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: 141334	Period: From 04/01/2014 To 03/31/2015	Worksheet S Parts I-III Date/Time Prepared: 8/24/2015 2:52 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 8/24/2015 Time: 2:52 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT JOSEPH MEMORIAL HOSPITAL (141334) for the cost reporting period beginning 04/01/2014 and ending 03/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-113,885	-816,506	6,240	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	-780,374	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-894,259	-816,506	6,240	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 8/24/2015 2:51 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2 SOUTH HOSPITAL DRIVE	PO Box:			1.00
2.00	City: MURPHYSBORO	State: IL	Zip Code: 62959	County: JACKSON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	SAINT JOSEPH MEMORIAL HOSPITAL	141334	16060	1	05/01/2004	N	O	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	SJ HOSPITAL SWING BED PROGRAM	14Z334	16060		11/14/2013	N	O	O	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	04/01/2014	03/31/2015	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	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		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.	0	0	0	0	0	0	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	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 8/24/2015 2:51 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	09/15/2014	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 8/24/2015 2:51 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 8/24/2015 2:51 pm

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

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			0	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	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	Y		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	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	827,678	0	0	118.01

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

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		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	14H124	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: SOUTHERN ILLINOIS HEALTHCARE	Contractor's Name: NGS	Contractor's Number: 06101	141.00
142.00	Street: 1239 E MAIN STREET	PO Box: 3988		142.00
143.00	City: CARBONDALE	State: IL	Zip Code: 62902-3988	143.00

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

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

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

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	6,528	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 141334	Period: From 04/01/2014 To 03/31/2015	Worksheet S-2 Part I Date/Time Prepared: 8/24/2015 2:51 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2014	09/30/2014	170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 8/24/2015 2:51 pm

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

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

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

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

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

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	08/12/2015	Y	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)		N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part II Date/Time Prepared: 8/24/2015 2:51 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				Y	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				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				Y	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.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y	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.		LUANNE	WARREN		41.00
42.00	Enter the employer/company name of the cost report preparer.		SOUTHERN ILLINOIS HOSPITAL SERVICES			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		6184575200	LUANNE.WARREN@SIH.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 8/24/2015 2:51 pm

		Part B Date			
		4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	08/12/2015			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HFS Supplemental Information | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part IX Date/Time Prepared: 8/24/2015 2:51 pm

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-3 Part I Date/Time Prepared: 8/24/2015 2:51 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	25	9,125	47,679.00	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)		25	9,125	47,679.00	0	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)		25	9,125	47,679.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		25				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: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 8/24/2015 2:51 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,326	198	2,012			1.00
2.00	HMO and other (see instructions)	195	0				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	1,661	0	2,369			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)	2,987	198	4,381			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)	2,987	198	4,381	0.00	237.16	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	237.16	27.00
28.00	Observation Bed Days		79	401			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 8/24/2015 2:51 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	418	83	692	1.00
2.00	HMO and other (see instructions)			65	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	418	83	692	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-10 | Date/Time Prepared: 8/24/2015 2:51 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.285916	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	6,821,611	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	898,340	5.00
6.00	Medicaid charges	36,760,373	6.00
7.00	Medicaid cost (line 1 times line 6)	10,510,379	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)	2,790,428	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	46,566	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	2,790,428	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	3,244,094	632,877	3,876,971	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	927,538	180,950	1,108,488	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	927,538	180,950	1,108,488	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	2,731,774	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,275,589	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	1,456,185	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	416,347	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,524,835	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,315,263	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A | Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,205,002	1,205,002	136,007	1,341,009	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		878,941	878,941	83,359	962,300	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	137,664	4,884,221	5,021,885	0	5,021,885	4.00
5.01	00550	DATA PROCESSING	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	30,529	45,611	76,140	0	76,140	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	486,813	27,277	514,090	0	514,090	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	705,538	2,021,512	2,727,050	-156	2,726,894	5.04
6.00	00600	MAINTENANCE & REPAIRS	298,813	543,227	842,040	-43	841,997	6.00
7.00	00700	OPERATION OF PLANT	121,087	149	121,236	0	121,236	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	204,070	204,070	0	204,070	8.00
9.00	00900	HOUSEKEEPING	263,142	41,829	304,971	-167	304,804	9.00
10.00	01000	DIETARY	350,287	116,416	466,703	-329,040	137,663	10.00
11.00	01100	CAFETERIA	0	0	0	327,271	327,271	11.00
13.00	01300	NURSING ADMINISTRATION	834,985	36,563	871,548	0	871,548	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48,818	32,258	81,076	0	81,076	14.00
15.00	01500	PHARMACY	534,449	10,058,771	10,593,220	-2,715	10,590,505	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	64,426	2,528	66,954	0	66,954	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	168,414	168,414	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,246,932	1,002,116	3,249,048	-9,012	3,240,036	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,138,389	1,891,234	3,029,623	-1,011,941	2,017,682	50.00
51.00	05100	RECOVERY ROOM	122,718	2,456	125,174	-139	125,035	51.00
53.00	05300	ANESTHESIOLOGY	0	220,607	220,607	-175,315	45,292	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	930,464	841,832	1,772,296	-50,394	1,721,902	54.00
60.00	06000	LABORATORY	717,948	1,601,571	2,319,519	-14,357	2,305,162	60.00
64.00	06400	INTRAVENOUS THERAPY	775,904	286,910	1,062,814	-7,102	1,055,712	64.00
65.00	06500	RESPIRATORY THERAPY	385,798	105,885	491,683	-40,860	450,823	65.00
65.01	06501	SLEEP DISORDERS	1,064,777	301,891	1,366,668	0	1,366,668	65.01
65.02	06502	GERIATRIC PSYCH	0	410,745	410,745	0	410,745	65.02
66.00	06600	PHYSICAL THERAPY	505,698	135,826	641,524	-22	641,502	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	662,751	662,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	420,470	420,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73,181	73,181	73.00
76.97	07697	CARDIAC REHABILITATION	322,949	16,231	339,180	550	339,730	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	12,191	1,108,010	1,120,201	-2,107	1,118,094	90.00
91.00	09100	EMERGENCY	1,118,541	1,366,925	2,485,466	-9,267	2,476,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		607,015	607,015	-219,366	387,649	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,218,860	29,997,629	43,216,489	0	43,216,489	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,676	17,676	0	17,676	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		TOTAL (SUM OF LINES 118-199)	13,218,860	30,015,305	43,234,165	0	43,234,165	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A | Date/Time Prepared: 8/24/2015 2:51 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	-8,929	1,332,080		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	851,464	1,813,764		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-279,504	4,742,381		4.00
5.01	00550	DATA PROCESSING	1,807,496	1,807,496		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-3,737	72,403		5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	728,543	1,242,633		5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	1,094,710	3,821,604		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	841,997		6.00
7.00	00700	OPERATION OF PLANT	0	121,236		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	204,070		8.00
9.00	00900	HOUSEKEEPING	0	304,804		9.00
10.00	01000	DIETARY	0	137,663		10.00
11.00	01100	CAFETERIA	-94,046	233,225		11.00
13.00	01300	NURSING ADMINISTRATION	0	871,548		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	81,076		14.00
15.00	01500	PHARMACY	0	10,590,505		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-15,200	51,754		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-168,414	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-536,897	2,703,139		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,017,682		50.00
51.00	05100	RECOVERY ROOM	0	125,035		51.00
53.00	05300	ANESTHESIOLOGY	0	45,292		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-44,041	1,677,861		54.00
60.00	06000	LABORATORY	-22,053	2,283,109		60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,055,712		64.00
65.00	06500	RESPIRATORY THERAPY	-26,563	424,260		65.00
65.01	06501	SLEEP DISORDERS	-12,343	1,354,325		65.01
65.02	06502	GERIATRIC PSYCH	0	410,745		65.02
66.00	06600	PHYSICAL THERAPY	-432	641,070		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	662,751		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	420,470		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73,181		73.00
76.97	07697	CARDIAC REHABILITATION	0	339,730		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-473,182	644,912		90.00
91.00	09100	EMERGENCY	-1,140,213	1,335,986		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-387,649	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,269,010	44,485,499		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-6,564	11,112		192.00
192.01	19201	UNUSED SPACE	0	0		192.01
200.00		TOTAL (SUM OF LINES 118-199)	1,262,446	44,496,611		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet Non-CMS W | Date/Time Prepared: 8/24/2015 2:51 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	DATA PROCESSING	00550	DATA PROCESSING	5.01
5.02	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00590		5.04
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	SLEEP DISORDERS	06501		65.01
65.02	GERIATRIC PSYCH	06502		65.02
66.00	PHYSICAL THERAPY	06600		66.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	UNUSED SPACE	19201		192.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-6 | Date/Time Prepared: 8/24/2015 2:51 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DIETARY RECLASS					
1.00	CAFETERIA	11.00	246,570	81,946		1.00
	TOTALS		246,570	81,946		
	B - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,083,221		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	TOTALS		0	1,083,221		
	C - IV SOLUTION RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,809		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	TOTALS		0	22,809		
	D - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	136,007		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	83,359		2.00
	TOTALS		0	219,366		
	E - IMP DEVICES CHARGED TO PATIENTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	420,470		1.00
	TOTALS		0	420,470		
	F - CONTRAST RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	50,372		1.00
	TOTALS		0	50,372		
	G - CVP REHAB MEDICAL DIRECTOR RECLASS					
1.00	CARDIAC REHABILITATION	76.97	0	550		1.00
	TOTALS		0	550		
	H - CRNA RECLASS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	168,414		1.00
	TOTALS		0	168,414		
500.00	Grand Total: Increases		246,570	2,047,148		500.00

