

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 Provider CCN: 140030 Period: From 01/01/2014 To 12/31/2014 Worksheet S Parts I-III Date/Time Prepared: 5/28/2015 4:04 pm

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2015	Time: 4:04 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE SHERMAN HOSPITAL (140030) 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)

ASSISTANT TREASURER
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	-80,382	-186,182	-31,874	0	1.00
2.00 Subprovider - IPF	0	0	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	-80,382	-186,182	-31,874	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140030		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 4:02 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1425 NORTH RANDALL ROAD			PO Box:				1.00				
2.00	City: ELGIN		State: IL		Zip Code: 60123		County: KANE					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ADVOCATE SHERMAN HOSPITAL		140030	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
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.						2		N	23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.			8,680	2,913	0	3	782	592	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: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 4:02 pm		
		Urban/Rural St	Date of Geogra			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				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.				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)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	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.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

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		V 1.00	XIX 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)				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)				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.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
					3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,079,313	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 4:02 pm			
		1.00	2.00				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H036		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: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY SUITE 600	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515			143.00	
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y			145.00	
					1.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N			146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
					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	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		Y			167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 4:02 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2014	12/31/2014	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: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 4:02 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/05/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 4:02 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	2.00	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N		N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y		Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N		N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
			1.00	2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CAROLYN		CEKAL	41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5769		CAROLYN.CEKAL@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 4:02 pm
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		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	05/05/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CSR REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140030

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 4:02 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	225	82,125	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)		225	82,125	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		255	93,075	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	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	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					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
25.10 CMHC - CORF	99.10				0	25.10
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)		255				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: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part I Date/Time Prepared: 5/28/2015 4:02 pm
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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)	22,047	12,188	49,758			1.00
2.00 HMO and other (see instructions)	1,872	782				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	22,047	12,188	49,758			7.00
8.00 INTENSIVE CARE UNIT	3,294	0	6,514			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	7,454			13.00
14.00 Total (see instructions)	25,341	12,188	63,726	0.00	1,442.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	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	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	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
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
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)				0.00	1,442.00	27.00
28.00 Observation Bed Days		0	6,753			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140030

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 4:02 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	5,313	2,500	14,186	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	5,313	2,500	14,186	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	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	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					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
25.10 CMHC - CORF	0.00					25.10
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: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part II Date/Time Prepared: 5/28/2015 4:02 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 II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	97,987,216	0	97,987,216	2,999,546.93	32.67	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		431,479	8,075	439,554	10,716.00	41.02	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		558,430	0	558,430	10,251.21	54.47	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		10,330,767	0	10,330,767	162,359.00	63.63	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		25,683,248	0	25,683,248			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		113,094	0	113,094			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,052,258	-1,795,520	256,738	5,231.84	49.07	26.00
27.00	Administrative & General	5.00	10,709,779	200,444	10,910,223	355,372.55	30.70	27.00
28.00	Administrative & General under contract (see inst.)		156,964	0	156,964	2,425.20	64.72	28.00
29.00	Maintenance & Repairs	6.00	0	901,965	901,965	53,878.61	16.74	29.00
30.00	Operation of Plant	7.00	2,420,518	-856,662	1,563,856	42,333.20	36.94	30.00
31.00	Laundry & Linen Service	8.00	133,258	2,494	135,752	8,713.11	15.58	31.00
32.00	Housekeeping	9.00	1,841,613	34,468	1,876,081	127,143.17	14.76	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,960,111	-950,261	1,009,850	65,731.94	15.36	34.00
35.00	Dietary under contract (see instructions)		73,000	0	73,000	2,080.00	35.10	35.00
36.00	Cafeteria	11.00	0	685,029	685,029	38,598.00	17.75	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,151,724	21,556	1,173,280	27,042.71	43.39	38.00
39.00	Central Services and Supply	14.00	1,013,137	-564,369	448,768	24,580.70	18.26	39.00
40.00	Pharmacy	15.00	2,692,318	50,389	2,742,707	67,652.01	40.54	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140030

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2015 4:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,648,735	30,858	1,679,593	64,874.27	25.89	41.00
42.00	Social Service	17.00 1,287,158	24,090	1,311,248	32,524.32	40.32	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140030

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2015 4:02 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)	98,217,180	0	98,217,180	3,004,052.13	32.69	1.00
2.00	Excluded area salaries (see instructions)	431,479	8,075	439,554	10,716.00	41.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	97,785,701	-8,075	97,777,626	2,993,336.13	32.67	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,889,197	0	10,889,197	172,610.21	63.09	4.00
5.00	Subtotal wage-related costs (see inst.)	25,683,248	0	25,683,248	0.00	26.27	5.00
6.00	Total (sum of lines 3 thru 5)	134,358,146	-8,075	134,350,071	3,165,946.34	42.44	6.00
7.00	Total overhead cost (see instructions)	27,140,573	-2,215,519	24,925,054	918,181.63	27.15	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2015 4:02 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,891,730	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,118,584	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		171,810	6.00
7.00	Employee Managed Care Program Administration Fees		1,399,898	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		7,425,620	8.00
9.00	Prescription Drug Plan		2,012,219	9.00
10.00	Dental, Hearing and Vision Plan		510,743	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		111,674	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)		850,058	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		748,909	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		6,954,646	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		338,671	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))		729,346	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		419,339	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		25,683,247	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: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/28/2015 4:02 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 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
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/28/2015 4:02 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)		0.208687	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		25,089,216	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		181,007,305	6.00	
7.00	Medicaid cost (line 1 times line 6)		37,773,871	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)		12,684,655	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,684,655	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	26,595,000	0	26,595,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,550,031	0	5,550,031	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)	5,550,031	0	5,550,031	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)		17,385,381	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		0	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		17,385,381	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,628,103	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,178,134	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,862,789	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140030		Period: From 01/01/2014 To 12/31/2014		Worksheet A		
Date/Time Prepared: 5/28/2015 4:02 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		8,832,674	8,832,674	11,737,388	20,570,062	1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST		0	0	865,272	865,272	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	10,029,572	10,029,572	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,052,258	19,404,552	21,456,810	-1,796,369	19,660,441	4.00
5.01	00540	NONPATIENT TELEPHONES	388,703	1,453,890	1,842,593	-349,698	1,492,895	5.01
5.02	00550	DATA PROCESSING	0	15,000,022	15,000,022	-1,753,104	13,246,918	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	170,955	272,970	443,925	2,701	446,626	5.03
5.04	00570	ADMINITTING	2,365,648	436,289	2,801,937	44,275	2,846,212	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,131,025	2,132,140	3,263,165	20,106	3,283,271	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	6,653,448	23,493,135	30,146,583	162,361	30,308,944	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	4,063,792	4,063,792	6.00
7.00	00700	OPERATION OF PLANT	1,974,213	6,039,838	8,014,051	-3,414,052	4,599,999	7.00
7.01	00701	OPERATION OF PLANT CENTER STREET	446,305	1,932,458	2,378,763	-1,520,229	858,534	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	133,258	224,852	358,110	1,867	359,977	8.00
9.00	00900	HOUSEKEEPING	1,841,613	909,476	2,751,089	-116,336	2,634,753	9.00
10.00	01000	DIETARY	1,960,111	1,283,412	3,243,523	-2,103,265	1,140,258	10.00
11.00	01100	CAFETERIA	0	0	0	1,717,301	1,717,301	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,151,724	349,925	1,501,649	-162,496	1,339,153	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,013,137	3,398,286	4,411,423	-2,975,759	1,435,664	14.00
15.00	01500	PHARMACY	2,692,318	12,954,336	15,646,654	-12,188,580	3,458,074	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,648,735	1,687,848	3,336,583	29,637	3,366,220	16.00
17.00	01700	SOCIAL SERVICE	1,287,158	252,824	1,539,982	24,090	1,564,072	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,775,098	4,390,756	24,165,854	-769,152	23,396,702	30.00
31.00	03100	INTENSIVE CARE UNIT	5,007,311	1,459,005	6,466,316	-489,984	5,976,332	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,825,685	483,672	2,309,357	-71,393	2,237,964	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,945,116	22,746,062	29,691,178	-15,037,179	14,653,999	50.00
51.00	05100	RECOVERY ROOM	2,403,329	760,060	3,163,389	-265,166	2,898,223	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,676,910	2,476,924	7,153,834	-347,705	6,806,129	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,478,509	9,752,300	16,230,809	-4,069,371	12,161,438	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	384,886	1,785,905	2,170,791	-388,252	1,782,539	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,025,360	1,091,272	2,116,632	-573,324	1,543,308	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	373,480	689,645	1,063,125	-418,814	644,311	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,173,748	3,240,360	4,414,108	-2,010,757	2,403,351	59.00
60.00	06000	LABORATORY	2,967,197	5,139,076	8,106,273	-1,314,068	6,792,205	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,240,938	494,927	1,735,865	-196,944	1,538,921	64.00
65.00	06500	RESPIRATORY THERAPY	1,724,117	759,675	2,483,792	-287,279	2,196,513	65.00
66.00	06600	PHYSICAL THERAPY	2,690,498	419,716	3,110,214	33,142	3,143,356	66.00
67.00	06700	OCCUPATIONAL THERAPY	518,647	86,080	604,727	4,837	609,564	67.00
68.00	06800	SPEECH PATHOLOGY	157,041	14,428	171,469	2,604	174,073	68.00
69.00	06900	ELECTROCARDIOLOGY	2,254,967	5,758,907	8,013,874	-5,066,982	2,946,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	346,728	119,852	466,580	-25,993	440,587	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,779,071	14,779,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,491,122	13,491,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,221,812	12,221,812	73.00
74.00	07400	RENAL DIALYSIS	0	888,586	888,586	-15,173	873,413	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140030

