

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: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 6/1/2015 4:17 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 6/1/2015	Time: 4:17 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KATHERINE SHAW BETHEA (140012) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	295,063	-25,688	-202,524	0	1.00
2.00 Subprovider - IPF	0	18,116	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	313,179	-25,688	-202,524	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 6/1/2015 4:16 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: KATHERINE SHAW BETHEA HOSPITAL			PO Box: 403 EAST						1.00	
2.00	City: DIXON			State: IL		Zip Code: 61021-		County: LEE		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		KATHERINE SHAW BETHEA	140012	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		KSB PSYCH	14S012	99914	4	11/01/1983	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		KSB HOME HEALTH	147131	99914		07/07/1976	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014		12/31/2014		20.00	
21.00	Type of Control (see instructions)							2		21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							1		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.		1,395	1,873	0	0	87	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: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 6/1/2015 4:16 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00		
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	N	0
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
				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)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
					1.00 2.00 3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	667,280	699,706		0118.01
					1.00 2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 6/1/2015 4:16 pm	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
		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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					1.00
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
		4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 6/1/2015 4:16 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: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 6/1/2015 4:16 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		Y		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
		Description	Part A		Part B
			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	04/27/2015	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 6/1/2015 4:16 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N Date
					1.00 2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00 2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KAREN		SUI K	41.00
42.00	Enter the employer/company name of the cost report preparer.	KATHERINE SHAW BETHEA HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-285-5523		KSUI K@KSBHOSPITAL.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 6/1/2015 4:16 pm
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		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/27/2015	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.	DIRECTOR OF ACCOUNTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140012

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

Worksheet S-3
Part I
Date/Time Prepared:
6/1/2015 4:16 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	60	21,900	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		60	21,900	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		66	24,090	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		80				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: 140012

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

Worksheet S-3
Part I
Date/Time Prepared:
6/1/2015 4:16 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,002	2,442	7,438			1.00
2.00 HMO and other (see instructions)	0	87				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	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,002	2,442	7,438			7.00
8.00 INTENSIVE CARE UNIT	324	335	1,143			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		492	639			13.00
14.00 Total (see instructions)	4,326	3,269	9,220	3.90	824.48	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,161	1,224	3,094	0.00	18.82	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	2,725	381	5,730	0.00	8.91	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				3.90	852.21	27.00
28.00 Observation Bed Days		606	2,475			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)			104			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140012

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

Worksheet S-3
Part I
Date/Time Prepared:
6/1/2015 4:16 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,276	607	2,955	1.00
2.00 HMO and other (see instructions)			0	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	1,276	607	2,955	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	167	205	502	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140012

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

Worksheet S-3
Part II
Date/Time Prepared:
6/1/2015 4:16 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	61,127,264	0	61,127,264	1,772,576.54	34.48
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,681,662	0	1,681,662	7,731.47	217.51
4.01	Physicians - Part A - Teaching		121,664	0	121,664	1,280.00	95.05
5.00	Physician-Part B		21,286,482	0	21,286,482	127,723.25	166.66
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	150,934	0	150,934	6,464.00	23.35
7.01	Contracted interns and residents (in an approved programs)		577,408	0	577,408	16,640.00	34.70
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,376,259	1,874	1,378,133	57,313.67	24.05
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		842,782	0	842,782	21,669.10	38.89
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		109,348	0	109,348	502.73	217.51
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		18,695,322	0	18,695,322		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		681,586	0	681,586		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		91,944	0	91,944		
22.01	Physician Part A - Teaching		15,222	0	15,222		
23.00	Physician Part B		1,518,912	0	1,518,912		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		76,871	0	76,871		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	491,054	0	491,054	20,279.80	24.21
27.00	Administrative & General	5.00	5,624,031	-446,849	5,177,182	199,152.81	26.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	902,138	15,839	917,977	43,300.23	21.20
31.00	Laundry & Linen Service	8.00	3,208	0	3,208	409.90	7.83
32.00	Housekeeping	9.00	753,269	-175,915	577,354	48,739.50	11.85
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	955,807	-199,788	756,019	51,260.03	14.75
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	199,788	199,788	17,363.39	11.51
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,577,841	-231,294	1,346,547	43,201.62	31.17
39.00	Central Services and Supply	14.00	17,662	0	17,662	1,506.90	11.72
40.00	Pharmacy	15.00	827,598	0	827,598	23,528.64	35.17

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140012

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

Worksheet S-3
Part II
Date/Time Prepared:
6/1/2015 4:16 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,938,090	-591,745	1,346,345	70,771.94	19.02	41.00
42.00	Social Service	17.00 0	293,414	293,414	10,839.64	27.07	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140012

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

Worksheet S-3
Part III
Date/Time Prepared:
6/1/2015 4:16 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	38,990,776	0	38,990,776	1,620,469.29	24.06	1.00
2.00	Excluded area salaries (see instructions)	1,376,259	1,874	1,378,133	57,313.67	24.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,614,517	-1,874	37,612,643	1,563,155.62	24.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	952,130	0	952,130	22,171.83	42.94	4.00
5.00	Subtotal wage-related costs (see inst.)	18,787,266	0	18,787,266	0.00	49.95	5.00
6.00	Total (sum of lines 3 thru 5)	57,353,913	-1,874	57,352,039	1,585,327.45	36.18	6.00
7.00	Total overhead cost (see instructions)	13,090,698	-1,136,550	11,954,148	530,354.40	22.54	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 6/1/2015 4:16 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,489,525 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		249,512	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		22,174	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		9,777,478	8.00
9.00	Prescription Drug Plan		2,098,847	9.00
10.00	Dental, Hearing and Vision Plan		476,594	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		119,029	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		368,748	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		212,894	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,488,582	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		85,653	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		589,008	21.00
22.00	Day Care Cost and Allowances		62,035	22.00
23.00	Tuition Reimbursement		39,779	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,079,858	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140012

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

Worksheet S-3
Part V
Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140012 Component CCN: 147131		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 6/1/2015 4:16 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,337	0	473	1,810	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	172.00	24.00	166.00	362.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.96	0.00	1.96	4.00
5.00	Other Administrative Personnel			1.62	0.00	1.62	5.00
6.00	Direct Nursing Service			4.46	0.00	4.46	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	0.00	0.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.87	0.00	0.87	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,027	52	72	25	1,176	21.00
22.00	Skilled Nursing Visit Charges	294,987	16,000	17,175	7,590	335,752	22.00
23.00	Physical Therapy Visits	975	6	36	9	1,026	23.00
24.00	Physical Therapy Visit Charges	364,403	2,382	9,093	3,157	379,035	24.00
25.00	Occupational Therapy Visits	118	0	4	0	122	25.00
26.00	Occupational Therapy Visit Charges	48,735	0	1,656	0	50,391	26.00
27.00	Speech Pathology Visits	45	0	0	0	45	27.00
28.00	Speech Pathology Visit Charges	11,924	0	0	0	11,924	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	305	47	0	4	356	31.00
32.00	Home Health Aide Visit Charges	44,134	7,251	0	596	51,981	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,470	105	112	38	2,725	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	764,183	25,633	27,924	11,343	829,083	35.00
36.00	Total Number of Episodes (standard/non outlier)	171		32	2	205	36.00
37.00	Total Number of Outlier Episodes		2		0	2	37.00
38.00	Total Non-Routine Medical Supply Charges	43,558	5,871	4,093	54	53,576	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 6/1/2015 4:16 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.262320		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		6,449,861		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		76,082,735		6.00
7.00	Medicaid cost (line 1 times line 6)		19,958,023		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)		13,508,162		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		193,220		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		13,508,162		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	3,308,042	7,700,724	11,008,766	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	867,766	2,020,054	2,887,820	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)	867,766	2,020,054	2,887,820	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)		5,212,662		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		162,907		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		5,049,755		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,324,652		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,212,472		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,720,634		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 6/1/2015 4:16 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (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		6,384,226	6,384,226	-1,654,371	4,729,855
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	3,177,092	3,177,092
3.00 00300 OTHER CAP REL COSTS		0	0	0	0
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	491,054	17,699,699	18,190,753	0	18,190,753
5.01 00540 NONPATIENT TELEPHONES	0	0	0	662,540	662,540
5.02 00590 DATA PROCESSING	1,114,206	2,504,306	3,618,512	-661,763	2,956,749
5.03 00591 PURCHASING RECEIVING AND STORES	390,066	514,809	904,875	-137,101	767,774
5.04 00550 CASHIERING/ACCOUNTS RECEIVABLE	1,693,329	2,276,765	3,970,094	-1,772,979	2,197,115
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL	2,426,430	7,060,423	9,486,853	-67,060	9,419,793
7.00 00700 OPERATION OF PLANT	902,138	3,007,754	3,909,892	-223,146	3,686,746
8.00 00800 LAUNDRY & LINEN SERVICE	3,208	307,155	310,363	0	310,363
9.00 00900 HOUSEKEEPING	753,269	554,802	1,308,071	-189,374	1,118,697
10.00 01000 DIETARY	955,807	681,800	1,637,607	-755,911	881,696
11.00 01100 CAFETERIA	0	0	0	755,911	755,911
13.00 01300 NURSING ADMINISTRATION	1,577,841	620,151	2,197,992	-248,988	1,949,004
14.00 01400 CENTRAL SERVICES & SUPPLY	17,662	3,129,050	3,146,712	-3,101,840	44,872
15.00 01500 PHARMACY	827,598	3,283,154	4,110,752	-2,019,528	2,091,224
16.00 01600 MEDICAL RECORDS & LIBRARY	1,938,090	686,494	2,624,584	-643,970	1,980,614
17.00 01700 SOCIAL SERVICE	0	0	0	69,136	69,136
17.01 01701 UTILIZATION REVIEW	0	0	0	246,524	246,524
21.00 02100 I&R SERVICES-SALARY & FRINGES A	150,934	0	150,934	599,083	750,017
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	852,233	992,922	1,845,155	-471,722	1,373,433
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	4,212,184	639,103	4,851,287	-135,833	4,715,454
31.00 03100 INTENSIVE CARE UNIT	1,235,291	215,593	1,450,884	428	1,451,312
40.00 04000 SUBPROVIDER - I PF	962,007	106,590	1,068,597	369	1,068,966
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	355,575	92,364	447,939	2,000	449,939
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500 NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	1,316,436	852,807	2,169,243	-261,476	1,907,767
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	135,941	135,941
53.00 05300 ANESTHESIOLOGY	1,597,639	421,267	2,018,906	-40,066	1,978,840
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,135,564	1,098,532	2,234,096	-342	2,233,754
54.01 05401 ULTRA SOUND	298,391	99,503	397,894	1,535	399,429
57.00 05700 CT SCAN	117,618	231,781	349,399	0	349,399
58.00 05800 MRI	127,319	188,830	316,149	0	316,149
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	441,472	441,472
60.00 06000 LABORATORY	2,423,695	2,668,626	5,092,321	-21,010	5,071,311
60.01 06002 BLOOD BANK	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	758,693	264,493	1,023,186	-234,801	788,385
66.00 06600 PHYSICAL THERAPY	1,476,185	359,338	1,835,523	-111,781	1,723,742
67.00 06700 OCCUPATIONAL THERAPY	270,839	30,288	301,127	42,413	343,540
68.00 06800 SPEECH PATHOLOGY	287,679	68,369	356,048	-24,199	331,849
69.00 06900 ELECTROCARDIOLOGY	956,719	2,016,332	2,973,051	-1,760,758	1,212,293
70.00 07000 ELECTROENCEPHALOGRAPHY	275,281	46,161	321,442	924	322,366
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	3,823,167	3,823,167
71.01 07101 PSYCHIATRIC/PSYCHOLOGICAL SERV	77,877	27,017	104,894	0	104,894
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,286,666	1,286,666
73.00 07300 DRUGS CHARGED TO PATIENTS	0	782,050	782,050	1,865,116	2,647,166
75.00 07500 ASC (NON-DISTINCT PART)	595,433	150,965	746,398	2,124	748,522
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	0	0	0	0	0
90.01 09001 PROVIDER BASED CLINICS	23,884,274	5,450,533	29,334,807	2,266,264	31,601,071
91.00 09100 EMERGENCY	4,254,448	786,093	5,040,541	-4,344	5,036,197
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
99.00 09900 CMHC	0	0	0	0	0
101.00 10100 HOME HEALTH AGENCY	414,252	176,341	590,593	7,813	598,406
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE	0	844,155	844,155	-844,155	0
116.00 11600 HOSPICE	0	0	0	0	0
118.00	61,127,264	67,320,641	128,447,905	0	128,447,905
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0
194.00 07950 MEALS ON WHEELS	0	0	0	0	0
194.01 07951 IHAP	0	49	49	0	49
194.02 07952 RETAIL PHARMACY	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140012		Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 6/1/2015 4:16 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118-199)	61,127,264	67,320,690	128,447,954	0	128,447,954	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 6/1/2015 4:16 pm
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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	-765,235	3,964,620	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-34,576	3,142,516	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-190,533	18,000,220	4.00
5.01	00540	NONPATIENT TELEPHONES	-2,872	659,668	5.01
5.02	00590	DATA PROCESSING	0	2,956,749	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	-24,514	743,260	5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	2,197,115	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-3,217,987	6,201,806	5.05
7.00	00700	OPERATION OF PLANT	-24,244	3,662,502	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	310,363	8.00
9.00	00900	HOUSEKEEPING	0	1,118,697	9.00
10.00	01000	DIETARY	0	881,696	10.00
11.00	01100	CAFETERIA	-366,111	389,800	11.00
13.00	01300	NURSING ADMINISTRATION	-205,953	1,743,051	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44,872	14.00
15.00	01500	PHARMACY	0	2,091,224	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-53,799	1,926,815	16.00
17.00	01700	SOCIAL SERVICE	0	69,136	17.00
17.01	01701	UTILIZATION REVIEW	0	246,524	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	750,017	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	1,373,433	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	4,715,454	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,451,312	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,068,966	40.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	449,939	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,907,767	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	135,941	52.00
53.00	05300	ANESTHESIOLOGY	-1,749,741	229,099	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,180	2,232,574	54.00
54.01	05401	ULTRA SOUND	0	399,429	54.01
57.00	05700	CT SCAN	0	349,399	57.00
58.00	05800	MRI	0	316,149	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	441,472	59.00
60.00	06000	LABORATORY	-439,451	4,631,860	60.00
60.01	06002	BLOOD BANK	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-1,300	787,085	65.00
66.00	06600	PHYSICAL THERAPY	0	1,723,742	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	343,540	67.00
68.00	06800	SPEECH PATHOLOGY	0	331,849	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,212,293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	322,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,823,167	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0	104,894	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,286,666	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,647,166	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	748,522	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	-19,173,799	12,427,272	90.01
91.00	09100	EMERGENCY	-2,328,025	2,708,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	598,406	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-28,579,320	99,868,585	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
194.00	07950	MEALS ON WHEELS	0	0	194.00
194.01	07951	I HAP	0	49	194.01
194.02	07952	RETAIL PHARMACY	0	0	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-28,579,320	99,868,634	200.00