RECLASSIFICATIONS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-6 | Date/Time Prepared: 8/24/2015 2:51 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DIETARY RECLASS						
1.00	DIETARY	10.00	246,570	81,946	0		1.00
	TOTALS		246,570	81,946			
	B - MEDICAL SUPPLY RECLASS						
1.00	OPERATING ROOM	50.00	0	1,008,230	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	6,518	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	40,310	0		3.00
4.00	EMERGENCY	91.00	0	6,893	0		4.00
5.00	INTRAVENOUS THERAPY	64.00	0	2,915	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,490	0		6.00
7.00	CLINIC	90.00	0	2,107	0		7.00
8.00	LABORATORY	60.00	0	14,357	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	22	0		9.00
10.00	HOUSEKEEPING	9.00	0	167	0		10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	156	0		11.00
12.00	MAINTENANCE & REPAIRS	6.00	0	43	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13	0		13.00
	TOTALS		0	1,083,221			
	C - IV SOLUTION RECLASS						
1.00	DIETARY	10.00	0	524	0		1.00
2.00	CAFETERIA	11.00	0	1,245	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	7,522	0		3.00
4.00	OPERATING ROOM	50.00	0	3,711	0		4.00
5.00	RECOVERY ROOM	51.00	0	139	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	383	0		6.00
7.00	EMERGENCY	91.00	0	2,374	0		7.00
8.00	INTRAVENOUS THERAPY	64.00	0	4,187	0		8.00
9.00	PHARMACY	15.00	0	2,715	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9	0		10.00
	TOTALS		0	22,809			
	D - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	219,366	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	219,366			
	E - IMP DEVICES CHARGED TO PATIENTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	420,470	0		1.00
	TOTALS		0	420,470			
	F - CONTRAST RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,372	0		1.00
	TOTALS		0	50,372			
	G - CVP REHAB MEDICAL DIRECTOR RECLASS						
1.00	RESPIRATORY THERAPY	65.00	0	550	0		1.00
	TOTALS		0	550			
	H - CRNA RECLASS						
1.00	ANESTHESIOLOGY	53.00	0	168,414	0		1.00
	TOTALS		0	168,414			
500.00	Grand Total: Decreases		246,570	2,047,148			500.00

RECLASSIFICATIONS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 8/24/2015 2:51 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - DIETARY RECLASS								
1.00	CAFETERIA	11.00	246,570	81,946	DIETARY	10.00	246,570	81,946	1.00
	TOTALS		246,570	81,946	TOTALS		246,570	81,946	
	B - MEDICAL SUPPLY RECLASS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,083,221	OPERATING ROOM	50.00	0	1,008,230	1.00
2.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	6,518	2.00
3.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	40,310	3.00
4.00		0.00	0	0	EMERGENCY	91.00	0	6,893	4.00
5.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	2,915	5.00
6.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,490	6.00
7.00		0.00	0	0	CLINIC	90.00	0	2,107	7.00
8.00		0.00	0	0	LABORATORY	60.00	0	14,357	8.00
9.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	22	9.00
10.00		0.00	0	0	HOUSEKEEPING	9.00	0	167	10.00
11.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	156	11.00
12.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	43	12.00
13.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	13	13.00
	TOTALS		0	1,083,221	TOTALS		0	1,083,221	
	C - IV SOLUTION RECLASS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,809	DIETARY	10.00	0	524	1.00
2.00		0.00	0	0	CAFETERIA	11.00	0	1,245	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	7,522	3.00
4.00		0.00	0	0	OPERATING ROOM	50.00	0	3,711	4.00
5.00		0.00	0	0	RECOVERY ROOM	51.00	0	139	5.00
6.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	383	6.00
7.00		0.00	0	0	EMERGENCY	91.00	0	2,374	7.00
8.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	4,187	8.00
9.00		0.00	0	0	PHARMACY	15.00	0	2,715	9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	9	10.00
	TOTALS		0	22,809	TOTALS		0	22,809	
	D - INTEREST RECLASS								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	136,007	INTEREST EXPENSE	113.00	0	219,366	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	83,359		0.00	0	0	2.00
	TOTALS		0	219,366	TOTALS		0	219,366	
	E - IMP DEVICES CHARGED TO PATIENTS								
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	420,470	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	420,470	1.00
	TOTALS		0	420,470	TOTALS		0	420,470	
	F - CONTRAST RECLASS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	50,372	RADIOLOGY-DIAGNOSTIC	54.00	0	50,372	1.00
	TOTALS		0	50,372	TOTALS		0	50,372	
	G - CVP REHAB MEDICAL DIRECTOR RECLASS								
1.00	CARDIAC REHABILITATION	76.97	0	550	RESPIRATORY THERAPY	65.00	0	550	1.00
	TOTALS		0	550	TOTALS		0	550	
	H - CRNA RECLASS								
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	168,414	ANESTHESIOLOGY	53.00	0	168,414	1.00
	TOTALS		0	168,414	TOTALS		0	168,414	
500.00	Grand Total: Increases		246,570	2,047,148	Grand Total: Decreases		246,570	2,047,148	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-7 Part I | Date/Time Prepared: 8/24/2015 2:51 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	171,136	0	0	0	0	1.00
2.00	Land Improvements	1,039,790	80,234	0	80,234	10,047	2.00
3.00	Buildings and Fixtures	10,856,243	92,332	0	92,332	0	3.00
4.00	Building Improvements	8,719,410	75,573	0	75,573	125,180	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	11,262,238	1,355,097	0	1,355,097	977,995	6.00
7.00	HIT designated Assets	834,918	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	32,883,735	1,603,236	0	1,603,236	1,113,222	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	32,883,735	1,603,236	0	1,603,236	1,113,222	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	171,136	0	1.00
2.00	Land Improvements	1,109,977	0	2.00
3.00	Buildings and Fixtures	10,948,575	0	3.00
4.00	Building Improvements	8,669,803	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	11,639,340	0	6.00
7.00	HIT designated Assets	834,918	0	7.00
8.00	Subtotal (sum of lines 1-7)	33,373,749	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	33,373,749	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-7 Part II | Date/Time Prepared: 8/24/2015 2:51 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,205,002	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	878,941	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,083,943	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	1,205,002	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	878,941	2.00
3.00	Total (sum of lines 1-2)	0	2,083,943	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-7 Part III Date/Time Prepared: 8/24/2015 2:51 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	20,899,491	0	20,899,491	0.626225	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	12,474,258	0	12,474,258	0.373775	0	2.00
3.00	Total (sum of lines 1-2)	33,373,749	0	33,373,749	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,332,080	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,813,764	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,145,844	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,332,080	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,813,764	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,145,844	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-8 | Date/Time Prepared: 8/24/2015 2:51 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		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	-2,176,855			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	6,792,106			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-94,046	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-15,200	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-168,414	NONPHYSICIAN ANESTHETISTS	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	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-51,178	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	PURCHASE DISCOUNTS	B	-3,737	PURCHASING RECEIVING AND STORES	5.02	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-8 | Date/Time Prepared: 8/24/2015 2:51 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	EMP OUTPATIENT INS PAYMENTS	B	-1,412,070	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	LOBBYING EXPENSES	A	-11,797	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.02
33.03	UNRESTRICTED INTEREST REVENUE	B	-395,180	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.03
33.04	PERSONAL USE OF PROVIDER VEHICLES	A	-7,149	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.04
33.05	LEASEHOLD REVENUE	B	-37,047	CAP REL COSTS-BLDG & FIXT	1.00	9	33.05
33.06	XRAY FILM REVENUE	B	-539	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.07	LOAN FORGIVENESS	A	-445,038	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.07
33.08	NONALLOWABLE INTEREST EXPENSE	A	-387,649	INTEREST EXPENSE	113.00	0	33.08
33.09	REAL ESTATE TAXES	A	-6,564	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.09
33.10	MEDICAID PROVIDER TAX	A	-287,637	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11	CABLE TV	A	-921	SLEEP DISORDERS	65.01	0	33.11
33.12	CABLE TV	A	-432	PHYSICAL THERAPY	66.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	-15,935	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.13
33.14	REAL ESTATE TAXES	A	-11,422	SLEEP DISORDERS	65.01	0	33.14
33.15	COMMUNITY DONATIONS	A	-850	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.15
33.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.16
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,262,446				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: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-8-1 | Date/Time Prepared: 8/24/2015 2:51 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	28,118	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	902,642	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,132,566	0	3.00
4.00	5.01	DATA PROCESSING	HOME OFFICE	1,807,496	0	4.00
4.01	5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	728,543	0	4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	2,258,296	0	4.02
4.03	54.00	RADIOLOGY-DIAGNOSTIC	RENT	31,893	75,395	4.03
4.04	60.00	LABORATORY	RENT	16,168	38,221	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,905,722	113,616	5.00

