0	10.00
11.00	Spiritual Counseling	324,194	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	375,126	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	1,044	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	970,045	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	107,218	0	0	0	0	22.00
23.00	Imaging Services	543,950	0	0	0	0	23.00
24.00	Labs and Diagnostics	78	0	0	0	0	24.00
25.00	Medical Supplies	306,894	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	14,384	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,217,648	0	0	0	0	34.00
35.00	Total cost to be allocated	1,269,786	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.175928	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Hospice I					
		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	5,770	60,502	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	201,414	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,770	60,502	201,414	0	0	34.00
35.00	Total cost to be allocated	174,810	205,384	4,156	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	30.296360	3.394665	0.020634	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	Hospice I	
		OTHER SUPPORT DEPARTMENT (GROSS CHARGES)		
		17.00		
1.00 Administrative and General	201,141	10,621,855		1.00
2.00 Inpatient - General Care	0	0		2.00
3.00 Inpatient - Respite Care	0	0		3.00
4.00 Physician Services	0	0		4.00
5.00 Nursing Care	0	0		5.00
6.00 Nursing Care-Continuous Home Care	0	0		6.00
7.00 Physical Therapy	0	0		7.00
8.00 Occupational Therapy	0	0		8.00
9.00 Speech/ Language Pathology	0	0		9.00
10.00 Medical Social Services	0	0		10.00
11.00 Spiritual Counseling	0	0		11.00
12.00 Dietary Counseling	0	0		12.00
13.00 Counseling - Other	0	0		13.00
14.00 Home Health Aide and Homemaker	0	0		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00 Other	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0		17.00
18.00 Analgesics	0	0		18.00
19.00 Sedatives / Hypnotics	0	0		19.00
20.00 Other - Specify	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0		21.00
22.00 Patient Transportation	0	0		22.00
23.00 Imaging Services	0	0		23.00
24.00 Labs and Diagnostics	0	0		24.00
25.00 Medical Supplies	0	0		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0		26.00
27.00 Radiation Therapy	0	0		27.00
28.00 Chemotherapy	0	0		28.00
29.00 Other	0	0		29.00
30.00 Bereavement Program Costs	0	0		30.00
31.00 Volunteer Program Costs	0	0		31.00
32.00 Fundraising	0	0		32.00
33.00 Other Program Costs	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	201,141	10,621,855		34.00
35.00 Total cost to be allocated	15,706	7,510		35.00
36.00 Unit Cost Multiplier (see instructions)	0.078085	0.000707		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 180102	Period: From 01/01/2014	Worksheet K-5
		Hospice CCN: 181507	To 12/31/2014	Part III
		Hospice I		Date/Time Prepared: 5/22/2015 2:54 pm
Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
	0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS				
1.00	PHYSICAL THERAPY	66.00	0.378393	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.311382	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.297843	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.451216	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00		5.00
6.00	LABORATORY	60.00	0.125754	0 6.00
6.01	BLOOD LABORATORY	60.01		6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.776931	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00		9.00
10.00	DIABETES	76.00	0.000000	0 10.00
10.01	LITHOTRIPTOR	76.01	0.000000	0 10.01
11.00	Totals (sum of lines 1-10)			0 11.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 141548

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Hospice II

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
1.00 Administrative and General		0	0	116	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	19,374	0	0	0	0	4.00
5.00 Nursing Care	146,555	0	0	20,992	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	13,514	0	0	1,950	0	10.00
11.00 Spiritual Counseling	3,428	0	0	495	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	13,033	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	1,881	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	161,170	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	2,810	0	0	0	0	22.00
23.00 Imaging Services	2,468	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	9,703	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	372,055	0	0	25,434	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 141548

To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		PURCHASING RECEIVING AND STORES		DATA PROCESSING	Subtotal	Hospice II REGIONAL TEAM	ADMITTING	
		5.03		5.04	5A.04	5.05	5.06	
1.00	Administrative and General	4		0	120	4	340	1.00
2.00	Inpatient - General Care	0		0	0	0	0	2.00
3.00	Inpatient - Respite Care	0		0	0	0	0	3.00
4.00	Physician Services	0		0	19,374	628	0	4.00
5.00	Nursing Care	0		0	167,547	5,435	0	5.00
6.00	Nursing Care-Continuous Home Care	0		0	0	0	0	6.00
7.00	Physical Therapy	0		0	0	0	0	7.00
8.00	Occupational Therapy	0		0	0	0	0	8.00
9.00	Speech/ Language Pathology	0		0	0	0	0	9.00
10.00	Medical Social Services	0		0	15,464	502	0	10.00
11.00	Spiritual Counseling	0		0	3,923	127	0	11.00
12.00	Dietary Counseling	0		0	0	0	0	12.00
13.00	Counseling - Other	0		0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0		0	13,033	423	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		0	1,881	61	0	15.00
16.00	Other	0		0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0		0	161,170	5,228	0	17.00
18.00	Analgesics	0		0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0		0	0	0	0	19.00
20.00	Other - Specify	0		0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0		0	0	0	0	21.00
22.00	Patient Transportation	0		0	2,810	91	0	22.00
23.00	Imaging Services	0		0	2,468	80	0	23.00
24.00	Labs and Diagnostics	0		0	0	0	0	24.00
25.00	Medical Supplies	0		0	9,703	315	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0		0	0	0	0	26.00
27.00	Radiation Therapy	0		0	0	0	0	27.00
28.00	Chemotherapy	0		0	0	0	0	28.00
29.00	Other	0		0	0	0	0	29.00
30.00	Bereavement Program Costs	0		0	0	0	0	30.00
31.00	Volunteer Program Costs	0		0	0	0	0	31.00
32.00	Fundraising	0		0	0	0	0	32.00
33.00	Other Program Costs	0		0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4		0	397,493	12,894	340	34.00
35.00	Unit Cost Multiplier (see instructions)				0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 141548