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

Worksheet A
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.00	03950	WOUND CARE CENTER	335,595	107,922	443,517	-35,622	407,895	76.00
76.01	03951	DIABETES CENTER	203,579	87,873	291,452	529	291,981	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	301,917	301,917	76.02
76.97	07697	CARDIAC REHABILITATION	268,592	217,721	486,313	-12,408	473,905	76.97
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
91.00	09100	EMERGENCY	7,563,901	5,864,812	13,428,713	-25,849	13,402,864	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	303,896	101,328	405,224	-1,945	403,279	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	11,737,388	11,737,388	-11,737,388	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	97,555,737	180,733,179	278,288,916	-7,240	278,281,676	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	57,820	12,195	70,015	1,082	71,097	194.00
194.01	07951	PHYSICIAN REFERRAL	373,659	270,823	644,482	6,158	650,640	194.01
200.00		TOTAL (SUM OF LINES 118-199)	97,987,216	181,016,197	279,003,413	0	279,003,413	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140030

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

Worksheet A
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,307,741	19,262,321	1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST	865,272	1,730,544	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	708,541	10,738,113	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,577,082	23,237,523	4.00
5.01	00540	NONPATIENT TELEPHONES	-197,671	1,295,224	5.01
5.02	00550	DATA PROCESSING	1,505,158	14,752,076	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	446,626	5.03
5.04	00570	ADMINISTRATIVE	0	2,846,212	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-912,813	2,370,458	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-9,372,123	20,936,821	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,063,792	6.00
7.00	00700	OPERATION OF PLANT	-54,957	4,545,042	7.00
7.01	00701	OPERATION OF PLANT CENTER STREET	-9,017	849,517	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	359,977	8.00
9.00	00900	HOUSEKEEPING	0	2,634,753	9.00
10.00	01000	DIETARY	-15,713	1,124,545	10.00
11.00	01100	CAFETERIA	-970,627	746,674	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-29,085	1,310,068	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,709	1,433,955	14.00
15.00	01500	PHARMACY	-23,270	3,434,804	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-127,513	3,238,707	16.00
17.00	01700	SOCIAL SERVICE	-82,180	1,481,892	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-629,217	22,767,485	30.00
31.00	03100	INTENSIVE CARE UNIT	-21,790	5,954,542	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-187,821	2,050,143	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,960,257	12,693,742	50.00
51.00	05100	RECOVERY ROOM	0	2,898,223	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,074,001	5,732,128	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-896,989	11,264,449	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-90,014	1,692,525	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-8,005	1,535,303	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	644,311	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,403,351	59.00
60.00	06000	LABORATORY	-989,102	5,803,103	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	-13,503	1,525,418	64.00
65.00	06500	RESPIRATORY THERAPY	-24,915	2,171,598	65.00
66.00	06600	PHYSICAL THERAPY	-265	3,143,091	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	609,564	67.00
68.00	06800	SPEECH PATHOLOGY	0	174,073	68.00
69.00	06900	ELECTROCARDIOLOGY	-5,639	2,941,253	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	440,587	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,779,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,491,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,221,812	73.00
74.00	07400	RENAL DIALYSIS	0	873,413	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	WOUND CARE CENTER	-1,265	406,630	76.00
76.01	03951	DIABETES CENTER	-5,374	286,607	76.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140030

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

Worksheet A
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
76.02	03952	CLINICAL NUTRITION	0	301,917	76.02
76.97	07697	CARDIAC REHABILITATION	-46,414	427,491	76.97
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
91.00	09100	EMERGENCY	-1,313,488	12,089,376	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04950	ANTI COAGULATION CLINIC	0	403,279	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,716,425	264,565,251	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	-27,624	43,473	194.00
194.01	07951	PHYSICIAN REFERRAL	-6,344	644,296	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-13,750,393	265,253,020	200.00

RECLASSIFICATIONS

Provider CCN: 140030

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

Worksheet A-6

Date/Time Prepared:
5/28/2015 4:02 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - BILLABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,779,071	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	77,646	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
TOTALS			0	14,856,717	
B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,221,812	1.00
TOTALS			0	12,221,812	
C - IMPLANTABLE DEVICES CHARGED TO PATS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,491,122	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
TOTALS			0	13,491,122	
D - MAINTENANCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	885,394	3,161,827	1.00
2.00		0.00	0	0	2.00
TOTALS			885,394	3,161,827	
E - STERILE PROCESSING					
1.00	OPERATING ROOM	50.00	220,094	723,049	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	36,143	118,738	2.00
3.00	CARDIAC CATHETERIZATION	59.00	91,307	229,659	3.00
4.00	ELECTROCARDIOLOGY	69.00	69,907	229,659	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	17,312	56,873	5.00
6.00	EMERGENCY	91.00	155,163	509,740	6.00
TOTALS			589,926	1,867,718	
F - CAFETERIA					
1.00	CAFETERIA	11.00	672,444	1,032,272	1.00
2.00	CLINICAL NUTRITION	76.02	296,370	0	2.00
TOTALS			968,814	1,032,272	
G - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,737,388	1.00
TOTALS			0	11,737,388	
H - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT-CENTER ST	1.01	0	865,272	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,029,572	2.00