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

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

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

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

6.00	B		0.00	SIHE	100.00	6.00
7.00	B		0.00	SIMS	100.00	7.00
8.00	B		0.00	SIH CAYMAN	100.00	8.00
9.00	B		0.00	QUALITY HEALTH	100.00	9.00
10.00	B		0.00	HSSI	100.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 141334	Period: From 04/01/2014 To 03/31/2015	Worksheet A-8-1 Date/Time Prepared: 8/24/2015 2:51 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	28,118	9		1.00
2.00	902,642	9		2.00
3.00	1,132,566	0		3.00
4.00	1,807,496	0		4.00
4.01	728,543	0		4.01
4.02	2,258,296	0		4.02
4.03	-43,502	0		4.03
4.04	-22,053	0		4.04
5.00	6,792,106			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	HEALTHCARE		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: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-8-2 | Date/Time Prepared: 8/24/2015 2:51 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	91.00	DR. A	1,140,213	1,140,213	0	0	0	1.00
2.00	60.00	DR. B	33,384	0	33,384	0	0	2.00
3.00	76.97	DR. C	3,190	0	3,190	0	0	3.00
4.00	65.01	DR. D	26,208	0	26,208	0	0	4.00
5.00	65.00	DR. E	26,563	26,563	0	0	0	5.00
6.00	90.00	DR. F	476,932	473,182	3,750	0	0	6.00
7.00	30.00	DR. G	539,372	536,897	2,475	0	0	7.00
8.00	0.00		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			2,245,862	2,176,855	69,007		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	91.00	DR. A	0	0	0	0	0	1.00
2.00	60.00	DR. B	0	0	0	0	0	2.00
3.00	76.97	DR. C	0	0	0	0	0	3.00
4.00	65.01	DR. D	0	0	0	0	0	4.00
5.00	65.00	DR. E	0	0	0	0	0	5.00
6.00	90.00	DR. F	0	0	0	0	0	6.00
7.00	30.00	DR. G	0	0	0	0	0	7.00
8.00	0.00		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			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	91.00	DR. A	0	0	0	1,140,213		1.00
2.00	60.00	DR. B	0	0	0	0		2.00
3.00	76.97	DR. C	0	0	0	0		3.00
4.00	65.01	DR. D	0	0	0	0		4.00
5.00	65.00	DR. E	0	0	0	26,563		5.00
6.00	90.00	DR. F	0	0	0	473,182		6.00
7.00	30.00	DR. G	0	0	0	536,897		7.00
8.00	0.00		0	0	0	0		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	0	0	2,176,855		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part I Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,332,080	1,332,080				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,813,764		1,813,764			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,742,381	10,650	14,501	4,767,532		4.00
5.01	00550	DATA PROCESSING	1,807,496	6,674	9,088	0	1,823,258	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	72,403	5,713	7,779	11,127	0	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,242,633	14,336	19,520	177,422	72,447	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	3,821,604	239,330	325,871	257,138	150,932	5.04
6.00	00600	MAINTENANCE & REPAIRS	841,997	51,368	69,942	108,904	102,634	6.00
7.00	00700	OPERATION OF PLANT	121,236	67,560	91,990	44,131	6,037	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	204,070	12,519	17,046	0	0	8.00
9.00	00900	HOUSEKEEPING	304,804	4,305	5,861	95,904	6,037	9.00
10.00	01000	DIETARY	137,663	40,691	55,405	37,800	18,112	10.00
11.00	01100	CAFETERIA	233,225	28,251	38,466	89,864	0	11.00
13.00	01300	NURSING ADMINISTRATION	871,548	34,846	47,447	304,316	48,298	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	81,076	8,109	11,042	17,792	0	14.00
15.00	01500	PHARMACY	10,590,505	17,943	24,431	194,784	30,186	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,754	59,490	81,002	23,481	48,298	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,703,139	143,558	195,469	818,910	217,342	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,017,682	185,908	253,133	414,894	326,015	50.00
51.00	05100	RECOVERY ROOM	125,035	18,707	25,471	44,725	24,149	51.00
53.00	05300	ANESTHESIOLOGY	45,292	1,382	1,882	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,677,861	53,105	72,308	339,114	96,596	54.00
60.00	06000	LABORATORY	2,283,109	32,753	44,597	261,661	108,671	60.00
64.00	06400	INTRAVENOUS THERAPY	1,055,712	8,846	12,045	282,784	66,410	64.00
65.00	06500	RESPIRATORY THERAPY	424,260	11,598	15,792	140,607	78,485	65.00
65.01	06501	SLEEP DISORDERS	1,354,325	55,712	75,857	388,065	102,634	65.01
65.02	06502	GERIATRIC PSYCH	410,745	15,547	21,169	0	30,186	65.02
66.00	06600	PHYSICAL THERAPY	641,070	49,367	67,218	184,305	108,671	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	662,751	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	420,470	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,181	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	339,730	24,881	33,878	117,701	24,149	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	644,912	27,895	37,982	4,443	72,447	90.00
91.00	09100	EMERGENCY	1,335,986	59,292	80,733	407,660	78,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,485,499	1,290,336	1,756,925	4,767,532	1,817,221	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,345	8,640	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,112	11,703	15,935	0	6,037	192.00
192.01	19201	UNUSED SPACE	0	23,696	32,264	0	0	192.01
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)	44,496,611	1,332,080	1,813,764	4,767,532	1,823,258	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part I Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	97,022					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,144	1,527,502				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	4,794,875	4,794,875		5.04
6.00	00600	MAINTENANCE & REPAIRS	1	0	1,174,846	141,889	1,316,735	6.00
7.00	00700	OPERATION OF PLANT	0	0	330,954	39,970	95,557	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	233,635	28,217	17,707	8.00
9.00	00900	HOUSEKEEPING	1	0	416,912	50,351	6,089	9.00
10.00	01000	DIETARY	43	0	289,714	34,989	57,554	10.00
11.00	01100	CAFETERIA	103	0	389,909	47,090	39,958	11.00
13.00	01300	NURSING ADMINISTRATION	47	0	1,306,502	157,789	49,287	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	299	0	118,318	14,290	11,470	14.00
15.00	01500	PHARMACY	4,745	0	10,862,594	1,311,912	25,379	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	264,025	31,887	84,143	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,773	30,548	4,121,739	497,791	203,049	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,164	168,346	3,396,142	410,159	262,948	50.00
51.00	05100	RECOVERY ROOM	164	55,659	293,910	35,496	26,459	51.00
53.00	05300	ANESTHESIOLOGY	2,845	27,748	79,149	9,559	1,955	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,704	279,348	2,521,036	304,471	75,112	54.00
60.00	06000	LABORATORY	4,757	287,299	3,022,847	365,075	46,326	60.00
64.00	06400	INTRAVENOUS THERAPY	20,648	42,303	1,488,748	179,799	12,512	64.00
65.00	06500	RESPIRATORY THERAPY	1,184	27,980	699,906	84,529	16,404	65.00
65.01	06501	SLEEP DISORDERS	1,126	108,965	2,086,684	252,013	78,799	65.01
65.02	06502	GERIATRIC PSYCH	0	5,378	483,025	58,336	21,990	65.02
66.00	06600	PHYSICAL THERAPY	491	34,160	1,085,282	131,072	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,599	686,350	82,892	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,782	437,252	52,808	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	285,151	358,332	43,276	0	73.00
76.97	07697	CARDIAC REHABILITATION	145	9,353	549,837	66,405	35,191	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,015	32,971	823,665	99,476	39,455	90.00
91.00	09100	EMERGENCY	10,623	91,912	2,064,691	249,357	83,863	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	97,022	1,527,502	44,380,879	4,780,898	1,291,207	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	14,985	1,810	8,975	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	44,787	5,409	16,553	192.00
192.01	19201	UNUSED SPACE	0	0	55,960	6,758	0	192.01
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)	97,022	1,527,502	44,496,611	4,794,875	1,316,735	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part I | Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	466,481					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,764	286,323				8.00
9.00	00900	HOUSEKEEPING	2,326	125	475,803			9.00
10.00	01000	DIETARY	21,985	460	1,095	405,797		10.00
11.00	01100	CAFETERIA	15,264	0	3,286	0	495,507	11.00
13.00	01300	NURSING ADMINISTRATION	18,827	0	0	0	22,652	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,381	0	0	0	5,663	14.00
15.00	01500	PHARMACY	9,694	0	4,473	0	16,989	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,142	0	1,278	0	8,494	16.00
17.00	01700	SOCIAL SERVICE	0	0	548	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	77,563	90,654	215,993	405,797	104,767	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	100,445	49,097	59,065	0	50,966	50.00
51.00	05100	RECOVERY ROOM	10,107	16,893	5,569	0	5,663	51.00
53.00	05300	ANESTHESIOLOGY	747	0	639	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,692	23,000	19,445	0	45,303	54.00
60.00	06000	LABORATORY	17,696	0	10,316	0	36,809	60.00
64.00	06400	INTRAVENOUS THERAPY	4,780	0	10,955	0	45,303	64.00
65.00	06500	RESPIRATORY THERAPY	6,266	1,016	4,564	0	16,989	65.00
65.01	06501	SLEEP DISORDERS	30,101	30,054	43,454	0	50,966	65.01
65.02	06502	GERIATRIC PSYCH	8,400	0	5,477	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	22,652	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	13,443	843	5,477	0	14,157	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	15,072	10,127	43,819	0	2,831	90.00
91.00	09100	EMERGENCY	32,035	64,054	40,350	0	45,303	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	456,730	286,323	475,803	405,797	495,507	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,428	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,323	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
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)	466,481	286,323	475,803	405,797	495,507	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part I Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,555,057					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	154,122				14.00
15.00	01500	PHARMACY	121,405	0	12,352,446			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	421,969		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	548	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	725,241	212	10,209	63,584	548	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	356,491	143,501	4,922	104,046	0	50.00
51.00	05100	RECOVERY ROOM	32,483	0	172	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	928	475	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2	11	23,122	0	54.00
60.00	06000	LABORATORY	0	2,043	0	26,012	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	415	14,327	52,024	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,737	19,897	0	0	65.00
65.01	06501	SLEEP DISORDERS	0	0	0	31,792	0	65.01
65.02	06502	GERIATRIC PSYCH	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	3	2,641	8,671	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	12,290,429	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	300	5,884	26,012	0	90.00
91.00	09100	EMERGENCY	319,437	981	3,479	86,706	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,555,057	154,122	12,352,446	421,969	548	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
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)	1,555,057	154,122	12,352,446	421,969	548	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part I | Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	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	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		6,517,147	0	6,517,147		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,937,782	0	4,937,782		50.00
51.00	05100	RECOVERY ROOM	0	426,752	0	426,752		51.00
53.00	05300	ANESTHESIOLOGY	0	93,452	0	93,452		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,040,194	0	3,040,194		54.00
60.00	06000	LABORATORY	0	3,527,124	0	3,527,124		60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,808,863	0	1,808,863		64.00
65.00	06500	RESPIRATORY THERAPY	0	855,308	0	855,308		65.00
65.01	06501	SLEEP DISORDERS	0	2,603,863	0	2,603,863		65.01
65.02	06502	GERIATRIC PSYCH	0	577,228	0	577,228		65.02
66.00	06600	PHYSICAL THERAPY	0	1,250,321	0	1,250,321		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	769,242	0	769,242		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	490,060	0	490,060		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,692,037	0	12,692,037		73.00
76.97	07697	CARDIAC REHABILITATION	0	685,353	0	685,353		76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,066,641	0	1,066,641		90.00
91.00	09100	EMERGENCY	0	2,990,256	0	2,990,256		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	44,331,623	0	44,331,623		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,198	0	29,198		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	73,072	0	73,072		192.00
192.01	19201	UNUSED SPACE	0	62,718	0	62,718		192.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	44,496,611	0	44,496,611		202.00