RECLASSIFICATIONS

Provider CCN: 140012

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DIETARY TO CAFETERIA					
1.00	CAFETERIA	11.00	199,788	556,123	1.00
	O		199,788	556,123	
B - LABOR & DELIVERY RECLASS					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	102,433	30,695	1.00
	O		102,433	30,695	
C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	643,011	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	160,469	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40,675	3.00
	O		0	844,155	
D - COMMUNICATIONS EXPENSE					
1.00	NONPATIENT TELEPHONES	5.01	132,097	530,443	1.00
	O		132,097	530,443	
E - RECLASS BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	3,807,055	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,286,666	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	O		0	5,093,721	
F - RECLASS BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,865,116	1.00
	O		0	1,865,116	
G - TRAVEL EXPENSES TO HHC					
1.00	HOME HEALTH AGENCY	101.00	0	8,878	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	8,878	
H - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	66,957	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	28,582	2.00
	O		0	95,539	
I - PT DIRECTOR SLARY TO OT					
1.00	OCCUPATIONAL THERAPY	67.00	37,236	0	1.00
2.00	SPEECH PATHOLOGY	68.00	14,894	0	2.00
	O		52,130	0	
J - BIO-MED COSTS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	387	1.00
2.00	PHARMACY	15.00	0	20,994	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	5,584	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	4,619	4.00
5.00	SUBPROVIDER - IPF	40.00	0	390	5.00
6.00	NURSERY	43.00	0	2,037	6.00
7.00	OPERATING ROOM	50.00	0	57,774	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,813	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	766	9.00
10.00	LABORATORY	60.00	0	4,472	10.00
11.00	RESPIRATORY THERAPY	65.00	0	9,156	11.00
12.00	PHYSICAL THERAPY	66.00	0	1,578	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	9,442	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	16,112	14.00
15.00	ASC (NON-DISTINCT PART)	75.00	0	3,318	15.00

RECLASSIFICATIONS

Provider CCN: 140012

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

Worksheet A-6

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
16.00	PROVIDER BASED CLINICS	90.01	0	36,814	16.00
17.00	EMERGENCY	91.00	0	7,087	17.00
	0		0	183,343	
K - HOUSEKEEPING RECLASS					
1.00	DATA PROCESSING	5.02	722	55	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	14,016	1,073	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	9,143	700	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	4,685	358	4.00
5.00	OPERATION OF PLANT	7.00	15,839	1,212	5.00
6.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	5,292	405	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	3,046	233	7.00
8.00	ULTRA SOUND	54.01	1,601	122	8.00
9.00	LABORATORY	60.00	1,156	88	9.00
10.00	PHYSICAL THERAPY	66.00	6,624	507	10.00
11.00	OCCUPATIONAL THERAPY	67.00	6,624	507	11.00
12.00	SPEECH PATHOLOGY	68.00	1,684	129	12.00
13.00	ELECTROCARDIOLOGY	69.00	5,484	420	13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	2,567	196	14.00
15.00	PROVIDER BASED CLINICS	90.01	95,558	7,311	15.00
16.00	HOME HEALTH AGENCY	101.00	1,874	143	16.00
	0		175,915	13,459	
L - RECLASS UR COSTS					
1.00	UTILIZATION REVIEW	17.01	226,571	17,333	1.00
2.00		0.00	0	0	2.00
	0		226,571	17,333	
M - MEDICAL DIRECTORS COSTS					
1.00	UTILIZATION REVIEW	17.01	2,620	0	1.00
	0		2,620	0	
N - LEASE COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	724,022	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	0		0	724,022	
P - PHYSICIAN MEETING TIME					
1.00	MEDICAL RECORDS & LIBRARY	16.00	90,929	0	1.00
2.00		0.00	0	0	2.00
	0		90,929	0	
Q - PHYSICIAN PRACTICE AMORTIZATION					
1.00	PROVIDER BASED CLINICS	90.01	0	100,320	1.00
	0		0	100,320	
R - RESIDENCY COSTS					
1.00	I&R SERVICES-SALARY & FRINGES A	21.00	0	599,083	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	121,664		2.00
3.00		0.00	0	0	3.00
	0		121,664	599,083	
S - RECLASS CODERS SALARIES					
1.00	PROVIDER BASED CLINICS	90.01	623,174	47,673	1.00
	0		623,174	47,673	
T - RECLASS CARDIAC CATH LAB SALARIES					
1.00	CARDIAC CATHETERIZATION	59.00	287,016	154,456	1.00
	0		287,016	154,456	
U - RECLASS EKG SALARIES					
1.00	ELECTROCARDIOLOGY	69.00	98,595	74,683	1.00
	0		98,595	74,683	

RECLASSIFICATIONS

Provider CCN: 140012

Period:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
V - RECLASS BILLERS SALARIES					
1.00	PROVIDER BASED CLINICS	90.01	457,789	1,325,033	1.00
	O		457,789	1,325,033	
W - RECLASS PATIENT ADVOCATE SALARY					
1.00	SOCIAL SERVICE	17.00	64,223	4,913	1.00
	O		64,223	4,913	
X - MOVEABLE EQUIPMENT					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,264,019	1.00
	TOTALS		0	2,264,019	
500.00	Grand Total: Increases		2,634,944	14,533,007	500.00

RECLASSIFICATIONS

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

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - DIETARY TO CAFETERIA						
1.00	DIETARY	10.00	199,788	556,123	0	1.00
	O		199,788	556,123		
B - LABOR & DELIVERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	102,433	30,695	0	1.00
	O		102,433	30,695		
C - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	844,155	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	11	3.00
	O		0	844,155		
D - COMMUNICATIONS EXPENSE						
1.00	DATA PROCESSING	5.02	132,097	530,443	0	1.00
	O		132,097	530,443		
E - RECLASS BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,087,095	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,931	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,191	0	3.00
4.00	SUBPROVIDER - IPF	40.00	0	21	0	4.00
5.00	NURSERY	43.00	0	37	0	5.00
6.00	OPERATING ROOM	50.00	0	254,515	0	6.00
7.00	ANESTHESIOLOGY	53.00	0	32,938	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1	0	8.00
9.00	ULTRA SOUND	54.01	0	188	0	9.00
10.00	LABORATORY	60.00	0	1,904	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	69,096	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	38,685	0	12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	899	0	13.00
14.00	SPEECH PATHOLOGY	68.00	0	40,398	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	1,501,480	0	15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,188	0	16.00
17.00	ASC (NON-DISTINCT PART)	75.00	0	1,194	0	17.00
18.00	PROVIDER BASED CLINICS	90.01	0	45,706	0	18.00
19.00	EMERGENCY	91.00	0	8,327	0	19.00
20.00	HOME HEALTH AGENCY	101.00	0	1,927	0	20.00
21.00	HOME HEALTH AGENCY		0		0	21.00
	O		0	5,093,721		
F - RECLASS BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	1,865,116	0	1.00
	O		0	1,865,116		
G - TRAVEL EXPENSES TO HHC						
1.00	PHYSICAL THERAPY	66.00	0	7,315	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	1,055	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0	508	0	3.00
	O		0	8,878		
H - PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	95,539	12	1.00
2.00		0.00	0	0	12	2.00
	O		0	95,539		
I - PT DIRECTOR SLARY TO OT						
1.00	PHYSICAL THERAPY	66.00	52,130	0	0	1.00
2.00		0.00	0	0	0	2.00
	O		52,130	0		
J - BIO-MED COSTS						
1.00	OPERATION OF PLANT	7.00	0	183,343	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
	O		0	183,343		

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
K - HOUSEKEEPING RECLASS							
1.00	HOUSEKEEPING	9.00	175,915	13,459	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
	0		175,915	13,459			
L - RECLASS UR COSTS							
1.00	MEDICAL RECORDS & LIBRARY	16.00	59,500	4,552	0		1.00
2.00	NURSING ADMINISTRATION	13.00	167,071	12,781	0		2.00
	0		226,571	17,333			
M - MEDICAL DIRECTORS COSTS							
1.00	PROVIDER BASED CLINICS	90.01	2,620	0	0		1.00
	0		2,620	0			
N - LEASE COSTS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	152,190	10		1.00
2.00	OPERATION OF PLANT	7.00	0	56,854	10		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,745	10		3.00
4.00	PHARMACY	15.00	0	175,406	10		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	4,358	10		5.00
6.00	OPERATING ROOM	50.00	0	64,735	10		6.00
7.00	ANESTHESIOLOGY	53.00	0	7,128	10		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,386	10		8.00
9.00	LABORATORY	60.00	0	24,822	10		9.00
10.00	RESPIRATORY THERAPY	65.00	0	1,583	10		10.00
11.00	PHYSICAL THERAPY	66.00	0	22,360	10		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	6,430	10		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	651	10		13.00
14.00	PROVIDER BASED CLINICS	90.01	0	187,219	10		14.00
15.00	HOME HEALTH AGENCY	101.00	0	1,155	10		15.00
	0		0	724,022			
P - PHYSICIAN MEETING TIME							
1.00	PROVIDER BASED CLINICS	90.01	87,825	0	0		1.00
2.00	EMERGENCY	91.00	3,104	0	0		2.00
	0		90,929	0			
Q - PHYSICIAN PRACTICE AMORTIZATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	100,320	9		1.00
	0		0	100,320			
R - RESIDENCY COSTS							
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00		599,083	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	17,626		0		2.00
3.00	PROVIDER BASED CLINICS	90.01	104,038		0		3.00
	0		121,664	599,083			
S - RECLASS CODERS SALARIES							
1.00	MEDICAL RECORDS & LIBRARY	16.00	623,174	47,673	0		1.00
	0		623,174	47,673			
T - RECLASS CARDIAC CATH LAB SALARIES							
1.00	ELECTROCARDIOLOGY	69.00	287,016	154,456	0		1.00
	0		287,016	154,456			
U - RECLASS EKG SALARIES							
1.00	RESPIRATORY THERAPY	65.00	98,595	74,683	0		1.00
	0		98,595	74,683			
V - RECLASS BILLERS SALARIES							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	457,789	1,325,033	0		1.00
	0		457,789	1,325,033			
W - RECLASS PATIENT ADVOCATE SALARY							
1.00	NURSING ADMINISTRATION	13.00	64,223	4,913	0		1.00
	0		64,223	4,913			

Provider CCN: 140012

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
X - MOVEABLE EQUIPMENT							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,264,019	9	1.00	
TOTALS			0	2,264,019			
500.00	Grand Total: Decreases		2,634,944	14,533,007		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

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

Worksheet A-7
Part I
Date/Time Prepared:
6/1/2015 4:16 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	2,129,972	0	0	0	1.00
2.00	Land Improvements	4,729,371	71,129	0	71,129	2.00
3.00	Buildings and Fixtures	47,512,171	1,579,886	0	1,579,886	3.00
4.00	Building Improvements	19,000	0	0	0	4.00
5.00	Fixed Equipment	28,858,323	2,212,488	0	2,212,488	5.00
6.00	Movable Equipment	36,150,726	1,122,874	0	1,122,874	6.00
7.00	HIT designated Assets	0	204,831	0	204,831	7.00
8.00	Subtotal (sum of lines 1-7)	119,399,563	5,191,208	0	5,191,208	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	119,399,563	5,191,208	0	5,191,208	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,129,972	0			1.00
2.00	Land Improvements	4,800,500	0			2.00
3.00	Buildings and Fixtures	47,494,935	0			3.00
4.00	Building Improvements	19,000	0			4.00
5.00	Fixed Equipment	30,830,290	0			5.00
6.00	Movable Equipment	36,196,790	0			6.00
7.00	HIT designated Assets	204,831	0			7.00
8.00	Subtotal (sum of lines 1-7)	121,676,318	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	121,676,318	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

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

Worksheet A-7
Part II
Date/Time Prepared:
6/1/2015 4:16 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	6,384,226	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,384,226	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	6,384,226				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,384,226				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

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

Worksheet A-7
Part III
Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	85,274,697	0	85,274,697	0.700832	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	36,401,621	0	36,401,621	0.299168	0	2.00
3.00	Total (sum of lines 1-2)	121,676,318	0	121,676,318	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,019,887	-305,868	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,264,019	724,022	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,283,906	418,154	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	183,644	66,957	0	0	3,964,620	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	125,893	28,582	0	0	3,142,516	2.00
3.00	Total (sum of lines 1-2)	309,537	95,539	0	0	7,107,136	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140012

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

Worksheet A-8

Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-459,367	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-34,576	CAP REL COSTS-MVBLE EQUIP	2.00		11	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-24,514	PURCHASING RECEIVING AND STORES	5.03		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-2,872	NONPATIENT TELEPHONES	5.01		0	7.00
8.00 Television and radio service (chapter 21)	A	-24,244	OPERATION OF PLANT	7.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-23,687,621				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-366,111	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	-53,799	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00		0		0.00		0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.01 MISC REV	B	-25,102	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.01
35.00 NON ALLOWABLE A&G	A	-232,273	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	35.00
36.00 EMS TUITION	B	-4,695	EMERGENCY	91.00	0	36.00
36.01 EDUCATION REV (LIFE SUPPORT)	B	-25,449	NURSING ADMINISTRATION	13.00	0	36.01
37.00 SALE OF RADIOLOGY COPIES	B	-1,180	RADIOLOGY-DIAGNOSTIC	54.00	0	37.00
38.00 NON ALLOW ADVERTISING	A	-99,416	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	38.00
39.00 REBATE REVENUE	B	-41,092	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	39.00
40.00 GRANT REVENUE	B	-180,504	NURSING ADMINISTRATION	13.00	0	40.00
40.01 RENTAL REVENUE	B	-305,868	CAP REL COSTS-BLDG & FIXT	1.00	10	40.01
40.02 OFFSET AHA & IHA LOBBYING DUES	A	-33,742	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.02
41.00 EMPLOYEE PHYSICIANS	A	-190,533	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
42.00 PHYSICIAN RECRUITMENT COSTS	A	-199,722	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	42.00
43.00 IPA TAX	A	-2,586,640	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	43.00
44.00		0		0.00	0	44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,579,320				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140012