RECLASSIFICATIONS

Provider CCN: 140030

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

Worksheet A-6

Date/Time Prepared:
5/28/2015 4:02 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
	TOTALS		0	10,894,844	
I - PTO/BONUS/INCENTIVE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	38,409	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	7,275	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	3,200	0	3.00
4.00	ADMINISTRATIVE	5.04	44,275	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	21,168	0	5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	124,526	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	16,571	0	7.00
8.00	OPERATION OF PLANT	7.00	23,142	0	8.00
9.00	OPERATION OF PLANT CENTER STREET	7.01	5,590	0	9.00
10.00	LAUNDRY & LINEN SERVICE	8.00	2,494	0	10.00
11.00	HOUSEKEEPING	9.00	34,468	0	11.00
12.00	DIETARY	10.00	18,553	0	12.00
13.00	CAFETERIA	11.00	12,585	0	13.00
14.00	NURSING ADMINISTRATION	13.00	21,556	0	14.00
15.00	CENTRAL SERVICES & SUPPLY	14.00	8,245	0	15.00
16.00	PHARMACY	15.00	50,389	0	16.00
17.00	MEDICAL RECORDS & LIBRARY	16.00	30,858	0	17.00
18.00	SOCIAL SERVICE	17.00	24,090	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	370,111	0	19.00
20.00	INTENSIVE CARE UNIT	31.00	93,717	0	20.00
21.00	NURSERY	43.00	34,170	0	21.00
22.00	OPERATING ROOM	50.00	134,104	0	22.00
23.00	RECOVERY ROOM	51.00	44,981	0	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	88,210	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	121,252	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	7,204	0	26.00
27.00	CT SCAN	57.00	19,191	0	27.00
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	6,990	0	28.00
29.00	CARDIAC CATHETERIZATION	59.00	23,677	0	29.00
30.00	LABORATORY	60.00	55,534	0	30.00
31.00	INTRAVENOUS THERAPY	64.00	23,225	0	31.00

Provider CCN: 140030

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

Worksheet A-6

Date/Time Prepared:
5/28/2015 4:02 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
32.00	RESPIRATORY THERAPY	65.00	32,269	0		32.00
33.00	PHYSICAL THERAPY	66.00	50,355	0		33.00
34.00	OCCUPATIONAL THERAPY	67.00	9,707	0		34.00
35.00	SPEECH PATHOLOGY	68.00	2,939	0		35.00
36.00	ELECTROCARDIOLOGY	69.00	43,512	0		36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	6,489	0		37.00
38.00	WOUND CARE CENTER	76.00	6,281	0		38.00
39.00	DIABETES CENTER	76.01	3,810	0		39.00
40.00	CLINICAL NUTRITION	76.02	5,547	0		40.00
41.00	CARDIAC REHABILITATION	76.97	5,027	0		41.00
42.00	EMERGENCY	91.00	144,470	0		42.00
43.00	ANTI COAGULATION CLINIC	93.00	5,688	0		43.00
44.00	ACLS	194.00	1,082	0		44.00
45.00	PHYSICIAN REFERRAL	194.01	6,993	0		45.00
	TOTALS		1,833,929	0		
500.00	Grand Total: Increases		4,278,063	69,263,700		500.00

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			
A - BILLABLE MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	469,949	0		1.00
2.00	PHARMACY	15.00	0	6,811	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	837,403	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	376,011	0		4.00
5.00	NURSERY	43.00	0	44,083	0		5.00
6.00	OPERATING ROOM	50.00	0	6,583,442	0		6.00
7.00	RECOVERY ROOM	51.00	0	213,326	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	351,367	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,656,343	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,187	0		10.00
11.00	CT SCAN	57.00	0	204,488	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	120,410	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	734,030	0		13.00
14.00	LABORATORY	60.00	0	1,168,954	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	181,571	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	237,522	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	8,210	0		17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	3,088	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	201	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	941,154	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,334	0		21.00
22.00	RENAL DIALYSIS	74.00	0	5,242	0		22.00
23.00	WOUND CARE CENTER	76.00	0	36,541	0		23.00
24.00	DIABETES CENTER	76.01	0	3,281	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	2,734	0		25.00
26.00	EMERGENCY	91.00	0	645,402	0		26.00
27.00	ANTI COAGULATION CLINIC	93.00	0	7,633	0		27.00
TOTALS			0	14,856,717			
B - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	12,221,812	0		1.00
TOTALS			0	12,221,812			
C - IMPLANTABLE DEVICES CHARGED TO PATS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,512	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	141	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,970	0		3.00
4.00	OPERATING ROOM	50.00	0	7,920,847	0		4.00
5.00	RECOVERY ROOM	51.00	0	1,850	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,079	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	230,030	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	1,227,758	0		8.00
9.00	INTRAVENOUS THERAPY	64.00	0	11,200	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	561	0		10.00
11.00	SPEECH PATHOLOGY	68.00	0	134	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	4,065,704	0		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	123	0		13.00
14.00	EMERGENCY	91.00	0	2,213	0		14.00
TOTALS			0	13,491,122			
D - MAINTENANCE & REPAIRS							
1.00	OPERATION OF PLANT	7.00	737,739	2,655,665	0		1.00
2.00	OPERATION OF PLANT CENTER STREET	7.01	147,655	506,162	0		2.00
TOTALS			885,394	3,161,827			
E - STERILE PROCESSING							
1.00	CENTRAL SERVICES & SUPPLY	14.00	589,926	1,867,718	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
TOTALS			589,926	1,867,718			
F - CAFETERIA							
1.00	DIETARY	10.00	968,814	1,032,272	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			968,814	1,032,272			
G - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	11,737,388	11		1.00
TOTALS			0	11,737,388			
H - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	849	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	356,973	9		2.00
3.00	DATA PROCESSING	5.02	0	1,753,104	9		3.00

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		
4.00	PURCHASING RECEIVING AND STORES	5.03	0	499	9	4.00	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,062	9	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39,811	9	6.00	
7.00	OPERATION OF PLANT	7.00	0	43,790	9	7.00	
8.00	OPERATION OF PLANT CENTER STREET	7.01	0	872,002	9	8.00	
9.00	LAUNDRY & LINEN SERVICE	8.00	0	627	9	9.00	
10.00	HOUSEKEEPING	9.00	0	150,804	9	10.00	
11.00	DIETARY	10.00	0	120,732	9	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	184,052	9	12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	107,084	9	13.00	
14.00	PHARMACY	15.00	0	10,346	9	14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,221	9	15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	301,719	9	16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	203,720	9	17.00	
18.00	NURSERY	43.00	0	61,480	9	18.00	
19.00	OPERATING ROOM	50.00	0	1,610,137	9	19.00	
20.00	RECOVERY ROOM	51.00	0	94,971	9	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	236,350	9	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,304,250	9	22.00	
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	384,269	9	23.00	
24.00	CT SCAN	57.00	0	388,027	9	24.00	
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	305,394	9	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	393,612	9	26.00	
27.00	LABORATORY	60.00	0	200,648	9	27.00	
28.00	INTRAVENOUS THERAPY	64.00	0	27,398	9	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	81,465	9	29.00	
30.00	PHYSICAL THERAPY	66.00	0	9,003	9	30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	1,782	9	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	403,202	9	32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	26,025	9	33.00	
34.00	RENAL DIALYSIS	74.00	0	9,931	9	34.00	
35.00	WOUND CARE CENTER	76.00	0	5,362	9	35.00	
36.00	CARDIAC REHABILITATION	76.97	0	14,701	9	36.00	
37.00	EMERGENCY	91.00	0	187,607	9	37.00	
38.00	PHYSICIAN REFERRAL	194.01	0	835	9	38.00	
	TOTALS		0	10,894,844			
I - PTO/BONUS/INCENTIVE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,833,929	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	

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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
	TOTALS		1,833,929		0		
500.00	Grand Total: Decreases		4,278,063	69,263,700			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140030