COST ALLOCATION STATISTICS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet Non-CMS W | Date/Time Prepared: 8/24/2015 2:51 pm

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01	DATA PROCESSING	6	NUMBER OF PCS	5.01
5.02	PURCHASING RECEIVING AND STORES	7	PURCHASING SUPPLIES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	12	GROSS REVENUE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.04
6.00	MAINTENANCE & REPAIRS	20	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	20	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	9	HOURS OF SERVICE	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	NUMBER OF FTES	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	PATIENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part II | Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	10,650	14,501	25,151	25,151	4.00
5.01	00550	DATA PROCESSING	0	6,674	9,088	15,762	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	5,713	7,779	13,492	59	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,336	19,520	33,856	936	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	239,330	325,871	565,201	1,357	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	51,368	69,942	121,310	575	6.00
7.00	00700	OPERATION OF PLANT	0	67,560	91,990	159,550	233	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	12,519	17,046	29,565	0	8.00
9.00	00900	HOUSEKEEPING	0	4,305	5,861	10,166	506	9.00
10.00	01000	DIETARY	0	40,691	55,405	96,096	199	10.00
11.00	01100	CAFETERIA	0	28,251	38,466	66,717	474	11.00
13.00	01300	NURSING ADMINISTRATION	0	34,846	47,447	82,293	1,606	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,109	11,042	19,151	94	14.00
15.00	01500	PHARMACY	0	17,943	24,431	42,374	1,028	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	59,490	81,002	140,492	124	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	143,558	195,469	339,027	4,316	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	185,908	253,133	439,041	2,189	50.00
51.00	05100	RECOVERY ROOM	0	18,707	25,471	44,178	236	51.00
53.00	05300	ANESTHESIOLOGY	0	1,382	1,882	3,264	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	53,105	72,308	125,413	1,789	54.00
60.00	06000	LABORATORY	0	32,753	44,597	77,350	1,381	60.00
64.00	06400	INTRAVENOUS THERAPY	0	8,846	12,045	20,891	1,492	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,598	15,792	27,390	742	65.00
65.01	06501	SLEEP DISORDERS	0	55,712	75,857	131,569	2,048	65.01
65.02	06502	GERIATRIC PSYCH	0	15,547	21,169	36,716	0	65.02
66.00	06600	PHYSICAL THERAPY	0	49,367	67,218	116,585	972	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	24,881	33,878	58,759	621	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	27,895	37,982	65,877	23	90.00
91.00	09100	EMERGENCY	0	59,292	80,733	140,025	2,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,290,336	1,756,925	3,047,261	25,151	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,345	8,640	14,985	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,703	15,935	27,638	0	192.00
192.01	19201	UNUSED SPACE	0	23,696	32,264	55,960	0	192.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,332,080	1,813,764	3,145,844	25,151	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part II | Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING	15,762					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	13,551				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	626	160	35,578			5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	1,305	0	0	567,863		5.04
6.00	00600	MAINTENANCE & REPAIRS	887	0	0	16,804	139,576	6.00
7.00	00700	OPERATION OF PLANT	52	0	0	4,734	10,129	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,342	1,877	8.00
9.00	00900	HOUSEKEEPING	52	0	0	5,963	645	9.00
10.00	01000	DIETARY	157	6	0	4,144	6,101	10.00
11.00	01100	CAFETERIA	0	14	0	5,577	4,236	11.00
13.00	01300	NURSING ADMINISTRATION	418	7	0	18,687	5,224	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	42	0	1,692	1,216	14.00
15.00	01500	PHARMACY	261	663	0	155,376	2,690	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	418	0	0	3,776	8,919	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,879	1,784	711	58,953	21,523	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,820	4,213	3,921	48,575	27,874	50.00
51.00	05100	RECOVERY ROOM	209	23	1,296	4,204	2,805	51.00
53.00	05300	ANESTHESIOLOGY	0	397	646	1,132	207	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	835	378	6,506	36,058	7,962	54.00
60.00	06000	LABORATORY	939	664	6,693	43,236	4,911	60.00
64.00	06400	INTRAVENOUS THERAPY	574	2,884	985	21,294	1,326	64.00
65.00	06500	RESPIRATORY THERAPY	678	165	652	10,011	1,739	65.00
65.01	06501	SLEEP DISORDERS	887	157	2,538	29,846	8,353	65.01
65.02	06502	GERIATRIC PSYCH	261	0	125	6,909	2,331	65.02
66.00	06600	PHYSICAL THERAPY	939	69	796	15,523	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	550	9,817	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	391	6,254	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,641	5,125	0	73.00
76.97	07697	CARDIAC REHABILITATION	209	20	218	7,864	3,730	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	626	421	768	11,781	4,182	90.00
91.00	09100	EMERGENCY	678	1,484	2,141	29,531	8,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,710	13,551	35,578	566,208	136,870	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	214	951	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	52	0	0	641	1,755	192.00
192.01	19201	UNUSED SPACE	0	0	0	800	0	192.01
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)	15,762	13,551	35,578	567,863	139,576	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part II | Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	174,698					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,533	37,317				8.00
9.00	00900	HOUSEKEEPING	871	16	18,219			9.00
10.00	01000	DIETARY	8,233	60	42	115,038		10.00
11.00	01100	CAFETERIA	5,716	0	126	0	82,860	11.00
13.00	01300	NURSING ADMINISTRATION	7,051	0	0	0	3,788	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,641	0	0	0	947	14.00
15.00	01500	PHARMACY	3,631	0	171	0	2,841	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,037	0	49	0	1,420	16.00
17.00	01700	SOCIAL SERVICE	0	0	21	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,048	11,815	8,270	115,038	17,519	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,617	6,399	2,262	0	8,523	50.00
51.00	05100	RECOVERY ROOM	3,785	2,202	213	0	947	51.00
53.00	05300	ANESTHESIOLOGY	280	0	24	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,745	2,998	745	0	7,576	54.00
60.00	06000	LABORATORY	6,627	0	395	0	6,155	60.00
64.00	06400	INTRAVENOUS THERAPY	1,790	0	419	0	7,576	64.00
65.00	06500	RESPIRATORY THERAPY	2,347	132	175	0	2,841	65.00
65.01	06501	SLEEP DISORDERS	11,273	3,917	1,664	0	8,523	65.01
65.02	06502	GERIATRIC PSYCH	3,146	0	210	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,788	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	5,034	110	210	0	2,367	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,644	1,320	1,678	0	473	90.00
91.00	09100	EMERGENCY	11,997	8,348	1,545	0	7,576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	171,046	37,317	18,219	115,038	82,860	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,368	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
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)	174,698	37,317	18,219	115,038	82,860	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part II Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	119,074					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	24,783				14.00
15.00	01500	PHARMACY	9,296	0	218,331			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	167,235		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	21	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	55,534	34	180	25,200	21	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,297	23,074	87	41,236	0	50.00
51.00	05100	RECOVERY ROOM	2,487	0	3	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	149	8	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,164	0	54.00
60.00	06000	LABORATORY	0	329	0	10,309	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	67	253	20,618	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	923	352	0	0	65.00
65.01	06501	SLEEP DISORDERS	0	0	0	12,600	0	65.01
65.02	06502	GERIATRIC PSYCH	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	1	47	3,436	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	217,236	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	48	104	10,309	0	90.00
91.00	09100	EMERGENCY	24,460	158	61	34,363	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	119,074	24,783	218,331	167,235	21	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
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)	119,074	24,783	218,331	167,235	21	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part II | Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	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	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		690,852	0	690,852		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		675,128	0	675,128		50.00
51.00	05100	RECOVERY ROOM		62,588	0	62,588		51.00
53.00	05300	ANESTHESIOLOGY		6,107	0	6,107		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		210,169	0	210,169		54.00
60.00	06000	LABORATORY		158,989	0	158,989		60.00
64.00	06400	INTRAVENOUS THERAPY		80,169	0	80,169		64.00
65.00	06500	RESPIRATORY THERAPY		48,147	0	48,147		65.00
65.01	06501	SLEEP DISORDERS		213,375	0	213,375		65.01
65.02	06502	GERIATRIC PSYCH		49,698	0	49,698		65.02
66.00	06600	PHYSICAL THERAPY		142,156	0	142,156		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		10,367	0	10,367		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		6,645	0	6,645		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		229,002	0	229,002		73.00
76.97	07697	CARDIAC REHABILITATION		79,142	0	79,142		76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		103,254	0	103,254		90.00
91.00	09100	EMERGENCY		273,408	0	273,408		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,039,196	0	3,039,196		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		17,434	0	17,434		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		32,454	0	32,454		192.00
192.01	19201	UNUSED SPACE		56,760	0	56,760		192.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	3,145,844	0	3,145,844		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B-1 | Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	101,188					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		101,188				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	809	809	13,081,196			4.00
5.01	00550	DATA PROCESSING	507	507	0	302		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	434	434	30,529	0	1,130,726	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,089	1,089	486,813	12	13,334	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	18,180	18,180	705,538	25	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	3,902	3,902	298,813	17	7	6.00
7.00	00700	OPERATION OF PLANT	5,132	5,132	121,087	1	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	951	951	0	0	0	8.00
9.00	00900	HOUSEKEEPING	327	327	263,142	1	13	9.00
10.00	01000	DIETARY	3,091	3,091	103,717	3	504	10.00
11.00	01100	CAFETERIA	2,146	2,146	246,570	0	1,199	11.00
13.00	01300	NURSING ADMINISTRATION	2,647	2,647	834,985	8	547	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	616	616	48,818	0	3,483	14.00
15.00	01500	PHARMACY	1,363	1,363	534,449	5	55,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,519	4,519	64,426	8	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,905	10,905	2,246,932	36	148,862	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,122	14,122	1,138,389	54	351,528	50.00
51.00	05100	RECOVERY ROOM	1,421	1,421	122,718	4	1,906	51.00
53.00	05300	ANESTHESIOLOGY	105	105	0	0	33,156	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,034	4,034	930,464	16	31,516	54.00
60.00	06000	LABORATORY	2,488	2,488	717,948	18	55,441	60.00
64.00	06400	INTRAVENOUS THERAPY	672	672	775,904	11	240,634	64.00
65.00	06500	RESPIRATORY THERAPY	881	881	385,798	13	13,803	65.00
65.01	06501	SLEEP DISORDERS	4,232	4,232	1,064,777	17	13,127	65.01
65.02	06502	GERIATRIC PSYCH	1,181	1,181	0	5	0	65.02
66.00	06600	PHYSICAL THERAPY	3,750	3,750	505,698	18	5,727	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	1,890	1,890	322,949	4	1,686	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,119	2,119	12,191	12	35,141	90.00
91.00	09100	EMERGENCY	4,504	4,504	1,118,541	13	123,807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,017	98,017	13,081,196	301	1,130,726	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	482	482	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	889	889	0	1	0	192.00
192.01	19201	UNUSED SPACE	1,800	1,800	0	0	0	192.01
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)	1,332,080	1,813,764	4,767,532	1,823,258	97,022	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.164407	17.924695	0.364457	6,037.278146	0.085805	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			25,151	15,762	13,551	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001923	52.192053	0.011984	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B-1 | Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	158,103,955					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-4,794,875	39,701,736			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,174,846	70,717		6.00
7.00	00700	OPERATION OF PLANT	0	0	330,954	5,132	65,585	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	233,635	951	951	8.00
9.00	00900	HOUSEKEEPING	0	0	416,912	327	327	9.00
10.00	01000	DIETARY	0	0	289,714	3,091	3,091	10.00
11.00	01100	CAFETERIA	0	0	389,909	2,146	2,146	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,306,502	2,647	2,647	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	118,318	616	616	14.00
15.00	01500	PHARMACY	0	0	10,862,594	1,363	1,363	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	264,025	4,519	4,519	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,161,955	0	4,121,739	10,905	10,905	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,425,305	0	3,396,142	14,122	14,122	50.00
51.00	05100	RECOVERY ROOM	5,761,239	0	293,910	1,421	1,421	51.00
53.00	05300	ANESTHESIOLOGY	2,872,216	0	79,149	105	105	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,915,032	0	2,521,036	4,034	4,034	54.00
60.00	06000	LABORATORY	29,731,593	0	3,022,847	2,488	2,488	60.00
64.00	06400	INTRAVENOUS THERAPY	4,378,781	0	1,488,748	672	672	64.00
65.00	06500	RESPIRATORY THERAPY	2,896,212	0	699,906	881	881	65.00
65.01	06501	SLEEP DISORDERS	11,278,861	0	2,086,684	4,232	4,232	65.01
65.02	06502	GERIATRIC PSYCH	556,690	0	483,025	1,181	1,181	65.02
66.00	06600	PHYSICAL THERAPY	3,535,873	0	1,085,282	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,442,692	0	686,350	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,737,132	0	437,252	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,515,722	0	358,332	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	968,144	0	549,837	1,890	1,890	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,412,822	0	823,665	2,119	2,119	90.00
91.00	09100	EMERGENCY	9,513,686	0	2,064,691	4,504	4,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	158,103,955	-4,794,875	39,586,004	69,346	64,214	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	14,985	482	482	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	44,787	889	889	192.00
192.01	19201	UNUSED SPACE	0	0	55,960	0	0	192.01
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)	1,527,502		4,794,875	1,316,735	466,481	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.009661		0.120772	18.619780	7.112617	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	35,578		567,863	139,576	174,698	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000225		0.014303	1.973726	2.663688	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B-1 | Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	77,779					8.00
9.00	00900	HOUSEKEEPING	34	5,212				9.00
10.00	01000	DIETARY	125	12	18,284			10.00
11.00	01100	CAFETERIA	0	36	0	175		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	8	166,694	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2	0	14.00
15.00	01500	PHARMACY	0	49	0	6	13,014	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14	0	3	0	16.00
17.00	01700	SOCIAL SERVICE	0	6	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,626	2,366	18,284	37	77,742	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,337	647	0	18	38,214	50.00
51.00	05100	RECOVERY ROOM	4,589	61	0	2	3,482	51.00
53.00	05300	ANESTHESIOLOGY	0	7	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,248	213	0	16	0	54.00
60.00	06000	LABORATORY	0	113	0	13	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	120	0	16	0	64.00
65.00	06500	RESPIRATORY THERAPY	276	50	0	6	0	65.00
65.01	06501	SLEEP DISORDERS	8,164	476	0	18	0	65.01
65.02	06502	GERIATRIC PSYCH	0	60	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	8	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	229	60	0	5	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,751	480	0	1	0	90.00
91.00	09100	EMERGENCY	17,400	442	0	16	34,242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	77,779	5,212	18,284	175	166,694	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
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)	286,323	475,803	405,797	495,507	1,555,057	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.681238	91.289908	22.194104	2,831.468571	9.328812	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	37,317	18,219	115,038	82,860	119,074	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.479782	3.495587	6.291730	473.485714	0.714327	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B-1 | Date/Time Prepared: 8/24/2015 2:51 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	19.00	