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

Worksheet A-8-2

Date/Time Prepared:
6/1/2015 4:16 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	60.00	LABORATORY	614,112	374,608	239,504	208,000	1,685	1.00
2.00	53.00	ANESTHESIOLOGY	1,749,741	1,749,741	0	167,500	0	2.00
3.00	65.00	RESPIRATORY THERAPY	1,300	1,300	0	159,800	0	3.00
4.00	90.01	PROVIDER BASED CLINICS	19,310,373	19,110,140	200,233	159,800	1,683	4.00
5.00	91.00	EMERGENCY	2,702,018	1,350,745	1,351,273	159,800	4,364	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		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			24,377,544	22,586,534	1,791,010		7,732	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	60.00	LABORATORY	168,500	8,425	8,786	3,427	7,010	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	7,266	0	49,074	2.00
3.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	3.00
4.00	90.01	PROVIDER BASED CLINICS	129,300	6,465	189,886	1,969	511,632	4.00
5.00	91.00	EMERGENCY	335,273	16,764	29,519	14,762	57,295	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		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			633,073	31,654	235,457	20,158	625,011	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	60.00	LABORATORY	2,734	174,661	64,843	439,451	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	1,749,741	2.00
3.00	65.00	RESPIRATORY THERAPY	0	0	0	1,300	3.00
4.00	90.01	PROVIDER BASED CLINICS	5,305	136,574	63,659	19,173,799	4.00
5.00	91.00	EMERGENCY	28,653	378,688	972,585	2,323,330	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	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			36,692	689,923	1,101,087	23,687,621	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,964,620	3,964,620			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,142,516		3,142,516		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,000,220	42,902	17,342	18,060,464	4.00
5.01 00540	NONPATIENT TELEPHONES	659,668	4,705	0	39,345	703,718 5.01
5.02 00590	DATA PROCESSING	2,956,749	73,610	575,390	292,735	32,793 5.02
5.03 00591	PURCHASING RECEIVING AND STORES	743,260	114,111	192,950	120,355	8,863 5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	2,197,115	115,609	7,725	370,728	36,338 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	6,201,806	119,575	74,235	718,855	44,315 5.05
7.00 00700	OPERATION OF PLANT	3,662,502	1,211,205	52,201	273,419	30,134 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	310,363	1,738	0	955	0 8.00
9.00 00900	HOUSEKEEPING	1,118,697	37,631	914	171,964	2,659 9.00
10.00 01000	DIETARY	881,696	42,873	18,359	225,180	12,408 10.00
11.00 01100	CAFETERIA	389,800	34,673	0	59,507	1,773 11.00
13.00 01300	NURSING ADMINISTRATION	1,743,051	21,893	169,617	401,068	15,953 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	44,872	6,501	18,443	5,261	1,773 14.00
15.00 01500	PHARMACY	2,091,224	23,093	256,885	246,499	8,863 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,926,815	46,733	2,789	401,008	42,542 16.00
17.00 01700	SOCIAL SERVICE	69,136	0	0	19,129	0 17.00
17.01 01701	UTILIZATION REVIEW	246,524	1,306	0	68,264	2,659 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	750,017	0	0	44,956	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	1,373,433	39,455	8,305	291,650	23,930 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,715,454	295,649	93,733	1,224,085	40,770 30.00
31.00 03100	INTENSIVE CARE UNIT	1,451,312	48,491	22,259	367,930	12,408 31.00
40.00 04000	SUBPROVIDER - IPF	1,068,966	84,018	0	286,533	13,294 40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	449,939	5,080	11,477	105,908	1,773 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,907,767	129,840	423,506	392,099	30,134 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	135,941	12,041	0	30,510	886 52.00
53.00 05300	ANESTHESIOLOGY	229,099	682	36,337	475,855	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,232,574	60,580	465,446	339,134	16,840 54.00
54.01 05401	ULTRA SOUND	399,429	3,044	17,393	89,352	1,773 54.01
57.00 05700	CT SCAN	349,399	5,521	194	35,032	1,773 57.00
58.00 05800	MRI	316,149	4,619	17,049	37,922	1,773 58.00
59.00 05900	CARDIAC CATHETERIZATION	441,472	85,401	0	85,487	16,840 59.00
60.00 06000	LABORATORY	4,631,860	51,314	183,826	722,239	22,157 60.00
60.01 06002	BLOOD BANK	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	787,085	22,402	52,344	196,610	7,090 65.00
66.00 06600	PHYSICAL THERAPY	1,723,742	85,593	26,087	426,126	14,181 66.00
67.00 06700	OCCUPATIONAL THERAPY	343,540	0	339	93,733	2,659 67.00
68.00 06800	SPEECH PATHOLOGY	331,849	16,823	5,494	90,623	3,545 68.00
69.00 06900	ELECTROCARDIOLOGY	1,212,293	1,344	103,857	230,470	1,773 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	322,366	15,671	12,168	82,757	1,773 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	3,823,167	0	0	0	0 71.00
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	104,894	28,153	4,806	23,196	6,204 71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,286,666	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,647,166	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	748,522	39,868	23,969	177,349	11,522 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	12,427,272	856,978	190,525	7,406,434	191,436 90.01
91.00 09100	EMERGENCY	2,708,172	83,846	49,327	1,266,259	24,816 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	598,406	64,824	7,225	123,943	10,636 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	99,868,585	3,939,395	3,142,516	18,060,464	701,059 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	14,586	0	0	2,659 190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0 194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.01 07951 IHAP	49	10,639	0	0	0	194.01
194.02 07952 RETAIL PHARMACY	0	0	0	0	0	194.02
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)	99,868,634	3,964,620	3,142,516	18,060,464	703,718	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140012		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 6/1/2015 4:16 pm	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING	3,931,277					5.02
5.03	00591	PURCHASING RECEIVING AND STORES	56,906	1,236,445				5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	232,367	758	2,960,640			5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	199,172	3,816	0	7,361,774	7,361,774	5.05
7.00	00700	OPERATION OF PLANT	56,906	35,830	0	5,322,197	423,546	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	313,056	24,913	8.00
9.00	00900	HOUSEKEEPING	0	10,928	0	1,342,793	106,861	9.00
10.00	01000	DIETARY	37,938	2,848	0	1,221,302	97,192	10.00
11.00	01100	CAFETERIA	0	757	0	486,510	38,717	11.00
13.00	01300	NURSING ADMINISTRATION	151,750	23,973	0	2,527,305	201,125	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,484	0	0	86,334	6,871	14.00
15.00	01500	PHARMACY	61,648	1,099	0	2,689,311	214,018	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	151,750	21,525	0	2,593,162	206,366	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	88,265	7,024	17.00
17.01	01701	UTILIZATION REVIEW	18,969	0	0	337,722	26,876	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	794,973	63,265	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	61,648	6,877	0	1,805,298	143,667	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	251,336	32,855	180,064	6,833,946	543,852	30.00
31.00	03100	INTENSIVE CARE UNIT	66,391	15,460	59,466	2,043,717	162,641	31.00
40.00	04000	SUBPROVIDER - IPF	52,164	713	75,067	1,580,755	125,798	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	4,268	9,886	588,331	46,820	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	170,719	91,239	302,682	3,447,986	274,394	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,688	13,342	195,408	15,551	52.00
53.00	05300	ANESTHESIOLOGY	0	9,207	39,514	790,694	62,924	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	137,524	32,869	110,324	3,395,291	270,201	54.00
54.01	05401	ULTRA SOUND	0	4,619	46,660	562,270	44,746	54.01
57.00	05700	CT SCAN	4,742	9,309	219,811	625,781	49,800	57.00
58.00	05800	MRI	4,742	3,525	99,542	485,321	38,622	58.00
59.00	05900	CARDIAC CATHETERIZATION	56,906	167,195	220,682	1,073,983	85,469	59.00
60.00	06000	LABORATORY	132,781	171,232	309,850	6,225,259	495,412	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	85,359	19,908	95,242	1,266,040	100,753	65.00
66.00	06600	PHYSICAL THERAPY	180,203	8,452	87,813	2,552,197	203,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	315	16,130	456,716	36,346	67.00
68.00	06800	SPEECH PATHOLOGY	14,227	5,534	9,953	478,048	38,044	68.00
69.00	06900	ELECTROCARDIOLOGY	23,711	78,680	79,880	1,732,008	137,835	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,742	2,229	48,452	490,158	39,007	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	335,091	281,213	4,439,471	353,298	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	18,969	51	8,215	194,488	15,478	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	41,406	1,328,072	105,689	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,881	403,139	3,070,186	244,328	73.00
75.00	07500	ASC (NON-DISTINCT PART)	33,195	13,936	18,531	1,066,892	84,904	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	1,470,083	67,649	0	22,610,377	1,799,344	90.01
91.00	09100	EMERGENCY	128,039	29,387	174,343	4,464,189	355,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	56,906	1,736	9,433	873,109	69,483	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	3,931,277	1,236,439	2,960,640	99,840,695	7,359,551	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	17,245	1,372	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	IHAP	0	6	0	10,694	851	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
200.00	20000	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	20100	Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

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

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Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5A.04	5.05	
202.00 TOTAL (sum lines 118-201)	3,931,277	1,236,445	2,960,640	99,868,634	7,361,774	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 6/1/2015 4:16 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	00540	NONPATIENT TELEPHONES					5.01	
5.02	00590	DATA PROCESSING					5.02	
5.03	00591	PURCHASING RECEIVING AND STORES					5.03	
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05	
7.00	00700	OPERATION OF PLANT	5,745,743				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	4,374	342,343			8.00	
9.00	00900	HOUSEKEEPING	94,711	0	1,544,365		9.00	
10.00	01000	DIETARY	107,906	0	12,050	1,438,450	10.00	
11.00	01100	CAFETERIA	87,268	0	16,066	0	628,561	11.00
13.00	01300	NURSING ADMINISTRATION	55,101	0	10,711	0	9,977	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,361	0	19,413	0	1,425	14.00
15.00	01500	PHARMACY	58,122	0	17,405	0	15,678	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	117,622	0	41,504	0	54,162	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	3,287	0	1,339	0	4,276	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	99,303	0	0	0	17,104	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	744,107	121,279	375,547	748,051	86,944	30.00
31.00	03100	INTENSIVE CARE UNIT	122,044	18,409	52,215	83,147	19,954	31.00
40.00	04000	SUBPROVIDER - I/PF	211,463	13,186	48,868	218,809	21,380	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,784	11,999	6,694	0	7,127	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	326,788	32,208	112,464	0	35,633	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,306	4,850	16,736	0	1,425	52.00
53.00	05300	ANESTHESIOLOGY	1,716	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,471	8,950	51,546	0	22,805	54.00
54.01	05401	ULTRA SOUND	7,661	3,773	2,678	0	5,701	54.01
57.00	05700	CT SCAN	13,896	17,775	5,355	0	2,851	57.00
58.00	05800	MRI	11,624	8,050	4,686	0	2,851	58.00
59.00	05900	CARDIAC CATHETERIZATION	214,943	4,824	16,066	0	14,253	59.00
60.00	06000	LABORATORY	129,149	0	43,513	0	44,185	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	56,382	0	59,579	0	12,828	65.00
66.00	06600	PHYSICAL THERAPY	215,426	17,015	42,843	0	29,931	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	13,389	0	5,701	67.00
68.00	06800	SPEECH PATHOLOGY	42,341	0	6,025	0	5,701	68.00
69.00	06900	ELECTROCARDIOLOGY	3,383	0	3,347	0	7,127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,441	0	6,694	0	2,851	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	70,858	0	14,058	0	2,851	71.01
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
75.00	07500	ASC (NON-DISTINCT PART)	100,342	33,433	80,331	23,401	15,678	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	2,156,895	0	281,159	0	122,575	90.01
91.00	09100	EMERGENCY	211,028	46,592	172,712	0	42,759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	163,153	0	0	0	12,828	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,682,256	342,343	1,534,993	1,073,408	628,561	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	36,710	0	9,372	0	0	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	365,042	0	194.00
194.01	07951	I/HAP	26,777	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,745,743	342,343	1,544,365	1,438,450	628,561	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