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Subtotal	Hospice II				
			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	8.00	9.00	
1.00	Administrative and General	464	82	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	20,002	3,519	0	0	0	4.00
5.00	Nursing Care	172,982	30,432	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	15,966	2,809	0	0	0	10.00
11.00	Spiritual Counseling	4,050	713	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	13,456	2,367	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	1,942	342	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	166,398	29,274	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	2,901	510	0	0	0	22.00
23.00	Imaging Services	2,548	448	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	10,018	1,762	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	410,727	72,258	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 141548

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description	Hospice II					
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	4,120	4,919	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	101	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	4,120	4,919	101	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 141548

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/22/2015 2:54 pm

Hospice II

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
			OTHER SUPPORT DEPARTMENT			
	16.00	17.00	18.00	24.00	25.00	
1.00 Administrative and General	0	381	1,376	11,342		1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	23,521	0	4.00
5.00 Nursing Care	0	0	0	203,414	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	18,775	0	10.00
11.00 Spiritual Counseling	0	0	0	4,763	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	15,823	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	2,284	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	195,672	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	3,411	0	22.00
23.00 Imaging Services	0	0	0	2,996	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	11,881	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	381	1,376	493,882	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 180102	Period: From 01/01/2014	Worksheet K-5
		Hospice CCN: 141548	To 12/31/2014	Part I
				Date/Time Prepared: 5/22/2015 2:54 pm

Cost Center Description	Subtotal	Allocated	Total Hospice	Hospice II	
	(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
	26.00	27.00	28.00		
1.00 Administrative and General					1.00
2.00 Inpatient - General Care	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0		3.00
4.00 Physician Services	23,521	553	24,074		4.00
5.00 Nursing Care	203,414	4,782	208,196		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0		6.00
7.00 Physical Therapy	0	0	0		7.00
8.00 Occupational Therapy	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0		9.00
10.00 Medical Social Services	18,775	441	19,216		10.00
11.00 Spiritual Counseling	4,763	112	4,875		11.00
12.00 Dietary Counseling	0	0	0		12.00
13.00 Counseling - Other	0	0	0		13.00
14.00 Home Health Aide and Homemaker	15,823	372	16,195		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	2,284	54	2,338		15.00
16.00 Other	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	195,672	4,599	200,271		17.00
18.00 Analgesics	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0		19.00
20.00 Other - Specify	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00 Patient Transportation	3,411	80	3,491		22.00
23.00 Imaging Services	2,996	70	3,066		23.00
24.00 Labs and Diagnostics	0	0	0		24.00
25.00 Medical Supplies	11,881	279	12,160		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00 Radiation Therapy	0	0	0		27.00
28.00 Chemotherapy	0	0	0		28.00
29.00 Other	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0		31.00
32.00 Fundraising	0	0	0		32.00
33.00 Other Program Costs	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	493,882		493,882		34.00
35.00 Unit Cost Multiplier (see instructions)		0.023505			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 141548

From 01/01/2014
To 12/31/2014

Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Hospice II

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	0	0	404	0	113	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	73,204	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	6,801	0	0	10.00
11.00 Spiritual Counseling	0	0	1,725	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	6,559	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	88,693	0	113	34.00
35.00 Total cost to be allocated	0	0	25,434	0	4	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.286764	0.000000	0.035398	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 141548