		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	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,082,854					14.00
15.00	01500	PHARMACY	0	9,954,776				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	146			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	4,381		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,490	8,227	22	4,381		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,008,230	3,967	36	0	0	50.00
51.00	05100	RECOVERY ROOM	0	139	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	6,518	383	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12	9	8	0	0	54.00
60.00	06000	LABORATORY	14,357	0	9	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,915	11,546	18	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	40,310	16,035	0	0	0	65.00
65.01	06501	SLEEP DISORDERS	0	0	11	0	0	65.01
65.02	06502	GERIATRIC PSYCH	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	22	2,128	3	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	9,904,796	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,107	4,742	9	0	0	90.00
91.00	09100	EMERGENCY	6,893	2,804	30	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,082,854	9,954,776	146	4,381	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
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)	154,122	12,352,446	421,969	548	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.142329	1.240856	2,890.198630	0.125086	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,783	218,331	167,235	21	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.022887	0.021932	1,145.445205	0.004793	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,517,147		6,517,147	0	0	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,937,782		4,937,782	0	0	50.00
51.00	05100	RECOVERY ROOM	426,752		426,752	0	0	51.00
53.00	05300	ANESTHESIOLOGY	93,452		93,452	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,040,194		3,040,194	0	0	54.00
60.00	06000	LABORATORY	3,527,124		3,527,124	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,808,863		1,808,863	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	855,308	0	855,308	0	0	65.00
65.01	06501	SLEEP DISORDERS	2,603,863	0	2,603,863	0	0	65.01
65.02	06502	GERIATRIC PSYCH	577,228	0	577,228	0	0	65.02
66.00	06600	PHYSICAL THERAPY	1,250,321	0	1,250,321	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	769,242		769,242	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	490,060		490,060	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,692,037		12,692,037	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	685,353		685,353	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,066,641		1,066,641	0	0	90.00
91.00	09100	EMERGENCY	2,990,256		2,990,256	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	546,503		546,503		0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	44,878,126	0	44,878,126	0	0	200.00
201.00		Less Observation Beds	546,503		546,503		0	201.00
202.00		Total (see instructions)	44,331,623	0	44,331,623	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,707,615		2,707,615			30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	256,439	16,846,507	17,102,946	0.288709	0.000000	50.00
51.00	05100	RECOVERY ROOM	42,236	5,593,513	5,635,749	0.075722	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	49,695	2,752,761	2,802,456	0.033346	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,533,500	26,902,274	28,435,774	0.106914	0.000000	54.00
60.00	06000	LABORATORY	1,651,763	27,344,700	28,996,463	0.121640	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	74,052	4,304,729	4,378,781	0.413097	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	747,994	1,871,667	2,619,661	0.326496	0.000000	65.00
65.01	06501	SLEEP DISORDERS	323	10,809,306	10,809,629	0.240884	0.000000	65.01
65.02	06502	GERIATRIC PSYCH	0	556,690	556,690	1.036893	0.000000	65.02
66.00	06600	PHYSICAL THERAPY	932,188	2,552,326	3,484,514	0.358822	0.000000	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,018	2,315,379	2,359,397	0.326033	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,968	1,727,162	1,748,130	0.280334	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,547,523	26,713,300	29,260,823	0.433755	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	963,856	963,856	0.711053	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,405,791	3,405,791	0.313185	0.000000	90.00
91.00	09100	EMERGENCY	326,933	9,065,855	9,392,788	0.318357	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	35,493	354,610	390,103	1.400920	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	10,970,740	144,080,426	155,051,166			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	10,970,740	144,080,426	155,051,166			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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
65.01	06501	SLEEP DISORDERS	0.000000		65.01
65.02	06502	GERIATRIC PSYCH	0.000000		65.02
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I Date/Time Prepared: 8/24/2015 2:51 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,517,147		6,517,147	0	6,517,147	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,937,782		4,937,782	0	4,937,782	50.00
51.00	05100	RECOVERY ROOM	426,752		426,752	0	426,752	51.00
53.00	05300	ANESTHESIOLOGY	93,452		93,452	0	93,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,040,194		3,040,194	0	3,040,194	54.00
60.00	06000	LABORATORY	3,527,124		3,527,124	0	3,527,124	60.00
64.00	06400	INTRAVENOUS THERAPY	1,808,863		1,808,863	0	1,808,863	64.00
65.00	06500	RESPIRATORY THERAPY	855,308	0	855,308	0	855,308	65.00
65.01	06501	SLEEP DISORDERS	2,603,863	0	2,603,863	0	2,603,863	65.01
65.02	06502	GERIATRIC PSYCH	577,228	0	577,228	0	577,228	65.02
66.00	06600	PHYSICAL THERAPY	1,250,321	0	1,250,321	0	1,250,321	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	769,242		769,242	0	769,242	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	490,060		490,060	0	490,060	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,692,037		12,692,037	0	12,692,037	73.00
76.97	07697	CARDIAC REHABILITATION	685,353		685,353	0	685,353	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,066,641		1,066,641	0	1,066,641	90.00
91.00	09100	EMERGENCY	2,990,256		2,990,256	0	2,990,256	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	546,503		546,503		546,503	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	44,878,126	0	44,878,126	0	44,878,126	200.00
201.00		Less Observation Beds	546,503		546,503		546,503	201.00
202.00		Total (see instructions)	44,331,623	0	44,331,623	0	44,331,623	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I Date/Time Prepared: 8/24/2015 2:51 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,707,615		2,707,615			30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	256,439	16,846,507	17,102,946	0.288709	0.000000	50.00
51.00	05100	RECOVERY ROOM	42,236	5,593,513	5,635,749	0.075722	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	49,695	2,752,761	2,802,456	0.033346	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,533,500	26,902,274	28,435,774	0.106914	0.000000	54.00
60.00	06000	LABORATORY	1,651,763	27,344,700	28,996,463	0.121640	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	74,052	4,304,729	4,378,781	0.413097	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	747,994	1,871,667	2,619,661	0.326496	0.000000	65.00
65.01	06501	SLEEP DISORDERS	323	10,809,306	10,809,629	0.240884	0.000000	65.01
65.02	06502	GERIATRIC PSYCH	0	556,690	556,690	1.036893	0.000000	65.02
66.00	06600	PHYSICAL THERAPY	932,188	2,552,326	3,484,514	0.358822	0.000000	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,018	2,315,379	2,359,397	0.326033	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,968	1,727,162	1,748,130	0.280334	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,547,523	26,713,300	29,260,823	0.433755	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	963,856	963,856	0.711053	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,405,791	3,405,791	0.313185	0.000000	90.00
91.00	09100	EMERGENCY	326,933	9,065,855	9,392,788	0.318357	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	35,493	354,610	390,103	1.400920	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	10,970,740	144,080,426	155,051,166			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	10,970,740	144,080,426	155,051,166			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I Date/Time Prepared: 8/24/2015 2:51 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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
65.01	06501	SLEEP DISORDERS	0.000000		65.01
65.02	06502	GERIATRIC PSYCH	0.000000		65.02
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part II Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		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	675,128	17,102,946	0.039474	210,309	8,302	50.00
51.00	05100	RECOVERY ROOM	62,588	5,635,749	0.011106	28,908	321	51.00
53.00	05300	ANESTHESIOLOGY	6,107	2,802,456	0.002179	36,867	80	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	210,169	28,435,774	0.007391	1,136,272	8,398	54.00
60.00	06000	LABORATORY	158,989	28,996,463	0.005483	1,026,136	5,626	60.00
64.00	06400	INTRAVENOUS THERAPY	80,169	4,378,781	0.018309	38,170	699	64.00
65.00	06500	RESPIRATORY THERAPY	48,147	2,619,661	0.018379	517,785	9,516	65.00
65.01	06501	SLEEP DISORDERS	213,375	10,809,629	0.019739	102	2	65.01
65.02	06502	GERIATRIC PSYCH	49,698	556,690	0.089274	0	0	65.02
66.00	06600	PHYSICAL THERAPY	142,156	3,484,514	0.040797	131,861	5,380	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,367	2,359,397	0.004394	27,381	120	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,645	1,748,130	0.003801	19,078	73	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	229,002	29,260,823	0.007826	948,821	7,425	73.00
76.97	07697	CARDIAC REHABILITATION	79,142	963,856	0.082110	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	103,254	3,405,791	0.030317	0	0	90.00
91.00	09100	EMERGENCY	273,408	9,392,788	0.029108	23,677	689	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	114,808	390,103	0.294302	5,925	1,744	92.00
200.00		Total (lines 50-199)	2,463,152	152,343,551		4,151,292	48,375	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
65.01	06501	SLEEP DISORDERS	0	0	0	0	0	65.01
65.02	06502	GERIATRIC PSYCH	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
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: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		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	17,102,946	0.000000	0.000000	210,309	50.00
51.00	05100	RECOVERY ROOM	0	5,635,749	0.000000	0.000000	28,908	51.00
53.00	05300	ANESTHESIOLOGY	0	2,802,456	0.000000	0.000000	36,867	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,435,774	0.000000	0.000000	1,136,272	54.00
60.00	06000	LABORATORY	0	28,996,463	0.000000	0.000000	1,026,136	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,378,781	0.000000	0.000000	38,170	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,619,661	0.000000	0.000000	517,785	65.00
65.01	06501	SLEEP DISORDERS	0	10,809,629	0.000000	0.000000	102	65.01
65.02	06502	GERIATRIC PSYCH	0	556,690	0.000000	0.000000	0	65.02
66.00	06600	PHYSICAL THERAPY	0	3,484,514	0.000000	0.000000	131,861	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,359,397	0.000000	0.000000	27,381	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,748,130	0.000000	0.000000	19,078	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,260,823	0.000000	0.000000	948,821	73.00
76.97	07697	CARDIAC REHABILITATION	0	963,856	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,405,791	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	9,392,788	0.000000	0.000000	23,677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	390,103	0.000000	0.000000	5,925	92.00
200.00		Total (lines 50-199)	0	152,343,551			4,151,292	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
65.01	06501	SLEEP DISORDERS	0	0	0	0	0	65.01
65.02	06502	GERIATRIC PSYCH	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
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: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
65.01	06501	SLEEP DISORDERS	0	0		65.01
65.02	06502	GERIATRIC PSYCH	0	0		65.02
66.00	06600	PHYSICAL THERAPY	0	0		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part V Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.288709	0	5,663,957	0	0	50.00
51.00	05100	RECOVERY ROOM	0.075722	0	1,977,214	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.033346	0	959,716	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106914	0	7,634,332	0	0	54.00
60.00	06000	LABORATORY	0.121640	0	8,165,734	10,251	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.413097	0	1,444,313	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.326496	0	748,281	0	0	65.00
65.01	06501	SLEEP DISORDERS	0.240884	0	2,296,257	0	0	65.01
65.02	06502	GERIATRIC PSYCH	1.036893	0	529,030	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.358822	0	712,833	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.326033	0	879,014	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.280334	0	1,134,347	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.433755	0	9,792,036	5,490	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.711053	0	428,992	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.313185	0	1,535,644	0	0	90.00
91.00	09100	EMERGENCY	0.318357	0	2,201,766	3,287	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.400920	0	339,030	0	0	92.00
200.00		Subtotal (see instructions)		0	46,442,496	19,028	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	46,442,496	19,028	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part V Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,635,235	0		50.00
51.00	05100	RECOVERY ROOM	149,719	0		51.00
53.00	05300	ANESTHESIOLOGY	32,003	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	816,217	0		54.00
60.00	06000	LABORATORY	993,280	1,247		60.00
64.00	06400	INTRAVENOUS THERAPY	596,641	0		64.00
65.00	06500	RESPIRATORY THERAPY	244,311	0		65.00
65.01	06501	SLEEP DISORDERS	553,132	0		65.01
65.02	06502	GERIATRIC PSYCH	548,548	0		65.02
66.00	06600	PHYSICAL THERAPY	255,780	0		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	286,588	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	317,996	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,247,345	2,381		73.00
76.97	07697	CARDIAC REHABILITATION	305,036	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	480,941	0		90.00
91.00	09100	EMERGENCY	700,948	1,046		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	474,954	0		92.00
200.00		Subtotal (see instructions)	12,638,674	4,674		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	12,638,674	4,674		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141334 | Component CCN: 14Z334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part V | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.288709	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.075722	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.033346	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106914	0	0	0	0	54.00
60.00	06000	LABORATORY	0.121640	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.413097	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.326496	0	0	0	0	65.00
65.01	06501	SLEEP DISORDERS	0.240884	0	0	0	0	65.01
65.02	06502	GERIATRIC PSYCH	1.036893	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.358822	0	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.326033	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.280334	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.433755	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.711053	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.313185	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.318357	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.400920	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141334 | Component CCN: 14Z334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part V | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
65.01	06501	SLEEP DISORDERS	0	0		65.01
65.02	06502	GERIATRIC PSYCH	0	0		65.02
66.00	06600	PHYSICAL THERAPY	0	0		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-1 | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,782	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,413	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)	2,012	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)	2,369	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,326	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)	1,661	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		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		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)	6,517,147	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)	3,228,592	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,288,555	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)	3,288,555	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)	1,362.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,807,139	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)	1,807,139	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-1 | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	984,270	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,791,409	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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)	2,263,694	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	2,263,694	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)	401	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,362.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	546,503	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-1 | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