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

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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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00590						5.02
5.03	00591						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	2,804,219					13.00
14.00	01400	0	130,404				14.00
15.00	01500	0	0	2,994,534			15.00
16.00	01600	0	0	9	3,012,825		16.00
17.00	01700	0	0	0	0	95,289	17.00
17.01	01701	0	0	0	0	0	17.01
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,149,507	0	1,963	351,030	57,557	30.00
31.00	03100	329,364	0	398	141,609	8,845	31.00
40.00	04000	259,509	0	142	219,975	23,942	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	74,318	0	0	28,913	4,945	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	342,134	0	2,208	239,251	0	50.00
52.00	05200	21,436	0	55	35,762	0	52.00
53.00	05300	0	0	0	37,012	0	53.00
54.00	05400	0	0	4,002	34,414	0	54.00
54.01	05401	0	0	27	14,423	0	54.01
57.00	05700	0	0	437	123,548	0	57.00
58.00	05800	0	0	152	20,401	0	58.00
59.00	05900	0	0	1,675	197,735	0	59.00
60.00	06000	0	0	189	236,762	0	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	0	0	26,003	204,806	0	65.00
66.00	06600	0	0	2,068	19,572	0	66.00
67.00	06700	0	0	0	4,415	0	67.00
68.00	06800	0	0	0	2,809	0	68.00
69.00	06900	0	0	0	64,794	0	69.00
70.00	07000	0	0	0	7,933	0	70.00
71.00	07100	0	130,404	0	297,046	0	71.00
71.01	07101	23,146	0	0	16,613	0	71.01
72.00	07200	0	0	0	31,894	0	72.00
73.00	07300	0	0	1,445,729	627,502	0	73.00
75.00	07500	147,932	0	89	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	873,062	0	0	90.01
91.00	09100	456,873	0	1,625	54,606	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00	11800	2,804,219	130,404	2,359,833	3,012,825	95,289	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	634,701	0	0	194.02
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140012			Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 6/1/2015 4:16 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	
202.00	TOTAL (sum lines 118-201)	2,804,219	130,404	2,994,534	3,012,825	95,289	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
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Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
		17.01	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00590	DATA PROCESSING					5.02
5.03 00591	PURCHASING RECEIVING AND STORES					5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
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
17.01 01701	UTILIZATION REVIEW	373,500				17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	858,238			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	2,065,372		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	225,604	692,362	1,666,187	13,597,936	-2,358,549
31.00 03100	INTENSIVE CARE UNIT	34,669	106,395	256,043	3,379,450	-362,438
40.00 04000	SUBPROVIDER - IPF	93,845	0	0	2,817,672	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	19,382	59,481	143,142	1,003,936	-202,623
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	4,813,066	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	321,529	0
53.00 05300	ANESTHESIOLOGY	0	0	0	892,346	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,939,680	0
54.01 05401	ULTRA SOUND	0	0	0	641,279	0
57.00 05700	CT SCAN	0	0	0	839,443	0
58.00 05800	MRI	0	0	0	571,707	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	1,608,948	0
60.00 06000	LABORATORY	0	0	0	7,174,469	0
60.01 06002	BLOOD BANK	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	1,726,391	0
66.00 06600	PHYSICAL THERAPY	0	0	0	3,082,158	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	516,567	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	572,968	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	1,948,494	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	586,084	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	5,220,219	0
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	0	0	0	337,492	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,465,655	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,387,745	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	1,553,002	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	PROVIDER BASED CLINICS	0	0	0	27,843,412	0
91.00 09100	EMERGENCY	0	0	0	5,805,649	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	1,118,573	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	373,500	858,238	2,065,372	98,765,870	-2,923,610
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	64,699	0
194.00 07950	MEALS ON WHEELS	0	0	0	365,042	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
	17.01	21.00	22.00	24.00	25.00	
194.01 07951 IHAP	0	0	0	38,322	0	194.01
194.02 07952 RETAIL PHARMACY	0	0	0	634,701	0	194.02
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	373,500	858,238	2,065,372	99,868,634	-2,923,610	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00590 DATA PROCESSING		5.02
5.03	00591 PURCAHSING RECEIVING AND STORES		5.03
5.04	00550 CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERA		5.05
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
17.01	01701 UTILIZATION REVIEW		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	11,239,387	30.00
31.00	03100 INTENSIVE CARE UNIT	3,017,012	31.00
40.00	04000 SUBPROVIDER - IPF	2,817,672	40.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	801,313	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,813,066	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	321,529	52.00
53.00	05300 ANESTHESIOLOGY	892,346	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,939,680	54.00
54.01	05401 ULTRA SOUND	641,279	54.01
57.00	05700 CT SCAN	839,443	57.00
58.00	05800 MRI	571,707	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,608,948	59.00
60.00	06000 LABORATORY	7,174,469	60.00
60.01	06002 BLOOD BANK	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,726,391	65.00
66.00	06600 PHYSICAL THERAPY	3,082,158	66.00
67.00	06700 OCCUPATIONAL THERAPY	516,567	67.00
68.00	06800 SPEECH PATHOLOGY	572,968	68.00
69.00	06900 ELECTROCARDIOLOGY	1,948,494	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	586,084	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	5,220,219	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	337,492	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,465,655	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,387,745	73.00
75.00	07500 ASC (NON-DISTINCT PART)	1,553,002	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 PROVIDER BASED CLINICS	27,843,412	90.01
91.00	09100 EMERGENCY	5,805,649	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		92.00
OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC	0	99.00
101.00	10100 HOME HEALTH AGENCY	1,118,573	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	95,842,260	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	64,699	190.00
194.00	07950 MEALS ON WHEELS	365,042	194.00
194.01	07951 IHAP	38,322	194.01
194.02	07952 RETAIL PHARMACY	634,701	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	96,945,024	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	42,902	17,342	60,244	60,244 4.00
5.01 00540	NONPATIENT TELEPHONES	0	4,705	0	4,705	131 5.01
5.02 00590	DATA PROCESSING	0	73,610	575,390	649,000	977 5.02
5.03 00591	PURCHASING RECEIVING AND STORES	0	114,111	192,950	307,061	402 5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	115,609	7,725	123,334	1,237 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	0	119,575	74,235	193,810	2,399 5.05
7.00 00700	OPERATION OF PLANT	0	1,211,205	52,201	1,263,406	912 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,738	0	1,738	3 8.00
9.00 00900	HOUSEKEEPING	0	37,631	914	38,545	574 9.00
10.00 01000	DIETARY	0	42,873	18,359	61,232	751 10.00
11.00 01100	CAFETERIA	0	34,673	0	34,673	199 11.00
13.00 01300	NURSING ADMINISTRATION	0	21,893	169,617	191,510	1,338 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	6,501	18,443	24,944	18 14.00
15.00 01500	PHARMACY	0	23,093	256,885	279,978	823 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	46,733	2,789	49,522	1,338 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	64 17.00
17.01 01701	UTILIZATION REVIEW	0	1,306	0	1,306	228 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	150 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	39,455	8,305	47,760	973 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	295,649	93,733	389,382	4,085 30.00
31.00 03100	INTENSIVE CARE UNIT	0	48,491	22,259	70,750	1,228 31.00
40.00 04000	SUBPROVIDER - IPF	0	84,018	0	84,018	956 40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	5,080	11,477	16,557	353 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	129,840	423,506	553,346	1,309 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	12,041	0	12,041	102 52.00
53.00 05300	ANESTHESIOLOGY	0	682	36,337	37,019	1,588 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	60,580	465,446	526,026	1,132 54.00
54.01 05401	ULTRA SOUND	0	3,044	17,393	20,437	298 54.01
57.00 05700	CT SCAN	0	5,521	194	5,715	117 57.00
58.00 05800	MRI	0	4,619	17,049	21,668	127 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	85,401	0	85,401	285 59.00
60.00 06000	LABORATORY	0	51,314	183,826	235,140	2,410 60.00
60.01 06002	BLOOD BANK	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	22,402	52,344	74,746	656 65.00
66.00 06600	PHYSICAL THERAPY	0	85,593	26,087	111,680	1,422 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	339	339	313 67.00
68.00 06800	SPEECH PATHOLOGY	0	16,823	5,494	22,317	302 68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,344	103,857	105,201	769 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	15,671	12,168	27,839	276 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	0	28,153	4,806	32,959	77 71.01
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
75.00 07500	ASC (NON-DISTINCT PART)	0	39,868	23,969	63,837	592 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	0	856,978	190,525	1,047,503	24,690 90.01
91.00 09100	EMERGENCY	0	83,846	49,327	133,173	4,226 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	0	64,824	7,225	72,049	414 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,939,395	3,142,516	7,081,911	60,244 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	14,586	0	14,586	0 190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0 194.00
194.01 07951	I HAP	0	10,639	0	10,639	0 194.01

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
ALLOCATION OF CAPITAL RELATED COSTS							
		0	1.00	2.00	2A	4.00	
194.02	07952 RETAIL PHARMACY	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	3,964,620	3,142,516	7,107,136	60,244	202.00

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ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140012		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 6/1/2015 4:16 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	4,836					5.01
5.02	00590	DATA PROCESSING	225	650,202				5.02
5.03	00591	PURCHASING RECEIVING AND STORES	61	9,412	316,936			5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	250	38,432	194	163,447		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	305	32,941	978	0	230,433	5.05
7.00	00700	OPERATION OF PLANT	207	9,412	9,184	0	13,258	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	780	8.00
9.00	00900	HOUSEKEEPING	18	0	2,801	0	3,345	9.00
10.00	01000	DIETARY	85	6,275	730	0	3,042	10.00
11.00	01100	CAFETERIA	12	0	194	0	1,212	11.00
13.00	01300	NURSING ADMINISTRATION	110	25,098	6,145	0	6,296	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12	1,569	0	0	215	14.00
15.00	01500	PHARMACY	61	10,196	282	0	6,699	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	292	25,098	5,517	0	6,460	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	220	17.00
17.01	01701	UTILIZATION REVIEW	18	3,137	0	0	841	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	1,980	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	164	10,196	1,763	0	4,497	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	280	41,569	8,422	9,947	17,023	30.00
31.00	03100	INTENSIVE CARE UNIT	85	10,980	3,963	3,285	5,091	31.00
40.00	04000	SUBPROVIDER - I/PF	91	8,628	183	4,147	3,938	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12	0	1,094	546	1,466	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	207	28,236	23,388	16,721	8,589	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6	0	689	737	487	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,360	2,183	1,970	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116	22,745	8,425	6,095	8,458	54.00
54.01	05401	ULTRA SOUND	12	0	1,184	2,578	1,401	54.01
57.00	05700	CT SCAN	12	784	2,386	12,143	1,559	57.00
58.00	05800	MRI	12	784	903	5,499	1,209	58.00
59.00	05900	CARDIAC CATHETERIZATION	116	9,412	42,857	12,191	2,675	59.00
60.00	06000	LABORATORY	152	21,961	43,892	17,117	15,507	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	49	14,118	5,103	5,261	3,154	65.00
66.00	06600	PHYSICAL THERAPY	97	29,804	2,166	4,851	6,358	66.00
67.00	06700	OCCUPATIONAL THERAPY	18	0	81	891	1,138	67.00
68.00	06800	SPEECH PATHOLOGY	24	2,353	1,419	550	1,191	68.00
69.00	06900	ELECTROCARDIOLOGY	12	3,922	20,168	4,413	4,314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12	784	571	2,677	1,221	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	85,892	15,535	11,059	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	43	3,137	13	454	484	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,287	3,308	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,096	22,163	7,648	73.00
75.00	07500	ASC (NON-DISTINCT PART)	79	5,490	3,572	1,024	2,658	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	1,319	243,140	17,341	0	56,317	90.01
91.00	09100	EMERGENCY	171	21,177	7,533	9,631	11,120	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	73	9,412	445	521	2,175	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,818	650,202	316,934	163,447	230,363	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	18	0	0	0	43	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	I HAP	0	0	2	0	27	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012			Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/1/2015 4:16 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
202.00	TOTAL (sum lines 118-201)	4,836	650,202	316,936	163,447	230,433	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/1/2015 4:16 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	00540	NONPATIENT TELEPHONES					5.01
5.02	00590	DATA PROCESSING					5.02
5.03	00591	PURCHASING RECEIVING AND STORES					5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
7.00	00700	OPERATION OF PLANT	1,296,379				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	987	3,508			8.00
9.00	00900	HOUSEKEEPING	21,369	0	66,652		9.00
10.00	01000	DIETARY	24,346	0	520	96,981	10.00
11.00	01100	CAFETERIA	19,690	0	693	0	56,673
13.00	01300	NURSING ADMINISTRATION	12,432	0	462	0	900
14.00	01400	CENTRAL SERVICES & SUPPLY	3,691	0	838	0	129
15.00	01500	PHARMACY	13,114	0	751	0	1,414
16.00	01600	MEDICAL RECORDS & LIBRARY	26,538	0	1,791	0	4,883
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	UTILIZATION REVIEW	742	0	58	0	386
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22,405	0	0	0	1,542
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	167,889	1,243	16,209	50,434	7,839
31.00	03100	INTENSIVE CARE UNIT	27,536	189	2,254	5,606	1,799
40.00	04000	SUBPROVIDER - IPF	47,711	135	2,109	14,752	1,928
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	2,884	123	289	0	643
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	73,731	330	4,854	0	3,213
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,838	50	722	0	129
53.00	05300	ANESTHESIOLOGY	387	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,401	92	2,225	0	2,056
54.01	05401	ULTRA SOUND	1,729	39	116	0	514
57.00	05700	CT SCAN	3,135	182	231	0	257
58.00	05800	MRI	2,623	82	202	0	257
59.00	05900	CARDIAC CATHETERIZATION	48,496	49	693	0	1,285
60.00	06000	LABORATORY	29,139	0	1,878	0	3,984
60.01	06002	BLOOD BANK	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	12,721	0	2,571	0	1,157
66.00	06600	PHYSICAL THERAPY	48,605	174	1,849	0	2,699
67.00	06700	OCCUPATIONAL THERAPY	0	0	578	0	514
68.00	06800	SPEECH PATHOLOGY	9,553	0	260	0	514
69.00	06900	ELECTROCARDIOLOGY	763	0	144	0	643
70.00	07000	ELECTROENCEPHALOGRAPHY	8,899	0	289	0	257
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	15,987	0	607	0	257
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	22,640	343	3,467	1,578	1,414
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PROVIDER BASED CLINICS	486,649	0	12,134	0	11,048
91.00	09100	EMERGENCY	47,613	477	7,454	0	3,855
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	36,811	0	0	0	1,157
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,282,054	3,508	66,248	72,370	56,673
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	8,283	0	404	0	0
194.00	07950	MEALS ON WHEELS	0	0	0	24,611	0
194.01	07951	I HAP	6,042	0	0	0	0
194.02	07952	RETAIL PHARMACY	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,296,379	3,508	66,652	96,981	56,673

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/1/2015 4:16 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					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00590					5.02
5.03	00591					5.03
5.04	00550					5.04
5.05	00560					5.05
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300	244,291				13.00
14.00	01400	0	31,416			14.00
15.00	01500	0	0	313,318		15.00
16.00	01600	0	0	1	121,440	16.00
17.00	01700	0	0	0	0	17.00
17.01	01701	0	0	0	0	17.01
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	100,141	0	205	14,148	172 30.00
31.00	03100	28,693	0	42	5,707	26 31.00
40.00	04000	22,607	0	15	8,866	71 40.00
42.00	04200	0	0	0	0	0 42.00
43.00	04300	6,474	0	0	1,165	15 43.00
44.00	04400	0	0	0	0	0 44.00
45.00	04500	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	29,805	0	231	9,643	0 50.00
52.00	05200	1,867	0	6	1,441	0 52.00
53.00	05300	0	0	0	1,492	0 53.00
54.00	05400	0	0	419	1,387	0 54.00
54.01	05401	0	0	3	581	0 54.01
57.00	05700	0	0	46	4,979	0 57.00
58.00	05800	0	0	16	822	0 58.00
59.00	05900	0	0	175	7,969	0 59.00
60.00	06000	0	0	20	9,542	0 60.00
60.01	06002	0	0	0	0	0 60.01
65.00	06500	0	0	2,721	8,254	0 65.00
66.00	06600	0	0	216	789	0 66.00
67.00	06700	0	0	0	178	0 67.00
68.00	06800	0	0	0	113	0 68.00
69.00	06900	0	0	0	2,611	0 69.00
70.00	07000	0	0	0	320	0 70.00
71.00	07100	0	31,416	0	11,972	0 71.00
71.01	07101	2,016	0	0	670	0 71.01
72.00	07200	0	0	0	1,285	0 72.00
73.00	07300	0	0	151,266	25,305	0 73.00
75.00	07500	12,887	0	9	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	0 88.00
89.00	08900	0	0	0	0	0 89.00
90.00	09000	0	0	0	0	0 90.00
90.01	09001	0	0	91,348	0	0 90.01
91.00	09100	39,801	0	170	2,201	0 91.00
92.00	09200	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	0	0	0	0	0 99.00
101.00	10100	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	0	0	0	0	0 113.00
116.00	11600	0	0	0	0	0 116.00
118.00	11800	244,291	31,416	246,909	121,440	284 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	0 190.00
194.00	07950	0	0	0	0	0 194.00
194.01	07951	0	0	0	0	0 194.01
194.02	07952	0	0	66,409	0	0 194.02
200.00		0	0	0	0	200.00
201.00		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012			Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/1/2015 4:16 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
202.00	TOTAL (sum lines 118-201)	244,291	31,416	313,318	121,440	284,202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/1/2015 4:16 pm	
Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A		
	17.01	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00590	DATA PROCESSING				5.02
5.03 00591	PURCHASING RECEIVING AND STORES				5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL				5.05
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
17.01 01701	UTILIZATION REVIEW	6,716			17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	2,130		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0		89,300	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	4,057		833,045	0 30.00
31.00 03100	INTENSIVE CARE UNIT	623		167,857	0 31.00
40.00 04000	SUBPROVIDER - IPF	1,687		201,842	0 40.00
42.00 04200	SUBPROVIDER	0		0	0 42.00
43.00 04300	NURSERY	349		31,970	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0		0	0 44.00
45.00 04500	NURSING FACILITY	0		0	0 45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0		753,603	0 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0		25,115	0 52.00
53.00 05300	ANESTHESIOLOGY	0		46,999	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0		613,577	0 54.00
54.01 05401	ULTRA SOUND	0		28,892	0 54.01
57.00 05700	CT SCAN	0		31,546	0 57.00
58.00 05800	MRI	0		34,204	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0		211,604	0 59.00
60.00 06000	LABORATORY	0		380,742	0 60.00
60.01 06002	BLOOD BANK	0		0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0		130,511	0 65.00
66.00 06600	PHYSICAL THERAPY	0		210,710	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0		4,050	0 67.00
68.00 06800	SPEECH PATHOLOGY	0		38,596	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0		142,960	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0		43,145	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0		155,874	0 71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0		56,704	0 71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0		6,880	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0		211,478	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0		119,590	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0		0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0 89.00
90.00 09000	CLINIC	0		0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	0		1,991,489	0 90.01
91.00 09100	EMERGENCY	0		288,602	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0		0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
99.00 09900	CMHC	0		0	0 99.00
101.00 10100	HOME HEALTH AGENCY	0		123,057	0 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE	0		0	113.00
116.00 11600	HOSPICE	0		0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,716	0	6,884,642	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0		23,334	0 190.00
194.00 07950	MEALS ON WHEELS	0		24,611	0 194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140012