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

Worksheet A-7
Part I
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	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	9,570,000	54,189	0	54,189	0 1.00
2.00	Land Improvements	6,318,696	19,250	0	19,250	249,207 2.00
3.00	Buildings and Fixtures	219,848,544	90,210	0	90,210	1,806,730 3.00
4.00	Building Improvements	1,373,104	61,577	0	61,577	5,686 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	37,434,522	8,949,394	0	8,949,394	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	274,544,866	9,174,620	0	9,174,620	2,061,623 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	274,544,866	9,174,620	0	9,174,620	2,061,623 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,624,189	0			1.00
2.00	Land Improvements	6,088,739	13,000			2.00
3.00	Buildings and Fixtures	218,132,024	861,198			3.00
4.00	Building Improvements	1,428,995	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	46,383,916	32,101,708			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	281,657,863	32,975,906			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	281,657,863	32,975,906			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140030

Period:
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Worksheet A-7
Part II
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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	8,832,674	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CENTER ST	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,832,674	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	8,832,674				1.00
1.01	CAP REL COSTS-BLDG & FIXT-CENTER ST	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,832,674				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140030

Period:
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Worksheet A-7
Part III
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CENTER ST	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	10,461,888	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CENTER ST	0	0	0	1,730,544	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,920,380	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,112,812	0	3.00
Cost Center Description		SUMMARY OF CAPITAL			Total (2) (sum of col. 9 through 14)		
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)		
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,330,738	0	0	469,695	19,262,321	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CENTER ST	0	0	0	0	1,730,544	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,817,733	10,738,113	2.00
3.00	Total (sum of lines 1-2)	8,330,738	0	0	2,287,428	31,730,978	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140030

Period:
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To 12/31/2014

Worksheet A-8

Date/Time Prepared:
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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	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,406,650	CAP REL COSTS-BLDG & FIXT	1.00	11 1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT-CENTER ST (chapter 2)			0CAP REL COSTS-BLDG & FIXT-CENTER ST	1.01	0 1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)		0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-44,000	NONPATIENT TELEPHONES	5.01	0 7.00
8.00 Television and radio service (chapter 21)	A	-54,000	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	-6,016,586			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	11,954,622			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-970,627	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	-124,412	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)	B	-177,472	OTHER ADMINISTRATIVE AND GENERAL	5.06	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		0RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,629,214	CAP REL COSTS-BLDG & FIXT	1.00	9 26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT-CENTER ST	A	865,272	CAP REL COSTS-BLDG & FIXT-CENTER ST	1.01	9 26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,109,192	CAP REL COSTS-MVBLE EQUIP	2.00	9 27.00
28.00 Non-physician Anesthetist		0	0NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00 Physicians' assistant		0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)	B	-73,383	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00	31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140030

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Date/Time Prepared:
5/28/2015 4:02 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
		1.00	2.00	3.00	4.00	5.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	MEDICAID TAX/ASSESSMENT FEE	A	-10,070,964	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.00
33.01	ANSERING SERVICE INCOME	B	-153,671	NONPATIENT TELEPHONES	5.01	0 33.01
33.02	BILLING SERVICES INCOME	B	-906,161	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.02
33.03	MANAGEMENT SERVICES INCOME	B	-947,568	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.03
33.04	LAB SERVICES INCOME	B	-914,143	LABORATORY	60.00	0 33.04
33.05	MISC EMPLOYEE BENEFITS INCOME	B	-25	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.05
33.06	MISC A&G INCOME	B	-521,029	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.06
33.07	MISC OPERATION OF PLANT INCOME	B	-257	OPERATION OF PLANT	7.00	0 33.07
33.08	MISC OPERATION OF PLANT - CENTER ST	B	-9,017	OPERATION OF PLANT CENTER STREET	7.01	0 33.08
33.09	MISC DIETARY INCOME	B	-15,713	DIETARY	10.00	0 33.09
33.10	MISC NURSING ADMIN INCOME	B	-28,701	NURSING ADMINISTRATION	13.00	0 33.10
33.11	MISC CENTRAL SUPPLY INCOME	B	-1,709	CENTRAL SERVICES & SUPPLY	14.00	0 33.11
33.12	MISC PHARMACY INCOME	B	-23,270	PHARMACY	15.00	0 33.12
33.13	MISC ADULTS & PEDS INCOME	B	-53,969	ADULTS & PEDIATRICS	30.00	0 33.13
33.14	MISC OPERATING ROOM INCOME	B	-207,605	OPERATING ROOM	50.00	0 33.14
33.15	MISC RADIOLOGY INCOME	B	-6,223	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16	MISC LAB INCOME	B	-12,535	LABORATORY	60.00	0 33.16
33.17	MISC RADIOLOGY-ONCOLOGY INCOME	B	-13,086	INTRAVENOUS THERAPY	64.00	0 33.17
33.18	MISC PT INCOME	B	-140	PHYSICAL THERAPY	66.00	0 33.18
33.19	MISC EKG INCOME	B	-5,639	ELECTROCARDIOLOGY	69.00	0 33.19
33.20	MISC DIABETES CENTER INCOME	B	-5,374	DIABETES CENTER	76.01	0 33.20
33.21	MISC CARDIAC REHAB INCOME	B	-46,414	CARDIAC REHABILITATION	76.97	0 33.21
33.22	MISC EMERGENCY ROOM INCOME	B	-97,858	EMERGENCY	91.00	0 33.22
33.23	MISC EDUCATION INCOME	B	-27,624	ACLS	194.00	0 33.23
33.24	MISC PATIENT ACCOUNT INCOME	B	-6,652	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.24
34.00	MISC NON-ALLOW EXP - EMP BEN	A	-679	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.00
34.01	MISC NON-ALLOW EXP - A&G	A	-2,112,400	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.01
34.02	MISC NON-ALLOW EXP - OPER PLANT	A	-700	OPERATION OF PLANT	7.00	0 34.02
34.03	MISC NON-ALLOW EXP - NURSING ADMIN	A	-384	NURSING ADMINISTRATION	13.00	0 34.03
34.04	MISC NON-ALLOW EXP - MEDICAL RECORDS	A	-3,101	MEDICAL RECORDS & LIBRARY	16.00	0 34.04
34.05	MISC NON-ALLOW EXP - ADULTS AND PEDS	A	-11,957	ADULTS & PEDIATRICS	30.00	0 34.05
34.06	MISC NON-ALLOW EXP - RADIOLOGY	A	-122	RADIOLOGY-THERAPEUTIC	55.00	0 34.06
34.07	MISC NON-ALLOW EXP - ONCOLOGY	A	-417	INTRAVENOUS THERAPY	64.00	0 34.07
34.08	MISC NON-ALLOW EXP - PT	A	-125	PHYSICAL THERAPY	66.00	0 34.08
34.09	MISC NON-ALLOW EXP - ER	A	-11,603	EMERGENCY	91.00	0 34.09
34.10	MISC NON-ALLOW EXP - EDUCATION	A	-6,344	PHYSICIAN REFERRAL	194.01	0 34.10
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,750,393			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet A-8-1 Date/Time Prepared: 5/28/2015 4:02 pm
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Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL - BUILDINGS & FIXTUR	469,695	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL - EQUIPMENT	1,817,733	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	3,577,786	0
4.00	5.02	DATA PROCESSING	DATA PROCESSING	3,828,125	2,322,967
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	OTHER ADMINISTRATIVE & GENER	7,225,009	2,640,759
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			16,918,348	4,963,726

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

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

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

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

6.00	G		0.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	OTHER				100.00

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

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

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

Provider CCN: 140030

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2015 4:02 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	469,695	14		1.00
2.00	1,817,733	14		2.00
3.00	3,577,786	0		3.00
4.00	1,505,158	0		4.00
4.01	4,584,250	0		4.01
5.00	11,954,622			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140030