	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	690,852	3,288,555	0.210078	546,503	114,808	90.00
91.00	Nursing School cost	0	3,288,555	0.000000	546,503	0	91.00
92.00	Allied health cost	0	3,288,555	0.000000	546,503	0	92.00
93.00	All other Medical Education	0	3,288,555	0.000000	546,503	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-3 | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		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		1,009,505		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.288709	210,309	60,718	50.00
51.00	05100	RECOVERY ROOM	0.075722	28,908	2,189	51.00
53.00	05300	ANESTHESIOLOGY	0.033346	36,867	1,229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106914	1,136,272	121,483	54.00
60.00	06000	LABORATORY	0.121640	1,026,136	124,819	60.00
64.00	06400	INTRAVENOUS THERAPY	0.413097	38,170	15,768	64.00
65.00	06500	RESPIRATORY THERAPY	0.326496	517,785	169,055	65.00
65.01	06501	SLEEP DISORDERS	0.240884	102	25	65.01
65.02	06502	GERIATRIC PSYCH	1.036893	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.358822	131,861	47,315	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.326033	27,381	8,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.280334	19,078	5,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.433755	948,821	411,556	73.00
76.97	07697	CARDIAC REHABILITATION	0.711053	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.313185	0	0	90.00
91.00	09100	EMERGENCY	0.318357	23,677	7,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.400920	5,925	8,300	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,151,292	984,270	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)		4,151,292		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 141334 | Component CCN: 14Z334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-3 | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Swing Beds - SNF | Cost