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
	17.01	21.00	22.00	24.00	25.00	
194.01 07951 IHAP	0			16,710	0	194.01
194.02 07952 RETAIL PHARMACY	0			66,409	0	194.02
200.00 Cross Foot Adjustments		2,130	89,300	91,430	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,716	2,130	89,300	7,107,136	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/1/2015 4:16 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00590 DATA PROCESSING		5.02
5.03	00591 PURCAHSING RECEIVING AND STORES		5.03
5.04	00550 CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERA		5.05
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
17.01	01701 UTILIZATION REVIEW		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	833,045	30.00
31.00	03100 INTENSIVE CARE UNIT	167,857	31.00
40.00	04000 SUBPROVIDER - IPF	201,842	40.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	31,970	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	753,603	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	25,115	52.00
53.00	05300 ANESTHESIOLOGY	46,999	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	613,577	54.00
54.01	05401 ULTRA SOUND	28,892	54.01
57.00	05700 CT SCAN	31,546	57.00
58.00	05800 MRI	34,204	58.00
59.00	05900 CARDIAC CATHETERIZATION	211,604	59.00
60.00	06000 LABORATORY	380,742	60.00
60.01	06002 BLOOD BANK	0	60.01
65.00	06500 RESPIRATORY THERAPY	130,511	65.00
66.00	06600 PHYSICAL THERAPY	210,710	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,050	67.00
68.00	06800 SPEECH PATHOLOGY	38,596	68.00
69.00	06900 ELECTROCARDIOLOGY	142,960	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	43,145	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	155,874	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	56,704	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,880	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	211,478	73.00
75.00	07500 ASC (NON-DISTINCT PART)	119,590	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 PROVIDER BASED CLINICS	1,991,489	90.01
91.00	09100 EMERGENCY	288,602	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		92.00
OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC	0	99.00
101.00	10100 HOME HEALTH AGENCY	123,057	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	6,884,642	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	23,334	190.00
194.00	07950 MEALS ON WHEELS	24,611	194.00
194.01	07951 IHAP	16,710	194.01
194.02	07952 RETAIL PHARMACY	66,409	194.02
200.00	Cross Foot Adjustments	91,430	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	7,107,136	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1

Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	412,891				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,640,994			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,468	14,574	60,636,210		4.00
5.01 00540	NONPATIENT TELEPHONES	490	0	132,097	794	5.01
5.02 00590	DATA PROCESSING	7,666	483,561	982,831	37	829 5.02
5.03 00591	PURCHASING RECEIVING AND STORES	11,884	162,157	404,082	10	12 5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	12,040	6,492	1,244,683	41	49 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	12,453	62,388	2,413,489	50	42 5.05
7.00 00700	OPERATION OF PLANT	126,140	43,870	917,977	34	12 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	181	0	3,208	0	0 8.00
9.00 00900	HOUSEKEEPING	3,919	768	577,354	3	0 9.00
10.00 01000	DIETARY	4,465	15,429	756,019	14	8 10.00
11.00 01100	CAFETERIA	3,611	0	199,788	2	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,280	142,547	1,346,547	18	32 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	677	15,500	17,662	2	2 14.00
15.00 01500	PHARMACY	2,405	215,888	827,598	10	13 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,867	2,344	1,346,345	48	32 16.00
17.00 01700	SOCIAL SERVICE	0	0	64,223	0	0 17.00
17.01 01701	UTILIZATION REVIEW	136	0	229,191	3	4 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	150,934	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	4,109	6,980	979,189	27	13 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	30,790	78,774	4,109,751	46	53 30.00
31.00 03100	INTENSIVE CARE UNIT	5,050	18,707	1,235,291	14	14 31.00
40.00 04000	SUBPROVIDER - IPF	8,750	0	962,007	15	11 40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	529	9,645	355,575	2	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,522	355,918	1,316,436	34	36 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,254	0	102,433	1	0 52.00
53.00 05300	ANESTHESIOLOGY	71	30,538	1,597,639	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,309	391,164	1,138,610	19	29 54.00
54.01 05401	ULTRA SOUND	317	14,617	299,992	2	0 54.01
57.00 05700	CT SCAN	575	163	117,618	2	1 57.00
58.00 05800	MRI	481	14,328	127,319	2	1 58.00
59.00 05900	CARDIAC CATHETERIZATION	8,894	0	287,016	19	12 59.00
60.00 06000	LABORATORY	5,344	154,489	2,424,851	25	28 60.00
60.01 06002	BLOOD BANK	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	2,333	43,990	660,098	8	18 65.00
66.00 06600	PHYSICAL THERAPY	8,914	21,924	1,430,679	16	38 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	285	314,699	3	0 67.00
68.00 06800	SPEECH PATHOLOGY	1,752	4,617	304,257	4	3 68.00
69.00 06900	ELECTROCARDIOLOGY	140	87,282	773,782	2	5 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,632	10,226	277,848	2	1 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	2,932	4,039	77,877	7	4 71.01
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
75.00 07500	ASC (NON-DISTINCT PART)	4,152	20,144	595,433	13	7 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	89,249	160,119	24,866,312	216	310 90.01
91.00 09100	EMERGENCY	8,732	41,455	4,251,344	28	27 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	6,751	6,072	416,126	12	12 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	410,264	2,640,994	60,636,210	791	829 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	1,519	0	0	3	0 190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0 194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1

Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.01 07951 IHAP	1,108	0	0	0	0	194.01
194.02 07952 RETAIL PHARMACY	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,964,620	3,142,516	18,060,464	703,718	3,931,277	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9.602098	1.189899	0.297849	886.294710	4,742.191797	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			60,244	4,836	650,202	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000994	6.090680	784.320869	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet B-1 Date/Time Prepared: 6/1/2015 4:16 pm	
Cost Center Description	PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.03	5.04	5A.05	5.05	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 00540	NONPATIENT TELEPHONES					5.01
5.02 00590	DATA PROCESSING					5.02
5.03 00591	PURCHASING RECEIVING AND STORES	9,888,305				5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	6,063	326,469,567			5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	30,520	0	-7,361,774	92,506,860	5.05
7.00 00700	OPERATION OF PLANT	286,544	0	0	5,322,197	237,750 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	313,056	181 8.00
9.00 00900	HOUSEKEEPING	87,395	0	0	1,342,793	3,919 9.00
10.00 01000	DIETARY	22,777	0	0	1,221,302	4,465 10.00
11.00 01100	CAFETERIA	6,055	0	0	486,510	3,611 11.00
13.00 01300	NURSING ADMINISTRATION	191,722	0	0	2,527,305	2,280 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	86,334	677 14.00
15.00 01500	PHARMACY	8,786	0	0	2,689,311	2,405 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	172,141	0	0	2,593,162	4,867 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	88,265	0 17.00
17.01 01701	UTILIZATION REVIEW	0	0	0	337,722	136 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	794,973	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	55,000	0	0	1,805,298	4,109 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	262,755	19,854,925	0	6,833,946	30,790 30.00
31.00 03100	INTENSIVE CARE UNIT	123,637	6,557,074	0	2,043,717	5,050 31.00
40.00 04000	SUBPROVIDER - I/PF	5,704	8,277,356	0	1,580,755	8,750 40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	34,132	1,090,068	0	588,331	529 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	729,674	33,375,457	0	3,447,986	13,522 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	21,493	1,471,153	0	195,408	1,254 52.00
53.00 05300	ANESTHESIOLOGY	73,629	4,357,070	0	790,694	71 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	262,869	12,164,978	0	3,395,291	6,309 54.00
54.01 05401	ULTRA SOUND	36,938	5,145,005	0	562,270	317 54.01
57.00 05700	CT SCAN	74,446	24,237,656	0	625,781	575 57.00
58.00 05800	MRI	28,187	10,976,081	0	485,321	481 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,337,123	24,333,697	0	1,073,983	8,894 59.00
60.00 06000	LABORATORY	1,369,408	34,165,891	0	6,225,259	5,344 60.00
60.01 06002	BLOOD BANK	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	159,212	10,501,939	0	1,266,040	2,333 65.00
66.00 06600	PHYSICAL THERAPY	67,590	9,682,806	0	2,552,197	8,914 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,521	1,778,594	0	456,716	0 67.00
68.00 06800	SPEECH PATHOLOGY	44,257	1,097,475	0	478,048	1,752 68.00
69.00 06900	ELECTROCARDIOLOGY	629,234	8,808,015	0	1,732,008	140 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	17,830	5,342,580	0	490,158	1,632 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	2,679,845	31,008,109	0	4,439,471	0 71.00
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	407	905,862	0	194,488	2,932 71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,565,653	0	1,328,072	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	158,997	44,464,546	0	3,070,186	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	111,449	2,043,335	0	1,066,892	4,152 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	541,014	0	0	22,610,377	89,249 90.01
91.00 09100	EMERGENCY	235,019	19,224,059	0	4,464,189	8,732 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	13,884	1,040,183	0	873,109	6,751 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,888,257	326,469,567	-7,361,774	92,478,921	235,123 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	17,245	1,519 190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0 194.00
194.01 07951	I HAP	48	0	0	10,694	1,108 194.01
194.02 07952	RETAIL PHARMACY	0	0	0	0	0 194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1

Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,236,445	2,960,640		7,361,774	5,745,743	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.125041	0.009069		0.079581	24.167163	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	316,936	163,447		230,433	1,296,379	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.032052	0.000501		0.002491	5.452698	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00590						5.02
5.03	00591						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800	290,591					8.00
9.00	00900	0	2,307				9.00
10.00	01000	0	18	62,453			10.00
11.00	01100	0	24	0	441		11.00
13.00	01300	0	16	0	7	390,232	13.00
14.00	01400	0	29	0	1	0	14.00
15.00	01500	0	26	0	11	0	15.00
16.00	01600	0	62	0	38	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	2	0	3	0	17.01
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	12	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	102,944	561	32,478	61	159,964	30.00
31.00	03100	15,626	78	3,610	14	45,834	31.00
40.00	04000	11,193	73	9,500	15	36,113	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	10,185	10	0	5	10,342	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	27,339	168	0	25	47,611	50.00
52.00	05200	4,117	25	0	1	2,983	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	7,597	77	0	16	0	54.00
54.01	05401	3,203	4	0	4	0	54.01
57.00	05700	15,088	8	0	2	0	57.00
58.00	05800	6,833	7	0	2	0	58.00
59.00	05900	4,095	24	0	10	0	59.00
60.00	06000	0	65	0	31	0	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	0	89	0	9	0	65.00
66.00	06600	14,443	64	0	21	0	66.00
67.00	06700	0	20	0	4	0	67.00
68.00	06800	0	9	0	4	0	68.00
69.00	06900	0	5	0	5	0	69.00
70.00	07000	0	10	0	2	0	70.00
71.00	07100	0	0	0	0	0	71.00
71.01	07101	0	21	0	2	3,221	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	28,379	120	1,016	11	20,586	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	420	0	86	0	90.01
91.00	09100	39,549	258	0	30	63,578	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	9	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		290,591	2,293	46,604	441	390,232	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	14	0	0	0	190.00
194.00	07950	0	0	15,849	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1

Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		8.00	9.00	10.00	11.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	342,343	1,544,365	1,438,450	628,561	2,804,219	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.178092	669.425661	23.032520	1,425.308390	7.186030	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,508	66,652	96,981	56,673	244,291	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.012072	28.891201	1.552864	128.510204	0.626015	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1
Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	
		14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00590						5.02
5.03	00591						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	1,000					14.00
15.00	01500	0	4,049,287				15.00
16.00	01600	0	12	113,587,006			16.00
17.00	01700	0	0	0	12,314		17.00
17.01	01701	0	0	0	0	12,314	17.01
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	2,654	13,234,429	7,438	7,438	30.00
31.00	03100	0	538	5,338,891	1,143	1,143	31.00
40.00	04000	0	192	8,293,451	3,094	3,094	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	1,090,068	639	639	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	2,986	9,020,176	0	0	50.00
52.00	05200	0	75	1,348,285	0	0	52.00
53.00	05300	0	0	1,395,434	0	0	53.00
54.00	05400	0	5,411	1,297,465	0	0	54.00
54.01	05401	0	37	543,757	0	0	54.01
57.00	05700	0	591	4,657,961	0	0	57.00
58.00	05800	0	205	769,154	0	0	58.00
59.00	05900	0	2,265	7,454,940	0	0	59.00
60.00	06000	0	256	8,926,316	0	0	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	0	35,162	7,721,528	0	0	65.00
66.00	06600	0	2,797	737,888	0	0	66.00
67.00	06700	0	0	166,466	0	0	67.00
68.00	06800	0	0	105,918	0	0	68.00
69.00	06900	0	0	2,442,838	0	0	69.00
70.00	07000	0	0	299,098	0	0	70.00
71.00	07100	1,000	0	11,199,140	0	0	71.00
71.01	07101	0	0	626,332	0	0	71.01
72.00	07200	0	0	1,202,454	0	0	72.00
73.00	07300	0	1,954,951	23,656,267	0	0	73.00
75.00	07500	0	120	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	1,180,578	0	0	0	90.01
91.00	09100	0	2,197	2,058,750	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,000	3,191,027	113,587,006	12,314	12,314	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	858,260	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1

Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	
		14.00	15.00	16.00	17.00	17.01	
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)	130,404	2,994,534	3,012,825	95,289	373,500	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	130.404000	0.739521	0.026524	7.738265	30.331330	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	31,416	313,318	121,440	284	6,716	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	31.416000	0.077376	0.001069	0.023063	0.545395	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1
Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES A (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS A (PATIENT DAYS)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00 00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01 00540	NONPATIENT TELEPHONES			5.01
5.02 00590	DATA PROCESSING			5.02
5.03 00591	PURCHASING RECEIVING AND STORES			5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE			5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL			5.05
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
17.01 01701	UTILIZATION REVIEW			17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	9,220		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		9,220	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	7,438	7,438	30.00
31.00 03100	INTENSIVE CARE UNIT	1,143	1,143	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	40.00
42.00 04200	SUBPROVIDER	0	0	42.00
43.00 04300	NURSERY	639	639	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	ULTRA SOUND	0	0	54.01
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06002	BLOOD BANK	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
90.01 09001	PROVIDER BASED CLINICS	0	0	90.01
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.00 09900	CMHC	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300	INTEREST EXPENSE	0	0	113.00
116.00 11600	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,220	9,220	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
194.00 07950	MEALS ON WHEELS	0	0	194.00
194.01 07951	I HAP	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-SALARY & FRINGES A (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS A (PATIENT DAYS)	
		21.00	22.00	
194.02	07952 RETAIL PHARMACY	0	0	194.02
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)	858,238	2,065,372	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	93.084382	224.009978	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,130	89,300	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.231020	9.685466	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140012