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2015 4:02 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	127,025	0	127,025	177,200	1	1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	82,265	0	82,265	177,200	1	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	489,993	0	489,993	177,200	1	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	21,875	0	21,875	177,200	1	4.00
5.00	43.00	AGGREGATE-NURSERY	187,906	0	187,906	177,200	1	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	1,752,752	0	1,752,752	208,000	1	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	1,074,095	0	1,074,095	196,400	1	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	890,874	0	890,874	225,300	1	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	90,000	0	90,000	225,300	1	9.00
10.00	57.00	AGGREGATE-CT SCAN	8,113	0	8,113	225,300	1	10.00
11.00	60.00	AGGREGATE-LABORATORY	62,528	0	62,528	215,700	1	11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	25,000	0	25,000	177,200	1	12.00
13.00	76.00	AGGREGATE-WOUND CARE CENTER	1,350	0	1,350	177,200	1	13.00
14.00	91.00	AGGREGATE-EMERGENCY	1,204,112	0	1,204,112	177,200	1	14.00
200.00			6,017,888	0	6,017,888		14	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	85	4	0	0	0	1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	85	4	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	85	4	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	85	4	0	0	0	4.00
5.00	43.00	AGGREGATE-NURSERY	85	4	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	100	5	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	94	5	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	108	5	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	108	5	0	0	0	9.00
10.00	57.00	AGGREGATE-CT SCAN	108	5	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	104	5	0	0	0	11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	85	4	0	0	0	12.00
13.00	76.00	AGGREGATE-WOUND CARE CENTER	85	4	0	0	0	13.00
14.00	91.00	AGGREGATE-EMERGENCY	85	4	0	0	0	14.00
200.00			1,302	62	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	85	126,940	126,940		1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	0	85	82,180	82,180		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	85	489,908	489,908		3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	85	21,790	21,790		4.00
5.00	43.00	AGGREGATE-NURSERY	0	85	187,821	187,821		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	100	1,752,652	1,752,652		6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	94	1,074,001	1,074,001		7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	108	890,766	890,766		8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	108	89,892	89,892		9.00
10.00	57.00	AGGREGATE-CT SCAN	0	108	8,005	8,005		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	104	62,424	62,424		11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	85	24,915	24,915		12.00
13.00	76.00	AGGREGATE-WOUND CARE CENTER	0	85	1,265	1,265		13.00
14.00	91.00	AGGREGATE-EMERGENCY	0	85	1,204,027	1,204,027		14.00
200.00			0	1,302	6,016,586	6,016,586		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT-CENTER ST	MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	19,262,321	19,262,321			1.00
1.01 00102	CAP REL COSTS-BLDG & FIXT-CENTER ST	1,730,544	0	1,730,544		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,738,113			10,738,113	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	23,237,523	118,265	0	575	23,356,363
5.01 00540	NONPATIENT TELEPHONES	1,295,224	35,440	0	520,753	94,634
5.02 00550	DATA PROCESSING	14,752,076	348,303	62,307	2,242,718	0
5.03 00560	PURCHASING RECEIVING AND STORES	446,626	324,319	0	74,038	41,621
5.04 00570	ADMINISTRATION	2,846,212	135,888	0	1,118	575,943
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,370,458	0	0	2,682	275,360
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	20,936,821	363,557	908,456	104,437	1,619,854
6.00 00600	MAINTENANCE & REPAIRS	4,063,792	326,429	0	97,828	215,559
7.00 00700	OPERATION OF PLANT	4,545,042	3,793,494	0	76,866	301,033
7.01 00701	OPERATION OF PLANT CENTER STREET	849,517	0	756,426	0	72,710
8.00 00800	LAUNDRY & LINEN SERVICE	359,977	166,395	0	5,601	32,443
9.00 00900	HOUSEKEEPING	2,634,753	206,476	0	188,709	448,361
10.00 01000	DIETARY	1,124,545	317,309	0	41,841	241,342
11.00 01100	CAFETERIA	746,674	422,105	0	167,362	163,714
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,310,068	45,047	0	0	280,400
14.00 01400	CENTRAL SERVICES & SUPPLY	1,433,955	110,995	0	247,724	107,250
15.00 01500	PHARMACY	3,434,804	185,413	0	27,129	655,474
16.00 01600	MEDICAL RECORDS & LIBRARY	3,238,707	236,335	0	2,269	401,403
17.00 01700	SOCIAL SERVICE	1,481,892	54,881	0	0	313,373
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	22,767,485	5,483,604	0	549,143	4,814,415
31.00 03100	INTENSIVE CARE UNIT	5,954,542	708,355	0	245,093	1,219,084
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	2,050,143	158,638	0	85,683	444,483
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,693,742	931,578	0	1,591,283	1,744,448
51.00 05100	RECOVERY ROOM	2,898,223	703,909	0	141,122	585,117
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,732,128	214,103	0	250,577	1,147,444
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,264,449	536,670	0	1,579,726	1,577,264
55.00 05500	RADIOLOGY-THERAPEUTIC	1,692,525	145,527	0	469,474	93,705
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	1,535,303	213,974	0	272,780	249,635
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	644,311	118,395	0	331,372	90,928
59.00 05900	CARDIAC CATHETERIZATION	2,403,351	505,676	0	422,861	307,991
60.00 06000	LABORATORY	5,803,103	465,172	0	229,738	722,396
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	1,525,418	253,373	0	34,952	302,120
65.00 06500	RESPIRATORY THERAPY	2,171,598	94,248	0	109,056	419,755
66.00 06600	PHYSICAL THERAPY	3,143,091	104,504	3,355	29,093	655,031
67.00 06700	OCCUPATIONAL THERAPY	609,564	26,288	0	2,075	126,270
68.00 06800	SPEECH PATHOLOGY	174,073	28,041	0	246	38,233
69.00 06900	ELECTROCARDIOLOGY	2,941,253	216,051	0	289,302	566,016
70.00 07000	ELECTROENCEPHALOGRAPHY	440,587	225,787	0	24,468	84,415
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,779,071	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	13,491,122	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	12,221,812	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	BLDG & FIXT-CENTER ST	MVBLE EQUIP			
		1.00	1.01	2.00			4.00
74.00 07400 RENAL DIALYSIS	873,413	0	0	6,960	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00 03950 WOUND CARE CENTER	406,630	22,069	0	6,923	81,704	76.00	
76.01 03951 DIABETES CENTER	286,607	0	0	326	49,563	76.01	
76.02 03952 CLINICAL NUTRITION	301,917	0	0	0	72,155	76.02	
76.97 07697 CARDIAC REHABILITATION	427,491	0	0	18,404	65,392	76.97	
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	
91.00 09100 EMERGENCY	12,089,376	871,440	0	243,146	1,879,290	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
93.00 04950 ANTI COAGULATION CLINIC	403,279	0	0	0	73,987	93.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	264,565,251	19,218,053	1,730,544	10,735,453	23,251,315	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	44,268	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 ACLS	43,473	0	0	0	14,077	194.00	
194.01 07951 PHYSICIAN REFERRAL	644,296	0	0	2,660	90,971	194.01	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	265,253,020	19,262,321	1,730,544	10,738,113	23,356,363	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140030		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/28/2015 4:02 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	1,946,051					5.01