		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
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.288709	14,438	4,168	50.00
51.00	05100	RECOVERY ROOM	0.075722	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.033346	824	27	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106914	142,104	15,193	54.00
60.00	06000	LABORATORY	0.121640	233,102	28,355	60.00
64.00	06400	INTRAVENOUS THERAPY	0.413097	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.326496	83,973	27,417	65.00
65.01	06501	SLEEP DISORDERS	0.240884	0	0	65.01
65.02	06502	GERIATRIC PSYCH	1.036893	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.358822	516,170	185,213	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.326033	2,611	851	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.280334	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.433755	801,330	347,581	73.00
76.97	07697	CARDIAC REHABILITATION	0.711053	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.313185	0	0	90.00
91.00	09100	EMERGENCY	0.318357	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.400920	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,794,552	608,805	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)		1,794,552		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 141334 | Component CCN: 14Z334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-3 | Date/Time Prepared: 8/24/2015 2:51 pm

Title XIX | Swing Beds - SNF | Cost

		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
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.288709	0	0	50.00
51.00	05100	RECOVERY ROOM	0.075722	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.033346	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106914	0	0	54.00
60.00	06000	LABORATORY	0.121640	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.413097	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.326496	0	0	65.00
65.01	06501	SLEEP DISORDERS	0.240884	0	0	65.01
65.02	06502	GERIATRIC PSYCH	1.036893	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.358822	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.326033	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.280334	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.433755	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.711053	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.313185	0	0	90.00
91.00	09100	EMERGENCY	0.318357	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.400920	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		0	0	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)		0		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 141334	Period: From 04/01/2014 To 03/31/2015	Worksheet E Part B Date/Time Prepared: 8/24/2015 2:51 pm
	Title XVIII	Hospital	Cost