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

Worksheet C
Part I
Date/Time Prepared:
6/1/2015 4:16 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		11,239,387	0	11,239,387	30.00
31.00	03100 INTENSIVE CARE UNIT		3,017,012	0	3,017,012	31.00
40.00	04000 SUBPROVIDER - IPF		2,817,672	0	2,817,672	40.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		801,313	0	801,313	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,813,066	0	4,813,066	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		321,529	0	321,529	52.00
53.00	05300 ANESTHESIOLOGY		892,346	0	892,346	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,939,680	0	3,939,680	54.00
54.01	05401 ULTRA SOUND		641,279	0	641,279	54.01
57.00	05700 CT SCAN		839,443	0	839,443	57.00
58.00	05800 MRI		571,707	0	571,707	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,608,948	0	1,608,948	59.00
60.00	06000 LABORATORY		7,174,469	64,843	7,239,312	60.00
60.01	06002 BLOOD BANK		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,726,391	0	1,726,391	65.00
66.00	06600 PHYSICAL THERAPY	0	3,082,158	0	3,082,158	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	516,567	0	516,567	67.00
68.00	06800 SPEECH PATHOLOGY	0	572,968	0	572,968	68.00
69.00	06900 ELECTROCARDIOLOGY		1,948,494	0	1,948,494	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		586,084	0	586,084	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		5,220,219	0	5,220,219	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV		337,492	0	337,492	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,465,655	0	1,465,655	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,387,745	0	5,387,745	73.00
75.00	07500 ASC (NON-DISTINCT PART)		1,553,002	0	1,553,002	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS		27,843,412	63,659	27,907,071	90.01
91.00	09100 EMERGENCY		5,805,649	972,585	6,778,234	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		2,806,155	0	2,806,155	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY		1,118,573	0	1,118,573	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
116.00	11600 HOSPICE	0	0	0	0	116.00
200.00	Subtotal (see instructions)		98,648,415	1,101,087	99,749,502	200.00
201.00	Less Observation Beds		2,806,155	0	2,806,155	201.00
202.00	Total (see instructions)	0	95,842,260	1,101,087	96,943,347	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140012		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 6/1/2015 4:16 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,244,392		12,244,392			30.00
31.00	03100	INTENSIVE CARE UNIT	5,338,891		5,338,891			31.00
40.00	04000	SUBPROVIDER - IPF	8,293,451		8,293,451			40.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,090,068		1,090,068			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,020,176	24,355,281	33,375,457	0.144210	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,348,285	122,868	1,471,153	0.218556	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,395,434	2,961,636	4,357,070	0.204804	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,297,465	10,867,513	12,164,978	0.323854	0.000000	54.00
54.01	05401	ULTRA SOUND	543,757	4,601,248	5,145,005	0.124641	0.000000	54.01
57.00	05700	CT SCAN	4,657,961	19,579,695	24,237,656	0.034634	0.000000	57.00
58.00	05800	MRI	769,154	10,206,927	10,976,081	0.052087	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,454,940	16,878,757	24,333,697	0.066120	0.000000	59.00
60.00	06000	LABORATORY	8,926,316	25,239,575	34,165,891	0.209989	0.000000	60.00
60.01	06002	BLOOD BANK	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	7,721,528	2,780,411	10,501,939	0.164388	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	737,888	8,944,918	9,682,806	0.318312	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	166,466	1,612,128	1,778,594	0.290436	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	105,918	991,557	1,097,475	0.522078	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,442,838	6,365,177	8,808,015	0.221218	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	299,098	5,043,482	5,342,580	0.109701	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	11,199,140	19,808,969	31,008,109	0.168350	0.000000	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	626,332	279,530	905,862	0.372564	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,202,454	3,363,199	4,565,653	0.321018	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,656,267	20,808,279	44,464,546	0.121169	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	25,025	2,018,310	2,043,335	0.760033	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PROVIDER BASED CLINICS	36,261	43,148,475	43,184,736	0.644751	0.000000	90.01
91.00	09100	EMERGENCY	2,058,750	17,165,309	19,224,059	0.301999	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	990,037	3,532,468	4,522,505	0.620487	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	1,040,183	1,040,183			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	113,648,292	251,715,895	365,364,187			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	113,648,292	251,715,895	365,364,187			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 6/1/2015 4:16 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.144210		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.218556		52.00
53.00	05300 ANESTHESIOLOGY	0.204804		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.323854		54.00
54.01	05401 ULTRA SOUND	0.124641		54.01
57.00	05700 CT SCAN	0.034634		57.00
58.00	05800 MRI	0.052087		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.066120		59.00
60.00	06000 LABORATORY	0.211887		60.00
60.01	06002 BLOOD BANK	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.164388		65.00
66.00	06600 PHYSICAL THERAPY	0.318312		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.290436		67.00
68.00	06800 SPEECH PATHOLOGY	0.522078		68.00
69.00	06900 ELECTROCARDIOLOGY	0.221218		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.109701		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.168350		71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0.372564		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.321018		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.121169		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.760033		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 PROVIDER BASED CLINICS	0.646225		90.01
91.00	09100 EMERGENCY	0.352591		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.620487		92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
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: 140012