5.02	00550	DATA PROCESSING	60,848	17,466,252				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	16,299	292,433	1,195,336			5.03
5.04	00570	ADMINISTRATIVE	41,290	558,282	27	4,158,760		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	32,597	544,990	5	0	3,226,092	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	203,189	2,405,930	722	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	21,731	93,047	319	0	0	6.00
7.00	00700	OPERATION OF PLANT	24,991	132,924	251	0	0	7.00
7.01	00701	OPERATION OF PLANT CENTER STREET	0	66,462	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,173	13,292	3,993	0	0	8.00
9.00	00900	HOUSEKEEPING	9,779	39,877	363	0	0	9.00
10.00	01000	DIETARY	3,260	53,170	177	0	0	10.00
11.00	01100	CAFETERIA	14,125	159,509	706	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,866	53,170	6	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,952	53,170	47,709	0	0	14.00
15.00	01500	PHARMACY	27,164	265,849	289,561	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,943	505,112	20	0	0	16.00
17.00	01700	SOCIAL SERVICE	26,078	252,556	100	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	424,852	2,724,949	37,453	710,288	550,249	30.00
31.00	03100	INTENSIVE CARE UNIT	68,454	598,159	17,416	178,644	138,619	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,779	332,311	1,867	45,264	35,122	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,973	1,767,893	410,801	431,172	334,569	50.00
51.00	05100	RECOVERY ROOM	58,675	757,668	10,113	79,611	61,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,982	850,715	14,565	90,617	70,314	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,120	544,990	47,704	365,271	283,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	23,905	425,358	508	39,319	30,510	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	4,346	53,170	5,583	288,765	224,068	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,433	13,292	3,185	81,894	63,546	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,337	319,018	55,028	93,293	72,391	59.00
60.00	06000	LABORATORY	66,281	638,037	68,614	396,492	307,658	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	54,329	212,679	6,741	20,658	16,030	64.00
65.00	06500	RESPIRATORY THERAPY	9,779	119,632	8,723	64,216	49,828	65.00
66.00	06600	PHYSICAL THERAPY	41,290	345,603	345	59,902	46,481	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,039	0	103	12,276	9,525	67.00
68.00	06800	SPEECH PATHOLOGY	4,346	0	8	3,206	2,488	68.00
69.00	06900	ELECTROCARDIOLOGY	47,809	425,358	121,467	149,097	115,692	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,952	53,170	250	10,541	8,179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	168,331	130,616	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	108,284	84,023	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	438,475	340,235	73.00
74.00	07400	RENAL DIALYSIS	3,260	13,292	298	7,679	5,958	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	5,433	53,170	1,656	3,096	2,402	76.00
76.01	03951	DIABETES CENTER	9,779	79,755	132	1,418	1,100	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
76.02	03952 CLINICAL NUTRITION	0	0	0	521	404	76.02
76.97	07697 CARDIAC REHABILITATION	7,606	39,877	116	4,307	3,342	76.97
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
91.00	09100 EMERGENCY	226,007	1,528,629	37,564	297,244	230,647	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0	0	1,016	8,879	6,889	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,946,051	17,386,498	1,195,215	4,158,760	3,226,092	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	13,292	5	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	66,462	116	0	0	194.01
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)	1,946,051	17,466,252	1,195,336	4,158,760	3,226,092	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT CENTER STREET	
		5A.05	5.06	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00102						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590	26,542,966	26,542,966				5.06
6.00	00600	4,818,705	535,806	5,354,511			6.00
7.00	00700	8,874,601	986,794	2,226,042	12,087,437		7.00
7.01	00701	1,745,115	194,045	518,742	0	2,457,902	7.01
8.00	00800	583,874	64,923	19,294	145,570	0	8.00
9.00	00900	3,528,318	392,324	31,307	180,635	0	9.00
10.00	01000	1,781,644	198,106	93,920	277,597	0	10.00
11.00	01100	1,674,195	186,159	125,226	369,278	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,699,557	188,979	12,741	39,409	0	13.00
14.00	01400	2,012,755	223,804	41,863	97,104	0	14.00
15.00	01500	4,885,394	543,222	40,407	162,208	0	15.00
16.00	01600	4,420,789	491,561	28,758	206,757	0	16.00
17.00	01700	2,128,880	236,717	14,561	48,012	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	38,062,438	4,232,352	719,686	4,797,315	0	30.00
31.00	03100	9,128,366	1,015,010	105,569	619,703	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,163,290	351,736	61,157	138,784	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	19,980,459	2,221,687	249,360	814,989	0	50.00
51.00	05100	5,296,213	588,902	69,894	615,813	0	51.00
52.00	05200	8,420,445	936,295	137,603	187,308	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	16,351,626	1,818,186	143,792	469,504	0	54.00
55.00	05500	2,920,831	324,776	4,732	127,314	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	2,847,624	316,636	12,013	187,194	0	57.00
58.00	05800	1,352,356	150,373	15,653	103,577	0	58.00
59.00	05900	4,208,946	468,005	16,017	442,389	0	59.00
60.00	06000	8,697,491	967,100	67,345	406,955	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	2,426,300	269,788	100,836	221,663	0	64.00
65.00	06500	3,046,835	338,787	8,373	82,453	0	65.00
66.00	06600	4,428,695	492,440	33,127	91,425	2,457,902	66.00
67.00	06700	799,140	88,859	364	22,998	0	67.00
68.00	06800	250,641	27,870	1,456	24,531	0	68.00
69.00	06900	4,872,045	541,737	39,679	189,011	0	69.00
70.00	07000	859,349	95,554	1,092	197,529	0	70.00
71.00	07100	15,078,018	1,676,570	0	0	0	71.00
72.00	07200	13,683,429	1,521,502	0	0	0	72.00
73.00	07300	13,000,522	1,445,567	0	0	0	73.00
74.00	07400	910,860	101,281	35,311	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	583,083	64,835	23,662	19,307	0	76.00
76.01	03951	428,680	47,666	0	0	0	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT CENTER STREET	
		5A.05	5.06	6.00	7.00	7.01	
76.02	03952 CLINICAL NUTRITION	374,997	41,697	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	566,535	62,995	48,780	0	0	76.97
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
91.00	09100 EMERGENCY	17,403,343	1,935,130	304,693	762,377	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	494,050	54,935	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	264,333,400	26,440,711	5,353,055	12,048,709	2,457,902	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,268	4,922	0	38,728	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	70,847	7,878	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	804,505	89,455	1,456	0	0	194.01
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)	265,253,020	26,542,966	5,354,511	12,087,437	2,457,902	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00102						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800	813,661					8.00
9.00	00900		4,132,584				9.00
10.00	01000		3,112	2,354,379			10.00
11.00	01100		13,594		2,368,452		11.00
12.00	01200		0		0	0	12.00
13.00	01300		2,197		29,973	0	13.00
14.00	01400		5,080		27,244	0	14.00
15.00	01500	81	47,372		74,982	0	15.00
16.00	01600		4,394		71,903	0	16.00
17.00	01700		3,753		36,048	0	17.00
18.00	01850		0		0	0	18.00
19.00	01900		0		0	0	19.00
20.00	02000		0		0	0	20.00
21.00	02100		0		0	0	21.00
22.00	02200		0		0	0	22.00
23.00	02300		0		0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	291,237	1,685,806	2,145,908	648,709	0	30.00