From 01/01/2014

Part II

To 12/31/2014

Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Hospice II					
		DATA PROCESSING (GROSS CHARGES)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.04	5A.05	5.05	5.06	5A.07	
1.00	Administrative and General	0	0	120	1,945,625	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	19,374	0	0	4.00
5.00	Nursing Care	0	0	167,547	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	15,464	0	0	10.00
11.00	Spiritual Counseling	0	0	3,923	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	13,033	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	1,881	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	161,170	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	2,810	0	0	22.00
23.00	Imaging Services	0	0	2,468	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	9,703	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0		397,493	1,945,625		34.00
35.00	Total cost to be allocated	0		12,894	340		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000		0.032438	0.000175		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Hospice II						
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)		
		5.07	6.00	8.00	9.00	10.00		
1.00	Administrative and General	464	0	0	0	0	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	20,002	0	0	0	0	4.00	
5.00	Nursing Care	172,982	0	0	0	0	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	15,966	0	0	0	0	10.00	
11.00	Spiritual Counseling	4,050	0	0	0	0	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	13,456	0	0	0	0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	1,942	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	166,398	0	0	0	0	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00	Patient Transportation	2,901	0	0	0	0	22.00	
23.00	Imaging Services	2,548	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	10,018	0	0	0	0	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	0	0	0	0	0	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	410,727	0	0	0	0	34.00	
35.00	Total cost to be allocated	72,258	0	0	0	0	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.175927	0.000000	0.000000	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Cost Center Description		Hospice II					
		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	136	1,449	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	4,883	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	136	1,449	4,883	0	0	34.00
35.00	Total cost to be allocated	4,120	4,919	101	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	30.294118	3.394755	0.020684	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2015 2:54 pm

Hospice II

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
		OTHER SUPPORT DEPARTMENT (GROSS CHARGES)		
	17.00	18.00		
1.00 Administrative and General	4,883	1,945,625		1.00
2.00 Inpatient - General Care	0	0		2.00
3.00 Inpatient - Respite Care	0	0		3.00
4.00 Physician Services	0	0		4.00
5.00 Nursing Care	0	0		5.00
6.00 Nursing Care-Continuous Home Care	0	0		6.00
7.00 Physical Therapy	0	0		7.00
8.00 Occupational Therapy	0	0		8.00
9.00 Speech/ Language Pathology	0	0		9.00
10.00 Medical Social Services	0	0		10.00
11.00 Spiritual Counseling	0	0		11.00
12.00 Dietary Counseling	0	0		12.00
13.00 Counseling - Other	0	0		13.00
14.00 Home Health Aide and Homemaker	0	0		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00 Other	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0		17.00
18.00 Analgesics	0	0		18.00
19.00 Sedatives / Hypnotics	0	0		19.00
20.00 Other - Specify	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0		21.00
22.00 Patient Transportation	0	0		22.00
23.00 Imaging Services	0	0		23.00
24.00 Labs and Diagnostics	0	0		24.00
25.00 Medical Supplies	0	0		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0		26.00
27.00 Radiation Therapy	0	0		27.00
28.00 Chemotherapy	0	0		28.00
29.00 Other	0	0		29.00
30.00 Bereavement Program Costs	0	0		30.00
31.00 Volunteer Program Costs	0	0		31.00
32.00 Fundraising	0	0		32.00
33.00 Other Program Costs	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	4,883	1,945,625		34.00
35.00 Total cost to be allocated	381	1,376		35.00
36.00 Unit Cost Multiplier (see instructions)	0.078026	0.000707		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 180102 Hospice CCN: 141548		Period: From 01/01/2014 To 12/31/2014		Worksheet K-5 Part III Date/Time Prepared: 5/22/2015 2:54 pm	
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)		
		0	1.00	2.00	3.00		
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.378393	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.311382	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.297843	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.451216	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00	
6.00	LABORATORY	60.00	0.125754	0	0	6.00	
6.01	BLOOD LABORATORY	60.01				6.01	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.776931	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00	
10.00	DIABETES	76.00	0.000000	0	0	10.00	
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	10.01	
11.00	Totals (sum of lines 1-10)					11.00	

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 180102

Period: From 01/01/2014

Worksheet K-6

Hospice CCN: 181507

To 12/31/2014

Date/Time Prepared: 5/22/2015 2:54 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				8,876,552	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				47,728	2.00
3.00	Average cost per diem (line 1 divided by line 2)				185.98	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	41,030				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	7,630,759				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		3,450			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		641,631			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	7,243				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	1,347,053				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		402			10.00
11.00	Aggregate NF cost (line 3 times line 10)		74,764			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			3,248		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			604,063		13.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 180102

Period:

Worksheet K-6

Hospice CCN: 141548

From 01/01/2014

To 12/31/2014

Date/Time Prepared:
5/22/2015 2:54 pm

		Hospice II				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				493,882	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				7,975	2.00
3.00	Average cost per diem (line 1 divided by line 2)				61.93	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	6,623				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	410,162				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		728			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		45,085			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	3,864				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	239,298				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		703			10.00
11.00	Aggregate NF cost (line 3 times line 10)		43,537			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			624		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			38,644		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 180102	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/22/2015 2:54 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,785,149	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		20,758	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)		111.33	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,805,907	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