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

Worksheet C
Part I
Date/Time Prepared:
6/1/2015 4:16 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		11,239,387	0	11,239,387	30.00
31.00	03100 INTENSIVE CARE UNIT		3,017,012	0	3,017,012	31.00
40.00	04000 SUBPROVIDER - IPF		2,817,672	0	2,817,672	40.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		801,313	0	801,313	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,813,066	0	4,813,066	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		321,529	0	321,529	52.00
53.00	05300 ANESTHESIOLOGY		892,346	0	892,346	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,939,680	0	3,939,680	54.00
54.01	05401 ULTRA SOUND		641,279	0	641,279	54.01
57.00	05700 CT SCAN		839,443	0	839,443	57.00
58.00	05800 MRI		571,707	0	571,707	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,608,948	0	1,608,948	59.00
60.00	06000 LABORATORY		7,174,469	64,843	7,239,312	60.00
60.01	06002 BLOOD BANK		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,726,391	0	1,726,391	65.00
66.00	06600 PHYSICAL THERAPY	0	3,082,158	0	3,082,158	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	516,567	0	516,567	67.00
68.00	06800 SPEECH PATHOLOGY	0	572,968	0	572,968	68.00
69.00	06900 ELECTROCARDIOLOGY		1,948,494	0	1,948,494	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		586,084	0	586,084	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		5,220,219	0	5,220,219	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV		337,492	0	337,492	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,465,655	0	1,465,655	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,387,745	0	5,387,745	73.00
75.00	07500 ASC (NON-DISTINCT PART)		1,553,002	0	1,553,002	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS		27,843,412	63,659	27,907,071	90.01
91.00	09100 EMERGENCY		5,805,649	972,585	6,778,234	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		2,806,155	0	2,806,155	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY		1,118,573	0	1,118,573	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
116.00	11600 HOSPICE	0	0	0	0	116.00
200.00	Subtotal (see instructions)		98,648,415	1,101,087	99,749,502	200.00
201.00	Less Observation Beds		2,806,155	0	2,806,155	201.00
202.00	Total (see instructions)		95,842,260	1,101,087	96,943,347	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140012		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 6/1/2015 4:16 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,244,392		12,244,392			30.00
31.00	03100	INTENSIVE CARE UNIT	5,338,891		5,338,891			31.00
40.00	04000	SUBPROVIDER - IPF	8,293,451		8,293,451			40.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,090,068		1,090,068			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,020,176	24,355,281	33,375,457	0.144210	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,348,285	122,868	1,471,153	0.218556	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,395,434	2,961,636	4,357,070	0.204804	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,297,465	10,867,513	12,164,978	0.323854	0.000000	54.00
54.01	05401	ULTRA SOUND	543,757	4,601,248	5,145,005	0.124641	0.000000	54.01
57.00	05700	CT SCAN	4,657,961	19,579,695	24,237,656	0.034634	0.000000	57.00
58.00	05800	MRI	769,154	10,206,927	10,976,081	0.052087	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,454,940	16,878,757	24,333,697	0.066120	0.000000	59.00
60.00	06000	LABORATORY	8,926,316	25,239,575	34,165,891	0.209989	0.000000	60.00
60.01	06002	BLOOD BANK	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	7,721,528	2,780,411	10,501,939	0.164388	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	737,888	8,944,918	9,682,806	0.318312	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	166,466	1,612,128	1,778,594	0.290436	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	105,918	991,557	1,097,475	0.522078	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,442,838	6,365,177	8,808,015	0.221218	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	299,098	5,043,482	5,342,580	0.109701	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	11,199,140	19,808,969	31,008,109	0.168350	0.000000	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	626,332	279,530	905,862	0.372564	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,202,454	3,363,199	4,565,653	0.321018	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,656,267	20,808,279	44,464,546	0.121169	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	25,025	2,018,310	2,043,335	0.760033	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PROVIDER BASED CLINICS	36,261	43,148,475	43,184,736	0.644751	0.000000	90.01
91.00	09100	EMERGENCY	2,058,750	17,165,309	19,224,059	0.301999	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	990,037	3,532,468	4,522,505	0.620487	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	1,040,183	1,040,183			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	113,648,292	251,715,895	365,364,187			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	113,648,292	251,715,895	365,364,187			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 6/1/2015 4:16 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	05401	ULTRA SOUND	0.000000	54.01
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06002	BLOOD BANK	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	PROVIDER BASED CLINICS	0.000000	90.01
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900	CMHC		99.00
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 6/1/2015 4:16 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	833,045	0	833,045	9,913	84.04	30.00
31.00	INTENSIVE CARE UNIT	167,857		167,857	1,143	146.86	31.00
40.00	SUBPROVIDER - IPF	201,842	0	201,842	3,094	65.24	40.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	31,970		31,970	639	50.03	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	1,234,714		1,234,714	14,789		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,002	336,328				
31.00	INTENSIVE CARE UNIT	324	47,583				
40.00	SUBPROVIDER - IPF	1,161	75,744				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	5,487	459,655				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 6/1/2015 4:16 pm
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Cost Center Description		Title XVII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	753,603	33,375,457	0.022580	2,963,818	66,923	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,115	1,471,153	0.017072	3,335	57	52.00
53.00	05300	ANESTHESIOLOGY	46,999	4,357,070	0.010787	441,674	4,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	613,577	12,164,978	0.050438	1,004,384	50,659	54.00
54.01	05401	ULTRA SOUND	28,892	5,145,005	0.005616	127,062	714	54.01
57.00	05700	CT SCAN	31,546	24,237,656	0.001302	2,138,778	2,785	57.00
58.00	05800	MRI	34,204	10,976,081	0.003116	260,155	811	58.00
59.00	05900	CARDIAC CATHETERIZATION	211,604	24,333,697	0.008696	2,900,085	25,219	59.00
60.00	06000	LABORATORY	380,742	34,165,891	0.011144	4,395,271	48,981	60.00
60.01	06002	BLOOD BANK	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	130,511	10,501,939	0.012427	5,434,346	67,533	65.00
66.00	06600	PHYSICAL THERAPY	210,710	9,682,806	0.021761	433,823	9,440	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,050	1,778,594	0.002277	99,548	227	67.00
68.00	06800	SPEECH PATHOLOGY	38,596	1,097,475	0.035168	78,195	2,750	68.00
69.00	06900	ELECTROCARDIOLOGY	142,960	8,808,015	0.016231	1,799,709	29,211	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,145	5,342,580	0.008076	145,338	1,174	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	155,874	31,008,109	0.005027	6,450,377	32,426	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	56,704	905,862	0.062597	3,656	229	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,880	4,565,653	0.001507	578,290	871	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	211,478	44,464,546	0.004756	10,344,048	49,196	73.00
75.00	07500	ASC (NON-DISTINCT PART)	119,590	2,043,335	0.058527	25,025	1,465	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	1,991,489	43,184,736	0.046116	21,948	1,012	90.01
91.00	09100	EMERGENCY	288,602	19,224,059	0.015013	1,592,983	23,915	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	207,987	4,522,505	0.045989	641,626	29,508	92.00
200.00		Total (lines 50-199)	5,734,858	337,357,202		41,883,474	449,870	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 6/1/2015 4:16 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,913	0.00	4,002	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,143	0.00	324	0		31.00
40.00	04000	SUBPROVIDER - IPF	3,094	0.00	1,161	0		40.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	639	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	14,789		5,487	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 4:16 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
54.01	05401	ULTRA SOUND	0	0	0	0	54.01	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06002	BLOOD BANK	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00	
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0	0	0	0	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	PROVIDER BASED CLINICS	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	92.00	
200.00		Total (Lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 4:16 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	33,375,457	0.000000	0.000000	2,963,818	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,471,153	0.000000	0.000000	3,335	52.00
53.00	05300 ANESTHESIOLOGY	0	4,357,070	0.000000	0.000000	441,674	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,164,978	0.000000	0.000000	1,004,384	54.00
54.01	05401 ULTRA SOUND	0	5,145,005	0.000000	0.000000	127,062	54.01
57.00	05700 CT SCAN	0	24,237,656	0.000000	0.000000	2,138,778	57.00
58.00	05800 MRI	0	10,976,081	0.000000	0.000000	260,155	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	24,333,697	0.000000	0.000000	2,900,085	59.00
60.00	06000 LABORATORY	0	34,165,891	0.000000	0.000000	4,395,271	60.00
60.01	06002 BLOOD BANK	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	10,501,939	0.000000	0.000000	5,434,346	65.00
66.00	06600 PHYSICAL THERAPY	0	9,682,806	0.000000	0.000000	433,823	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,778,594	0.000000	0.000000	99,548	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,097,475	0.000000	0.000000	78,195	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,808,015	0.000000	0.000000	1,799,709	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,342,580	0.000000	0.000000	145,338	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	31,008,109	0.000000	0.000000	6,450,377	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0	905,862	0.000000	0.000000	3,656	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,565,653	0.000000	0.000000	578,290	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	44,464,546	0.000000	0.000000	10,344,048	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	2,043,335	0.000000	0.000000	25,025	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	43,184,736	0.000000	0.000000	21,948	90.01
91.00	09100 EMERGENCY	0	19,224,059	0.000000	0.000000	1,592,983	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	4,522,505	0.000000	0.000000	641,626	92.00
200.00	Total (lines 50-199)	0	337,357,202			41,883,474	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 4:16 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	6,257,975	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	732,808	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,258,068	0		54.00
54.01	05401 ULTRA SOUND	0	475,980	0		54.01
57.00	05700 CT SCAN	0	5,698,464	0		57.00
58.00	05800 MRI	0	2,573,710	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,126,935	0		59.00
60.00	06000 LABORATORY	0	3,628,790	0		60.00
60.01	06002 BLOOD BANK	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	2,325,782	0		65.00
66.00	06600 PHYSICAL THERAPY	0	2,011	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	70,010	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,367,993	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	856,924	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	6,521,959	0		71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0	23,448	0		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,657,939	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,013,561	0		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,839,543	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 PROVIDER BASED CLINICS	0	3,065,086	0		90.01
91.00	09100 EMERGENCY	0	3,783,728	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	1,304,554	0		92.00
200.00	Total (lines 50-199)	0	63,585,268	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/1/2015 4:16 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.144210	6,257,975	0	0	902,463 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.218556	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.204804	732,808	0	0	150,082 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.323854	4,258,068	0	0	1,378,992 54.00
54.01	05401 ULTRA SOUND	0.124641	475,980	0	0	59,327 54.01
57.00	05700 CT SCAN	0.034634	5,698,464	0	0	197,361 57.00
58.00	05800 MRI	0.052087	2,573,710	0	0	134,057 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.066120	7,126,935	0	0	471,233 59.00
60.00	06000 LABORATORY	0.209989	3,628,790	308	0	762,006 60.00
60.01	06002 BLOOD BANK	0.000000	0	0	0	0 60.01
65.00	06500 RESPIRATORY THERAPY	0.164388	2,325,782	0	0	382,331 65.00
66.00	06600 PHYSICAL THERAPY	0.318312	2,011	0	0	640 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.290436	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.522078	70,010	0	0	36,551 68.00
69.00	06900 ELECTROCARDIOLOGY	0.221218	3,367,993	0	0	745,061 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.109701	856,924	0	0	94,005 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.168350	6,521,959	0	0	1,097,972 71.00
71.01	07101 PSYCHIATRIC/PSYCHOLOGICAL SERV	0.372564	23,448	0	0	8,736 71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.321018	1,657,939	0	0	532,228 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.121169	8,013,561	1,414	112,257	970,995 73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.760033	1,839,543	0	0	1,398,113 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 PROVIDER BASED CLINICS	0.644751	3,065,086	0	0	1,976,217 90.01
91.00	09100 EMERGENCY	0.301999	3,783,728	0	527	1,142,682 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.620487	1,304,554	0	0	809,459 92.00
200.00	Subtotal (see instructions)		63,585,268	1,722	112,784	13,250,511 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		63,585,268	1,722	112,784	13,250,511 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/1/2015 4:16 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRA SOUND	0	0		54.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	65	0		60.00
60.01 06002 BLOOD BANK	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
71.01 07101 PSYCHIATRIC/PSYCHOLOGICAL SERV	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	171	13,602		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PROVIDER BASED CLINICS	0	0		90.01
91.00 09100 EMERGENCY	0	159		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
200.00 Subtotal (see instructions)	236	13,761		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	236	13,761		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140012 Component CCN: 14S012		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 6/1/2015 4:16 pm	
		Title XVIIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	753,603	33,375,457	0.022580	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	25,115	1,471,153	0.017072	0	0	52.00
53.00	05300 ANESTHESIOLOGY	46,999	4,357,070	0.010787	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	613,577	12,164,978	0.050438	7,046	355	54.00
54.01	05401 ULTRA SOUND	28,892	5,145,005	0.005616	1,584	9	54.01
57.00	05700 CT SCAN	31,546	24,237,656	0.001302	25,562	33	57.00
58.00	05800 MRI	34,204	10,976,081	0.003116	17,812	56	58.00
59.00	05900 CARDIAC CATHETERIZATION	211,604	24,333,697	0.008696	1,377	12	59.00
60.00	06000 LABORATORY	380,742	34,165,891	0.011144	209,119	2,330	60.00
60.01	06002 BLOOD BANK	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	130,511	10,501,939	0.012427	119,826	1,489	65.00
66.00	06600 PHYSICAL THERAPY	210,710	9,682,806	0.021761	4,627	101	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,050	1,778,594	0.002277	1,168	3	67.00
68.00	06800 SPEECH PATHOLOGY	38,596	1,097,475	0.035168	3,311	116	68.00
69.00	06900 ELECTROCARDIOLOGY	142,960	8,808,015	0.016231	7,320	119	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	43,145	5,342,580	0.008076	4,449	36	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	155,874	31,008,109	0.005027	23,453	118	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	56,704	905,862	0.062597	235,846	14,763	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,880	4,565,653	0.001507	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	211,478	44,464,546	0.004756	490,088	2,331	73.00
75.00	07500 ASC (NON-DISTINCT PART)	119,590	2,043,335	0.058527	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	1,991,489	43,184,736	0.046116	14,313	660	90.01
91.00	09100 EMERGENCY	288,602	19,224,059	0.015013	126,027	1,892	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	4,522,505	0.000000	0	0	92.00
200.00	Total (lines 50-199)	5,526,871	337,357,202		1,292,928	24,423	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012 Component CCN: 14S012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 4:16 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ULTRA SOUND	0	0	0	0	0	54.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06002 BLOOD BANK	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0	0	0	0	0	71.01
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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	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: 140012 Component CCN: 14S012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 4:16 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	33,375,457	0.000000	0.000000	0 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,471,153	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	4,357,070	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	12,164,978	0.000000	0.000000	7,046 54.00
54.01 05401 ULTRA SOUND	0	5,145,005	0.000000	0.000000	1,584 54.01
57.00 05700 CT SCAN	0	24,237,656	0.000000	0.000000	25,562 57.00
58.00 05800 MRI	0	10,976,081	0.000000	0.000000	17,812 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	24,333,697	0.000000	0.000000	1,377 59.00
60.00 06000 LABORATORY	0	34,165,891	0.000000	0.000000	209,119 60.00
60.01 06002 BLOOD BANK	0	0	0.000000	0.000000	0 60.01
65.00 06500 RESPIRATORY THERAPY	0	10,501,939	0.000000	0.000000	119,826 65.00
66.00 06600 PHYSICAL THERAPY	0	9,682,806	0.000000	0.000000	4,627 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,778,594	0.000000	0.000000	1,168 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,097,475	0.000000	0.000000	3,311 68.00
69.00 06900 ELECTROCARDIOLOGY	0	8,808,015	0.000000	0.000000	7,320 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,342,580	0.000000	0.000000	4,449 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	31,008,109	0.000000	0.000000	23,453 71.00
71.01 07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0	905,862	0.000000	0.000000	235,846 71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,565,653	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	44,464,546	0.000000	0.000000	490,088 73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	2,043,335	0.000000	0.000000	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.01 09001 PROVIDER BASED CLINICS	0	43,184,736	0.000000	0.000000	14,313 90.01
91.00 09100 EMERGENCY	0	19,224,059	0.000000	0.000000	126,027 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	4,522,505	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	0	337,357,202			1,292,928 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 4:16 pm
	Component CCN: 14S012	Title XVIII	Subprovider - IPF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 ULTRA SOUND	0	0	0	54.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06002 BLOOD BANK	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	93	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	92.00
200.00	Total (lines 50-199)	0	93	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140012 Component CCN: 14S012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/1/2015 4:16 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.144210	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.218556	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.204804	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.323854	0	0	0	54.00
54.01	05401	ULTRA SOUND	0.124641	0	0	0	54.01
57.00	05700	CT SCAN	0.034634	0	0	0	57.00
58.00	05800	MRI	0.052087	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066120	0	0	0	59.00
60.00	06000	LABORATORY	0.209989	0	0	0	60.00
60.01	06002	BLOOD BANK	0.000000	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.164388	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.318312	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290436	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.522078	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.221218	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109701	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.168350	0	0	0	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	0.372564	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321018	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121169	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.760033	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	0.644751	93	0	60	90.01
91.00	09100	EMERGENCY	0.301999	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.620487	0	0	0	92.00
200.00		Subtotal (see instructions)		93	0	60	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		93	0	60	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/1/2015 4:16 pm
	Component CCN: 14S012	Title XVII I	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ULTRA SOUND	0	0	54.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06002 BLOOD BANK	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
71.01 07101 PSYCHIATRIC/PSYCHOLOGICAL SERV	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 PROVIDER BASED CLINICS	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
200.00 Subtotal (see instructions)	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	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 6/1/2015 4:16 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,913	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,913	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,438	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,002	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,239,387	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,239,387	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)		11,239,387	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)		1,133.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,537,468	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,537,468	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 6/1/2015 4:16 pm	
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)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3,017,012	1,143	2,639.56	324	855,217	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)					7,104,926	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,497,611	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)					383,911	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					449,870	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					833,781	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,663,830	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,475	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,133.80	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,806,155	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 6/1/2015 4:16 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	833,045	11,239,387	0.074118	2,806,155	207,987	90.00
91.00	Nursing School cost	0	11,239,387	0.000000	2,806,155	0	91.00
92.00	Allied health cost	0	11,239,387	0.000000	2,806,155	0	92.00
93.00	All other Medical Education	0	11,239,387	0.000000	2,806,155	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14S012		Date/Time Prepared: 6/1/2015 4:16 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,094	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,094	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,094	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,161	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,817,672	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,817,672	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,817,672	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)		910.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,057,311	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)		1,057,311	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14S012				Date/Time Prepared: 6/1/2015 4:16 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					278,923		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,336,234		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)					75,744		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,423		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					100,167		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,236,067		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012 Component CCN: 14S012		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 6/1/2015 4:16 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	201,842	2,817,672	0.071634	0	0	90.00
91.00	Nursing School cost	0	2,817,672	0.000000	0	0	91.00
92.00	Allied health cost	0	2,817,672	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,817,672	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 6/1/2015 4:16 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,334,030	30.00
31.00	03100	INTENSIVE CARE UNIT		1,342,128	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144210	2,963,818	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.218556	3,335	52.00
53.00	05300	ANESTHESIOLOGY	0.204804	441,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.323854	1,004,384	54.00
54.01	05401	ULTRA SOUND	0.124641	127,062	54.01
57.00	05700	CT SCAN	0.034634	2,138,778	57.00
58.00	05800	MRI	0.052087	260,155	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066120	2,900,085	59.00
60.00	06000	LABORATORY	0.211887	4,395,271	60.00
60.01	06002	BLOOD BANK	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.164388	5,434,346	65.00
66.00	06600	PHYSICAL THERAPY	0.318312	433,823	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290436	99,548	67.00
68.00	06800	SPEECH PATHOLOGY	0.522078	78,195	68.00
69.00	06900	ELECTROCARDIOLOGY	0.221218	1,799,709	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109701	145,338	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.168350	6,450,377	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0.372564	3,656	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321018	578,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121169	10,344,048	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.760033	25,025	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PROVIDER BASED CLINICS	0.646225	21,948	90.01
91.00	09100	EMERGENCY	0.352591	1,592,983	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.620487	641,626	92.00
200.00		Total (sum of lines 50-94 and 96-98)		41,883,474	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)		41,883,474	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14S012		Date/Time Prepared: 6/1/2015 4:16 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		2,708,198	40.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144210	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.218556	0	52.00
53.00	05300	ANESTHESIOLOGY	0.204804	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.323854	7,046	54.00
54.01	05401	ULTRA SOUND	0.124641	1,584	54.01
57.00	05700	CT SCAN	0.034634	25,562	57.00
58.00	05800	MRI	0.052087	17,812	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066120	1,377	59.00
60.00	06000	LABORATORY	0.211887	209,119	60.00
60.01	06002	BLOOD BANK	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.164388	119,826	65.00
66.00	06600	PHYSICAL THERAPY	0.318312	4,627	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290436	1,168	67.00
68.00	06800	SPEECH PATHOLOGY	0.522078	3,311	68.00
69.00	06900	ELECTROCARDIOLOGY	0.221218	7,320	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109701	4,449	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.168350	23,453	71.00
71.01	07101	PSYCHIATRI CE/PSYCHOLOGI CAL SERV	0.372564	235,846	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321018	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121169	490,088	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.760033	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PROVIDER BASED CLINICS	0.646225	14,313	90.01
91.00	09100	EMERGENCY	0.352591	126,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.620487	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,292,928	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)		1,292,928	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 6/1/2015 4:16 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,001,568	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		87,860	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		58.93	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		6.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		6.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.37	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.53	11.00
12.00	Current year allowable FTE (see instructions)		3.90	12.00
13.00	Total allowable FTE count for the prior year.		7.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		6.61	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.84	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		5.84	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.099101	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.115291	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.099101	21.00
22.00	IME payment adjustment (see instructions)		474,068	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-3.63	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		474,068	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		36.39	31.00
32.00	Sum of lines 30 and 31		39.22	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.00	33.00
34.00	Disproportionate share adjustment (see instructions)		270,047	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 6/1/2015 4:16 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000070355	0.000081541	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		636,454	623,598	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		476,033	157,181	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		633,214		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		10,466,757		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		10,466,757		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		775,857		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		104,159		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		11,346,773		59.00
60.00	Primary payer payments		180		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,346,593		61.00
62.00	Deductibles billed to program beneficiaries		1,122,144		62.00
63.00	Coinurance billed to program beneficiaries		4,256		63.00
64.00	Allowable bad debts (see instructions)		109,827		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		71,388		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		39,076		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		10,291,581		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		25,938		70.93
70.94	HRR adjustment amount (see instructions)		-67,735		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 6/1/2015 4:16 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		10,249,784		71.00
71.01	Sequestration adjustment (see instructions)		204,996		71.01
72.00	Interim payments		9,749,725		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		295,063		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		0		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 6/1/2015 4:16 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,997	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,250,511	2.00
3.00	PPS payments		12,196,478	3.00
4.00	Outlier payment (see instructions)		129,960	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)		13,997	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		114,506	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)		114,506	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		114,506	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		100,509	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)		13,997	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)		12,326,438	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,713,521	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)		9,626,914	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		99,873	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)		9,726,787	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		9,726,787	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)		112,389	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		73,053	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		18,849	36.00
37.00	Subtotal (see instructions)		9,799,840	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)		9,799,840	40.00
40.01	Sequestration adjustment (see instructions)		195,997	40.01
41.00	Interim payments		9,629,531	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-25,688	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 6/1/2015 4:16 pm
		Component CCN: 14S012	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		60	2.00
3.00	PPS payments		84	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)		0	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 charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		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)		0	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)		84	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		17	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)		67	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)		67	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		67	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		67	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)		67	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		66	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140012

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

Worksheet E-1
Part I
Date/Time Prepared:
6/1/2015 4:16 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		9,701,986		9,652,417	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	09/15/2014	47,739		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	09/15/2014	22,886	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)		47,739		-22,886	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)		9,749,725		9,629,531	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		295,063		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		25,688	6.02	
7.00	Total Medicare program liability (see instructions)		10,044,788		9,603,843	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: 140012
Component CCN: 14S012