31.00	03100	50,344	133,649	165,869	148,532	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	4,187	40,690	0	46,826	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	101,685	334,213	0	222,806	0	50.00
51.00	05100	26,849	150,218	0	71,570	0	51.00
52.00	05200	62,307	456,969	0	138,441	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	45,114	150,446	0	142,377	0	54.00
55.00	05500	0	50,256	0	10,779	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	27,171	16,798	0	28,178	0	57.00
58.00	05800	9,670	16,798	0	11,495	0	58.00
59.00	05900	17,985	61,973	0	33,251	0	59.00
60.00	06000	61	49,477	0	121,256	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	10,158	140,331	42,602	38,028	0	64.00
65.00	06500	0	16,706	0	62,038	0	65.00
66.00	06600	48,871	24,579	0	55,610	0	66.00
67.00	06700	0	16,706	0	14,566	0	67.00
68.00	06800	0	16,706	0	4,319	0	68.00
69.00	06900	6,364	154,657	0	66,986	0	69.00
70.00	07000	2,610	16,706	0	9,675	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	866	16,706	0	10,646	0	76.00
76.01	03951	0	16,706	0	6,427	0	76.01
76.02	03952	0	0	0	0	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
76.97	07697 CARDIAC REHABILITATION	0	10,069	0	7,528	0	76.97
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
91.00	09100 EMERGENCY	108,101	452,117	0	207,302	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950 ANTI COAGULATION CLINIC	0	0	0	9,080	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	813,661	4,108,784	2,354,379	2,356,575	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	7,094	0	1,698	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	16,706	0	10,179	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	813,661	4,132,584	2,354,379	2,368,452	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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
1.01	00102						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300	1,972,856					13.00
14.00	01400	0	2,407,850				14.00
15.00	01500	0	3,715	5,757,381			15.00
16.00	01600	0	322	0	5,224,484		16.00
17.00	01700	0	0	1,753	0	2,469,724	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	834,918	360,834	49,709	892,113	2,308,281	30.00
31.00	03100	191,167	142,672	22,837	224,434	111,559	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	60,267	15,986	2,999	56,865	33,558	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	286,760	666,549	64,072	541,689	0	50.00
51.00	05100	92,114	65,705	38,099	100,017	907	51.00
52.00	05200	178,179	112,532	21,137	113,843	10,884	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	194,862	18,247	458,896	0	54.00
55.00	05500	0	5,311	37	49,397	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	10,527	3,454	362,781	0	57.00
58.00	05800	0	4,254	1,338	102,884	0	58.00
59.00	05900	0	125,250	5,104	117,206	0	59.00
60.00	06000	0	363,264	589	498,119	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	48,944	27,959	10,328	25,953	0	64.00
65.00	06500	0	19,953	221	80,675	0	65.00
66.00	06600	0	2,813	3	75,256	0	66.00
67.00	06700	0	1,043	21	15,422	0	67.00
68.00	06800	0	0	0	4,028	0	68.00
69.00	06900	0	53,743	11,139	187,313	0	69.00
70.00	07000	0	1,136	0	13,243	0	70.00
71.00	07100	0	0	0	211,477	0	71.00
72.00	07200	0	0	0	136,039	0	72.00
73.00	07300	0	0	5,289,160	550,864	0	73.00
74.00	07400	0	3,293	698	9,647	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	13,701	22,969	2,950	3,889	0	76.00
76.01	03951	0	2,069	0	1,781	0	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
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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	
76.02	03952 CLINICAL NUTRITION	0	0	0	655	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	525	0	5,410	0	76.97
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
91.00	09100 EMERGENCY	266,806	195,693	213,486	373,433	4,535	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0	4,815	0	11,155	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,972,856	2,407,794	5,757,381	5,224,484	2,469,724	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	56	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01
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)	1,972,856	2,407,850	5,757,381	5,224,484	2,469,724	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	(SPECIFY)			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	18.00			19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00102 CAP REL COSTS-BLDG & FIXT-CENTER ST						1.01
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 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT CENTER STREET						7.01
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0					18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0	0	0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
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
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (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 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 WOUND CARE CENTER	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
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Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	18.00	19.00	20.00	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	21.00	22.00				
76.01 03951 DIABETES CENTER	0	0	0	0	0	76.01
76.02 03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 ANTICOAGULATION CLINIC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 ACLS	0	0	0	0	0	194.00
194.01 07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01
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)	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:
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Worksheet B
Part I
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Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST					1.01
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	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT CENTER STREET					7.01
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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	57,029,306	0	57,029,306	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,059,711	0	12,059,711	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,976,345	0	3,976,345	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	25,484,269	0	25,484,269	50.00
51.00	05100	RECOVERY ROOM	0	7,116,301	0	7,116,301	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,775,943	0	10,775,943	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,793,050	0	19,793,050	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,493,433	0	3,493,433	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	3,812,376	0	3,812,376	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,768,398	0	1,768,398	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,496,126	0	5,496,126	59.00
60.00	06000	LABORATORY	0	11,171,657	0	11,171,657	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,362,890	0	3,362,890	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,656,041	0	3,656,041	65.00
66.00	06600	PHYSICAL THERAPY	0	7,710,721	0	7,710,721	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	959,119	0	959,119	67.00
68.00	06800	SPEECH PATHOLOGY	0	329,551	0	329,551	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,122,674	0	6,122,674	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,196,894	0	1,196,894	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,966,065	0	16,966,065	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,340,970	0	15,340,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,286,113	0	20,286,113	73.00
74.00	07400	RENAL DIALYSIS	0	1,061,090	0	1,061,090	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