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	12,643,348	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	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)	12,643,348	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	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)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	12,769,781	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)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	74,217	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	7,809,782	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)	4,885,782	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)	4,885,782	30.00
31.00	Primary payer payments	1,345	31.00
32.00	Subtotal (line 30 minus line 31)	4,884,437	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)	1,546,664	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,175,465	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,138,896	36.00
37.00	Subtotal (see instructions)	6,059,902	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)	6,059,902	40.00
40.01	Sequestration adjustment (see instructions)	121,198	40.01
41.00	Interim payments	6,755,210	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-816,506	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
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Hospital | Cost

		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		3,530,775		8,121,595	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	06/23/2014	62,314	06/23/2014	49,705	3.50
3.51		09/24/2014	50,433	09/24/2014	36,565	3.51
3.52		11/14/2014	98,304	11/14/2014	73,376	3.52
3.53		03/17/2015	691,365	03/17/2015	1,206,739	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)		-902,416		-1,366,385	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)		2,628,359		6,755,210	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		113,885		816,506	6.02
7.00	Total Medicare program liability (see instructions)		2,514,474		5,938,704	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: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 8/24/2015 2:51 pm

Component CCN: 14Z334 | Title XVIII | Swing Beds - SNF | Cost

		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		3,466,569		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	11/14/2014	112,856		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		112,856		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,579,425		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		780,374		0	6.02
7.00	Total Medicare program liability (see instructions)		2,799,051		0	7.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 141334	Period: From 04/01/2014 To 03/31/2015	Worksheet E-1 Part II Date/Time Prepared: 8/24/2015 2:51 pm
	Title XVIII	Hospital	Cost

		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	692	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	1,326	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	195	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	2,012	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	155,051,166	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	3,876,971	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	6,528	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	6,367	8.00
9.00	Sequestration adjustment amount (see instructions)	127	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	6,240	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	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)	6,240	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS | Provider CCN: 141334 | Component CCN: 14Z334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet E-2 | Date/Time Prepared: 8/24/2015 2:51 pm

Title XVIII | Swing Beds - SNF | Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	2,286,331	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200 for Pt. A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202 for Pt. B) (For CAH, see instructions)	614,893	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	1,661	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	2,901,224	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	2,901,224	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	2,901,224	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	45,049	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	2,856,175	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT	0		16.55
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	2,856,175	0	19.00
19.01	Sequestration adjustment (see instructions)	57,124	0	19.01
20.00	Interim payments	3,579,425	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	-780,374	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 141334 Component CCN: 14Z334	Period: From 04/01/2014 To 03/31/2015	Worksheet E-2 Date/Time Prepared: 8/24/2015 2:51 pm
	Title XIX	Swing Beds - SNF	Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0		1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)	0		2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200 for Pt. A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202 for Pt. B) (For CAH, see instructions)	0		3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)	0.00		4.00
5.00	Program days	0		5.00
6.00	Interns and residents not in approved teaching program (see instructions)	0		6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0		8.00
9.00	Primary payer payments (see instructions)	0		9.00
10.00	Subtotal (line 8 minus line 9)	0		10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0		11.00
12.00	Subtotal (line 10 minus line 11)	0		12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0		13.00
14.00	80% of Part B costs (line 12 x 80%)	0		14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0		15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)	0		16.50
16.55	410A RURAL DEMONSTRATION PROJECT	0		16.55
17.00	Allowable bad debts (see instructions)	0		17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0		17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		18.00
19.00	Total (see instructions)	0		19.00
19.01	Sequestration adjustment (see instructions)	0		19.01
20.00	Interim payments	0		20.00
21.00	Tentative settlement (for contractor use only)	0		21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	0		22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	0		23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 141334	Period: From 04/01/2014 To 03/31/2015	Worksheet E-3 Part V Date/Time Prepared: 8/24/2015 2:51 pm
	Title XVIII	Hospital	Cost

		1.00	
	PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT		
1.00	Inpatient services	2,791,409	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)	0	2.00
3.00	Organ acquisition	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	2,791,409	4.00
5.00	Primary payer payments	9,523	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)	2,809,800	6.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
7.00	Routine service charges	0	7.00
8.00	Ancillary service charges	0	8.00
9.00	Organ acquisition charges, net of revenue	0	9.00
10.00	Total reasonable charges	0	10.00
	Customary charges		
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)	0.000000	13.00
14.00	Total customary charges (see instructions)	0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)	0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)	0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)	0	17.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)	2,809,800	19.00
20.00	Deductibles (exclude professional component)	344,134	20.00
21.00	Excess reasonable cost (from line 16)	0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)	2,465,666	22.00
23.00	Coinsurance	0	23.00
24.00	Subtotal (line 22 minus line 23)	2,465,666	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	131,742	25.00
26.00	Adjusted reimbursable bad debts (see instructions)	100,124	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	94,155	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)	2,565,790	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	29.50
29.99	Recovery of Accelerated Depreciation	0	29.99
30.00	Subtotal (see instructions)	2,565,790	30.00
30.01	Sequestration adjustment (see instructions)	51,316	30.01
31.00	Interim payments	2,628,359	31.00
32.00	Tentative settlement (for contractor use only)	0	32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 31, and 32)	-113,885	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	34.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet G | Date/Time Prepared: 8/24/2015 2:51 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	1,819,836	0	776	0	1.00
2.00	Temporary investments	6,151	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	39,833,738	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-26,728,936	0	0	0	6.00
7.00	Inventory	1,227,648	0	0	0	7.00
8.00	Prepaid expenses	116,352	0	0	0	8.00
9.00	Other current assets	95,278	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)	16,370,067	0	776	0	11.00
	FIXED ASSETS					
12.00	Land	171,136	0	0	0	12.00
13.00	Land improvements	1,109,977	0	0	0	13.00
14.00	Accumulated depreciation	-667,114	0	0	0	14.00
15.00	Buildings	19,618,378	0	0	0	15.00
16.00	Accumulated depreciation	-9,741,729	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	95,944	0	0	0	21.00
22.00	Accumulated depreciation	-76,906	0	0	0	22.00
23.00	Major movable equipment	12,378,313	0	0	0	23.00
24.00	Accumulated depreciation	-8,816,413	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	4,880,450	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	18,952,036	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	21,957,404	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	309,286	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,266,690	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	57,588,793	0	776	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	3,990,847	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,869,031	0	0	0	38.00
39.00	Payroll taxes payable	435,794	0	0	0	39.00
40.00	Notes and loans payable (short term)	467,965	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	2,460,126	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,223,763	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	12,671,213	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	530,272	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	13,201,485	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	22,425,248	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	35,163,545				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			776		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	35,163,545	0	776	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	57,588,793	0	776	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet G-1 | Date/Time Prepared: 8/24/2015 2:51 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		33,615,492		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		3,283,310				2.00
3.00	Total (sum of line 1 and line 2)		36,898,802		0		3.00
4.00	CORP ALLOC	1,269,151		0		0	4.00
5.00	ROUNDING	21		0		0	5.00
6.00	RESTRICTED CASH	0		0		45,352	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,269,172		0		10.00
11.00	Subtotal (line 3 plus line 10)		38,167,974		0		11.00
12.00	TRANSFERS	3,004,429		0		0	12.00
13.00		0		0		0	13.00
14.00	PURCHASES	0		0		52,515	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		3,004,429		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		35,163,545		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	7,939		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)	7,939		0	3.00
4.00	CORP ALLOC		0		4.00
5.00	ROUNDING		0		5.00
6.00	RESTRICTED CASH		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)	45,352		0	10.00
11.00	Subtotal (line 3 plus line 10)	53,291		0	11.00
12.00	TRANSFERS		0		12.00
13.00			0		13.00
14.00	PURCHASES		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)	52,515		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	776		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 8/24/2015 2:51 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	1,913,958		1,913,958	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	829,150		829,150	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	2,743,108		2,743,108	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	2,743,108		2,743,108	17.00
18.00	Ancillary services	8,228,901	147,131,946	155,360,847	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	10,972,009	147,131,946	158,103,955	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		43,234,165		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)		43,234,165		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 141334 | Period: From 04/01/2014 To 03/31/2015 | Worksheet G-3 | Date/Time Prepared: 8/24/2015 2:51 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	158,103,955	1.00
2.00	Less contractual allowances and discounts on patients' accounts	99,028,509	2.00
3.00	Net patient revenues (line 1 minus line 2)	59,075,446	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	43,234,165	4.00
5.00	Net income from service to patients (line 3 minus line 4)	15,841,281	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	18,985	6.00
7.00	Income from investments	868,558	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	3,737	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	94,046	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	539	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	15,200	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	37,047	22.00
23.00	Governmental appropriations	46,567	23.00
24.00	MEANINGFUL USE/MISCELLANEOUS	91,505	24.00
25.00	Total other income (sum of lines 6-24)	1,176,184	25.00
26.00	Total (line 5 plus line 25)	17,017,465	26.00
27.00	CORP ALLOC/CONTR/LOSS ON EQUIP	13,734,155	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	13,734,155	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,283,310	29.00