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

Worksheet E-1
Part I
Date/Time Prepared:
6/1/2015 4:16 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		828,353		66	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		828,353		66	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		18,116		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		846,469		66	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: 140012

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

Worksheet E-1
Part II
Date/Time Prepared:
6/1/2015 4:16 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			2,955 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			4,326 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			0 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			8,581 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			365,364,187 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			11,008,766 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			920,514 8.00
9.00	Sequestration adjustment amount (see instructions)			18,410 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			902,104 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,104,628 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)			-202,524 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 6/1/2015 4:16 pm
		Component CCN: 14S012	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		973,838	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		8.476712	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		973,838	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		973,838	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		973,838	18.00
19.00	Deductibles		122,784	19.00
20.00	Subtotal (line 18 minus line 19)		851,054	20.00
21.00	Coinsurance		5,776	21.00
22.00	Subtotal (line 20 minus line 21)		845,278	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		28,409	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		18,466	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		13,603	25.00
26.00	Subtotal (sum of lines 22 and 24)		863,744	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		863,744	31.00
31.01	Sequestration adjustment (see instructions)		17,275	31.01
32.00	Interim payments		828,353	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		18,116	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 6/1/2015 4:16 pm	
		Title VIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			6.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.37	6.00
7.00	Enter the lesser of line 5 or line 6			2.37	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	1.92	0.00	1.92	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	1.92	0.00	1.92	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.53		10.00
11.00	Total weighted FTE count	1.92	1.53		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	5.99	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	6.61	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	4.84	0.51		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	4.84	0.51		17.00
18.00	Per resident amount	89,696.13	0.00		18.00
19.00	Approved amount for resident costs	434,129	0	434,129	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			434,129	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	5,487	0		26.00
27.00	Total Inpatient Days (see instructions)	11,675	11,675		27.00
28.00	Ratio of inpatient days to total inpatient days	0.469979	0.000000		28.00
29.00	Program direct GME amount	204,032	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			204,032	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 6/1/2015 4:16 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		13,833,845	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		180	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		13,833,665	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		13,264,568	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		13,264,568	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		27,098,233	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.510501	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.489499	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		204,032	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		104,159	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		99,873	50.00

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

Provider CCN: 140012

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

Worksheet G

Date/Time Prepared:
6/1/2015 4:16 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	11,271,910	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	43,772,996	0	0	0	4.00
5.00	Other receivable	3,651,190	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,369,336	0	0	0	7.00
8.00	Prepaid expenses	5,214,021	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	65,279,453	0	0	0	11.00
FIXED ASSETS						
12.00	Land	49,344,469	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	49,344,469	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,616,563	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	22,305,442	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	26,922,005	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	141,545,927	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,921,268	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,671,661	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,231,478	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,764,270	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	19,588,677	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	20,585,920	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	19,357,529	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	39,943,449	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	59,532,126	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	82,013,801				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	82,013,801	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	141,545,927	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140012

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

Worksheet G-1

Date/Time Prepared:
6/1/2015 4:16 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		79,892,453		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,817,963			2.00
3.00	Total (sum of line 1 and line 2)		81,710,416		0	3.00
4.00	INCREASE IN TEMP REST	19,565		0		4.00
5.00	INCREASE IN PERM REST	295,884		0		5.00
6.00	INCREASE IN NA OF NONCONTROLL	27,619		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		343,068		0	10.00
11.00	Subtotal (line 3 plus line 10)		82,053,484		0	11.00
12.00	DISTRIBUTIONS	39,683		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		39,683		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		82,013,801		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	INCREASE IN TEMP REST		0			4.00
5.00	INCREASE IN PERM REST		0			5.00
6.00	INCREASE IN NA OF NONCONTROLL		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	DISTRIBUTIONS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140012

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/1/2015 4:16 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	22,062,121		22,062,121	1.00
2.00	SUBPROVIDER - IPF	8,892,198		8,892,198	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	30,954,319		30,954,319	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,941,694		6,941,694	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)	6,941,694		6,941,694	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	37,896,013		37,896,013	17.00
18.00	Ancillary services	81,585,651	188,254,404	269,840,055	18.00
19.00	Outpatient services	2,055,252	98,842,950	100,898,202	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,040,183	1,040,183	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	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)	121,536,916	288,137,537	409,674,453	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		128,447,954		29.00
30.00		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)		128,447,954		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140012

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

Worksheet G-3

Date/Time Prepared:
6/1/2015 4:16 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	409,674,453	1.00
2.00	Less contractual allowances and discounts on patients' accounts	287,554,683	2.00
3.00	Net patient revenues (line 1 minus line 2)	122,119,770	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	128,447,954	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,328,184	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REV	8,146,147	24.00
25.00	Total other income (sum of lines 6-24)	8,146,147	25.00
26.00	Total (line 5 plus line 25)	1,817,963	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,817,963	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140012

Period: From 01/01/2014

Worksheet H

HHA CCN: 147131

To 12/31/2014

Date/Time Prepared: 6/1/2015 4:16 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		1,155	1,155	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	166,662	12,947	0	0	115,223	294,832	5.00
HHA REIMBURSABLE SERVICES							
6.00	226,376	17,585	6,642	0	0	250,603	6.00
7.00	0	0	5,709	0	0	5,709	7.00
8.00	0	0	1,024	0	0	1,024	8.00
9.00	0	0	194	0	0	194	9.00
10.00	0	0	0	0	0	0	10.00
11.00	21,214	1,648	1,246	0	0	24,108	11.00
12.00	0	0	0	0	12,968	12,968	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	414,252	32,180	14,815	0	129,346	590,593	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0	0	0	1.00
2.00	-1,155	0	0	0	0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	2,017	296,849	0	296,849	0	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	0	250,603	0	250,603	0	0	6.00
7.00	8,878	14,587	0	14,587	0	0	7.00
8.00	0	1,024	0	1,024	0	0	8.00
9.00	0	194	0	194	0	0	9.00
10.00	0	0	0	0	0	0	10.00
11.00	0	24,108	0	24,108	0	0	11.00
12.00	-1,927	11,041	0	11,041	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	7,813	598,406	0	598,406	0	0	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 6/1/2015 4:16 pm
		HHA CCN: 147131	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	296,849	0	0	0	296,849	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	250,603	0	0	0	250,603	6.00	
7.00	Physical Therapy	14,587	0	0	0	14,587	7.00	
8.00	Occupational Therapy	1,024	0	0	0	1,024	8.00	
9.00	Speech Pathology	194	0	0	0	194	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	24,108	0	0	0	24,108	11.00	
12.00	Supplies (see instructions)	11,041	0	0	0	11,041	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	598,406	0	0	0	598,406	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	296,849					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	246,690	497,293				6.00	
7.00	Physical Therapy	14,359	28,946				7.00	
8.00	Occupational Therapy	1,008	2,032				8.00	
9.00	Speech Pathology	191	385				9.00	
10.00	Medical Social Services	0	0				10.00	
11.00	Home Health Aide	23,732	47,840				11.00	
12.00	Supplies (see instructions)	10,869	21,910				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		598,406				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140012
HHA CCN: 147131

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

Worksheet H-1
Part II
Date/Time Prepared:
6/1/2015 4:16 pm

Home Health Agency I PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-296,849	301,557 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	250,603 6.00
7.00	Physical Therapy	0	0	0	0	0	14,587 7.00
8.00	Occupational Therapy	0	0	0	0	0	1,024 8.00
9.00	Speech Pathology	0	0	0	0	0	194 9.00
10.00	Medical Social Services	0	0	0	0	0	0 10.00
11.00	Home Health Aide	0	0	0	0	0	24,108 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	11,041 12.00
13.00	Drugs	0	0	0	0	0	0 13.00
14.00	DME	0	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0	0 23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-296,849	301,557 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		296,849 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.984388 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140012

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

Worksheet H-2 Part I

HHA CCN: 147131

Date/Time Prepared: 6/1/2015 4:16 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0	64,824	7,225	50,198	10,636	56,906	1.00
1.00 Administrative and General	0	64,824	7,225	50,198	10,636	56,906	1.00
2.00 Skilled Nursing Care	497,293	0	0	67,426	0	0	2.00
3.00 Physical Therapy	28,946	0	0	0	0	0	3.00
4.00 Occupational Therapy	2,032	0	0	0	0	0	4.00
5.00 Speech Pathology	385	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	47,840	0	0	6,319	0	0	7.00
8.00 Supplies (see instructions)	21,910	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	598,406	64,824	7,225	123,943	10,636	56,906	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.03	5.04	5A.04	5.05	7.00	8.00	
1.00 Administrative and General	0	0	189,789	15,104	163,153	0	1.00
2.00 Skilled Nursing Care	0	9,433	574,152	45,690	0	0	2.00
3.00 Physical Therapy	0	0	28,946	2,304	0	0	3.00
4.00 Occupational Therapy	0	0	2,032	162	0	0	4.00
5.00 Speech Pathology	0	0	385	31	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	54,159	4,310	0	0	7.00
8.00 Supplies (see instructions)	1,736	0	23,646	1,882	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,736	9,433	873,109	69,483	163,153	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140012

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 147131

To 12/31/2014

Part I
Date/Time Prepared:
6/1/2015 4:16 pm

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	12,828	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	12,828	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	
		16.00	17.00	17.01	SERVICES-SALARIES & FRINGES A	SERVICES-OTHER PRGM COSTS A	24.00	
1.00	Administrative and General	0	0	0	0	0	380,874	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	619,842	2.00
3.00	Physical Therapy	0	0	0	0	0	31,250	3.00
4.00	Occupational Therapy	0	0	0	0	0	2,194	4.00
5.00	Speech Pathology	0	0	0	0	0	416	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	58,469	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	25,528	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	1,118,573	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part I Date/Time Prepared: 6/1/2015 4:16 pm
		HHA CCN: 147131	Home Health Agency I	PPS

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	380,874				1.00
2.00 Skilled Nursing Care	0	619,842	320,024	939,866		2.00
3.00 Physical Therapy	0	31,250	16,134	47,384		3.00
4.00 Occupational Therapy	0	2,194	1,133	3,327		4.00
5.00 Speech Pathology	0	416	215	631		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	58,469	30,188	88,657		7.00
8.00 Supplies (see instructions)	0	25,528	13,180	38,708		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	0	1,118,573	380,874	1,118,573		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.516300			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.
 MCRIF32 - 7.2.157.2

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140012
HHA CCN: 147131

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

Worksheet H-2 Part II
Date/Time Prepared: 6/1/2015 4:16 pm

Home Health Agency I PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	6,751	6,072	168,536	12	12	0	1.00
2.00 Skilled Nursing Care	0	0	226,376	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	21,214	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	13,884	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	6,751	6,072	416,126	12	12	13,884	20.00
21.00 Total cost to be allocated	64,824	7,225	123,943	10,636	56,906	1,736	21.00
22.00 Unit cost multiplier	9.602133	1.189888	0.297850	886.333333	4,742.166667	0.125036	22.00
Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5.04	5A.05	5.05	7.00	8.00	9.00	
1.00 Administrative and General	0	0	189,789	6,751	0	0	1.00
2.00 Skilled Nursing Care	1,040,183	0	574,152	0	0	0	2.00
3.00 Physical Therapy	0	0	28,946	0	0	0	3.00
4.00 Occupational Therapy	0	0	2,032	0	0	0	4.00
5.00 Speech Pathology	0	0	385	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	54,159	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	23,646	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,040,183	0	873,109	6,751	0	0	20.00
21.00 Total cost to be allocated	9,433	0	69,483	163,153	0	0	21.00
22.00 Unit cost multiplier	0.009069	0	0.079581	24.167234	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140012
HHA CCN: 147131

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

Worksheet H-2 Part II
Date/Time Prepared: 6/1/2015 4:16 pm

Home Health Agency I

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Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	
	10.00	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	0	9	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	9	0	0	0	0	20.00
21.00 Total cost to be allocated	0	12,828	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	1,425.333333	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES A (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS A (PATIENT DAYS)		
			17.00	17.01		
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 6/1/2015 4:16 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	939,866		939,866	2,569	365.85	1.00
2.00	Physical Therapy	3.00	47,384	287,389	334,773	2,208	151.62	2.00
3.00	Occupational Therapy	4.00	3,327	44,302	47,629	396	120.28	3.00
4.00	Speech Pathology	5.00	631	13,921	14,552	75	194.03	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	88,657		88,657	482	183.94	6.00
7.00	Total (sum of lines 1-6)		1,079,865	345,612	1,425,477	5,730		7.00
Program Visits								
Part B								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	1,176			8.00
9.00	Physical Therapy		99914	0	1,026			9.00
10.00	Occupational Therapy		99914	0	122			10.00
11.00	Speech Pathology		99914	0	45			11.00
12.00	Medical Social Services		99914	0	0			12.00
13.00	Home Health Aide		99914	0	356			13.00
14.00	Total (sum of lines 8-13)			0	2,725			14.00
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	38,708	21,910	60,618	130,146	0.465769	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	1,176		0	430,240		1.00
2.00	Physical Therapy	0	1,026		0	155,562		2.00
3.00	Occupational Therapy	0	122		0	14,674		3.00
4.00	Speech Pathology	0	45		0	8,731		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	356		0	65,483		6.00
7.00	Total (sum of lines 1-6)	0	2,725		0	674,690		7.00
Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 6/1/2015 4:16 pm	
				Title XVII I	Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0		15.00	
16.00	Cost of Drugs		0	0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	430,240					1.00
2.00	Physical Therapy	155,562					2.00
3.00	Occupational Therapy	14,674					3.00
4.00	Speech Pathology	8,731					4.00
5.00	Medical Social Services	0					5.00
6.00	Home Health Aide	65,483					6.00
7.00	Total (sum of lines 1-6)	674,690					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 6/1/2015 4:16 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.318312	902,853	287,389	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.290436	152,535	44,302	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.522078	26,664	13,921	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.168350	130,146	21,910	col. 2, line 15.00 4.00
4.01	Cost of Medical Supplies 1	71.01	0.372564	0	0	col. 2, line 15.01 4.01
5.00	Cost of Drugs	73.00	0.121169	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 6/1/2015 4:16 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	428,922
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	4,261
13.00	Total PPS Reimbursement - LUPA Episodes		0	11,101
14.00	Total PPS Reimbursement - PEP Episodes		0	2,858
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	1,538
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	448,680
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	448,680
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	448,680
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	448,680
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	448,680
31.01	Sequestration adjustment (see instructions)		0	8,974
32.00	Interim payments (see instructions)		0	439,706
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

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

Provider CCN: 140012
HHA CCN: 147131

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

Worksheet H-5
Date/Time Prepared:
6/1/2015 4:16 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		439,706	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		439,706	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		439,706	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140012	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 6/1/2015 4:16 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		719,485	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		3,857	1.01
2.00	Capital DRG outlier payments		0	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		23.51	3.00
4.00	Number of interns & residents (see instructions)		5.84	4.00
5.00	Indirect medical education percentage (see instructions)		7.26	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		52,515	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		775,857	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00