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Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
76.00	03950	WOUND CARE CENTER	0	762,614	0	762,614	76.00
76.01	03951	DIABETES CENTER	0	503,329	0	503,329	76.01
76.02	03952	CLINICAL NUTRITION	0	417,349	0	417,349	76.02
76.97	07697	CARDIAC REHABILITATION	0	701,842	0	701,842	76.97
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
91.00	09100	EMERGENCY	0	22,227,016	0	22,227,016	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	574,035	0	574,035	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	264,155,228	0	264,155,228	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	87,918	0	87,918	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	ACLS	0	87,573	0	87,573	194.00
194.01	07951	PHYSICIAN REFERRAL	0	922,301	0	922,301	194.01
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	265,253,020	0	265,253,020	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 4:02 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT-CENTER ST	MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00102	CAP REL COSTS-BLDG & FIXT-CENTER ST					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,606	118,265	0	575	122,446 4.00
5.01 00540	NONPATIENT TELEPHONES	81,648	35,440	0	520,753	637,841 5.01
5.02 00550	DATA PROCESSING	0	348,303	62,307	2,242,718	2,653,328 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	3,737	324,319	0	74,038	402,094 5.03
5.04 00570	ADMINISTRATIVE	61,841	135,888	0	1,118	198,847 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	181,683	0	0	2,682	184,365 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	1,098,994	363,557	908,456	104,437	2,475,444 5.06
6.00 00600	MAINTENANCE & REPAIRS	8,816	326,429	0	97,828	433,073 6.00
7.00 00700	OPERATION OF PLANT	6,927	3,793,494	0	76,866	3,877,287 7.00
7.01 00701	OPERATION OF PLANT CENTER STREET	0	0	756,426	0	756,426 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	166,395	0	5,601	171,996 8.00
9.00 00900	HOUSEKEEPING	45	206,476	0	188,709	395,230 9.00
10.00 01000	DIETARY	1,453	317,309	0	41,841	360,603 10.00
11.00 01100	CAFETERIA	5,814	422,105	0	167,362	595,281 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	45,047	0	0	45,047 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	632,429	110,995	0	247,724	991,148 14.00
15.00 01500	PHARMACY	670,543	185,413	0	27,129	883,085 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,595	236,335	0	2,269	243,199 16.00
17.00 01700	SOCIAL SERVICE	0	54,881	0	0	54,881 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	66,890	5,483,604	0	549,143	6,099,637 30.00
31.00 03100	INTENSIVE CARE UNIT	939	708,355	0	245,093	954,387 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	13,127	158,638	0	85,683	257,448 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
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	58,119	931,578	0	1,591,283	2,580,980 50.00
51.00 05100	RECOVERY ROOM	5,256	703,909	0	141,122	850,287 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,271	214,103	0	250,577	473,951 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	844,066	536,670	0	1,579,726	2,960,462 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,318	145,527	0	469,474	619,319 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	213,974	0	272,780	486,754 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	8	118,395	0	331,372	449,775 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,869	505,676	0	422,861	930,406 59.00
60.00 06000	LABORATORY	5,809	465,172	0	229,738	700,719 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	253,373	0	34,952	288,325 64.00
65.00 06500	RESPIRATORY THERAPY	74,706	94,248	0	109,056	278,010 65.00
66.00 06600	PHYSICAL THERAPY	31,426	104,504	3,355	29,093	168,378 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	26,288	0	2,075	28,363 67.00
68.00 06800	SPEECH PATHOLOGY	0	28,041	0	246	28,287 68.00
69.00 06900	ELECTROCARDIOLOGY	5,488	216,051	0	289,302	510,841 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	526	225,787	0	24,468	250,781 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	6,960	6,960 74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT-CENTER ST	MVBLE EQUIP		
		1.00	1.01	2.00		
	0				2A	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 WOUND CARE CENTER	2,532	22,069	0	6,923	31,524	76.00
76.01 03951 DIABETES CENTER	840	0	0	326	1,166	76.01
76.02 03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	148,843	0	0	18,404	167,247	76.97
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
91.00 09100 EMERGENCY	212,453	871,440	0	243,146	1,327,039	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 ANTI COAGULATION CLINIC	931	0	0	0	931	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,249,548	19,218,053	1,730,544	10,735,453	35,933,598	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	44,268	0	0	44,268	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 ACLS	0	0	0	0	0	194.00
194.01 07951 PHYSICIAN REFERRAL	93,963	0	0	2,660	96,623	194.01
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)	4,343,511	19,262,321	1,730,544	10,738,113	36,074,489	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 4:02 pm			
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	NONPATIENT TELEPHONES 5.01	DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMINISTRATIVE 5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST					1.01	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	122,446				4.00	
5.01	00540	NONPATIENT TELEPHONES	496	638,337			5.01	
5.02	00550	DATA PROCESSING	0	19,959	2,673,287		5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	218	5,346	44,758	452,416	5.03	
5.04	00570	ADMINISTRATIVE	3,020	13,544	85,448	10	5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,444	10,692	83,413	2	5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	8,493	66,649	368,238	273	5.06	
6.00	00600	MAINTENANCE & REPAIRS	1,130	7,128	14,241	121	6.00	
7.00	00700	OPERATION OF PLANT	1,578	8,198	20,345	95	7.00	
7.01	00701	OPERATION OF PLANT CENTER STREET	381	0	10,172	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	170	713	2,034	1,511	8.00	
9.00	00900	HOUSEKEEPING	2,351	3,208	6,103	137	9.00	
10.00	01000	DIETARY	1,265	1,069	8,138	67	10.00	
11.00	01100	CAFETERIA	858	4,633	24,414	267	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	1,470	3,564	8,138	2	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	562	3,921	8,138	18,057	14.00	
15.00	01500	PHARMACY	3,437	8,910	40,689	109,591	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,105	12,118	77,310	8	16.00	
17.00	01700	SOCIAL SERVICE	1,643	8,554	38,655	38	17.00	
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,231	139,357	417,067	14,175	51,026	30.00
31.00	03100	INTENSIVE CARE UNIT	6,392	22,454	91,551	6,591	12,943	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,330	3,208	50,862	707	3,279	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,146	24,593	270,584	155,487	31,239	50.00
51.00	05100	RECOVERY ROOM	3,068	19,246	115,965	3,828	5,768	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,016	16,395	130,206	5,512	6,565	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,270	49,898	83,413	18,055	26,464	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	491	7,841	65,103	192	2,849	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,309	1,426	8,138	2,113	20,921	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	477	1,782	2,034	1,206	5,933	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,615	9,623	48,827	20,827	6,759	59.00
60.00	06000	LABORATORY	3,787	21,741	97,654	25,969	28,726	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,584	17,821	32,551	2,551	1,497	64.00
65.00	06500	RESPIRATORY THERAPY	2,201	3,208	18,310	3,302	4,652	65.00
66.00	06600	PHYSICAL THERAPY	3,434	13,544	52,896	131	4,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	662	4,277	0	39	889	67.00
68.00	06800	SPEECH PATHOLOGY	200	1,426	0	3	232	68.00
69.00	06900	ELECTROCARDIOLOGY	2,968	15,682	65,103	45,972	10,802	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	443	3,921	8,138	95	764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,845	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	31,768	73.00
74.00	07400	RENAL DIALYSIS	0	1,069	2,034	113	556	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	428	1,782	8,138	627	224	76.00
76.01	03951	DIABETES CENTER	260	3,208	12,207	50	103	76.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
		4.00	5.01	5.02	5.03	5.04	
76.02	03952 CLINICAL NUTRITION	378	0	0	0	38	76.02
76.97	07697 CARDIAC REHABILITATION	343	2,495	6,103	44	312	76.97
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
91.00	09100 EMERGENCY	9,853	74,134	233,963	14,217	21,536	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	388	0	0	385	643	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	121,895	638,337	2,661,081	452,370	300,869	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	74	0	2,034	2	0	194.00
194.01	07951 PHYSICIAN REFERRAL	477	0	10,172	44	0	194.01
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)	122,446	638,337	2,673,287	452,416	300,869	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140030		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 4:02 pm	
Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT CENTER STREET	
			5.05	5.06	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST						1.01
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	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	279,916					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	2,919,097				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	58,928	514,621			6.00
7.00	00700	OPERATION OF PLANT	0	108,527	213,944	4,229,974		7.00
7.01	00701	OPERATION OF PLANT CENTER STREET	0	21,341	49,856	0	838,176	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,140	1,854	50,942	0	8.00
9.00	00900	HOUSEKEEPING	0	43,148	3,009	63,213	0	9.00
10.00	01000	DIETARY	0	21,788	9,027	97,145	0	10.00
11.00	01100	CAFETERIA	0	20,474	12,035	129,228	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	20,784	1,225	13,791	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	24,614	4,023	33,981	0	14.00
15.00	01500	PHARMACY	0	59,743	3,884	56,765	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	54,062	2,764	72,354	0	16.00
17.00	01700	SOCIAL SERVICE	0	26,034	1,399	16,802	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,919	465,377	69,169	1,678,810	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,018	111,631	10,146	216,864	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,045	38,684	5,878	48,567	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,007	244,341	23,966	285,204	0	50.00
51.00	05100	RECOVERY ROOM	5,356	64,767	6,717	215,502	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,096	102,974	13,225	65,548	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,574	199,964	13,820	164,302	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,645	35,719	455	44,553	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	19,427	34,824	1,155	65,508	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,509	16,538	1,504	36,247	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,276	51,471	1,539	154,813	0	59.00
60.00	06000	LABORATORY	26,674	106,362	6,473	142,413	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,390	29,671	9,691	77,571	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,320	37,260	805	28,854	0	65.00
66.00	06600	PHYSICAL THERAPY	4,030	54,159	3,184	31,994	838,176	66.00
67.00	06700	OCCUPATIONAL THERAPY	826	9,773	35	8,048	0	67.00
68.00	06800	SPEECH PATHOLOGY	216	3,065	140	8,585	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,031	59,580	3,814	66,144	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	709	10,509	105	69,125	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,325	184,389	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,285	167,335	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,499	158,983	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	517	11,139	3,394	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	208	7,131	2,274	6,756	0	76.00
76.01	03951	DIABETES CENTER	95	5,242	0	0	0	76.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT CENTER STREET	
		5.05	5.06	6.00	7.00	7.01	
76.02	03952 CLINICAL NUTRITION	35	4,586	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	290	6,928	4,688	0	0	76.97
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
91.00	09100 EMERGENCY	19,997	212,825	29,284	266,792	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950 ANTI COAGULATION CLINIC	597	6,042	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	279,916	2,907,852	514,481	4,216,421	838,176	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	541	0	13,553	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	866	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	9,838	140	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	279,916	2,919,097	514,621	4,229,974	838,176	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 4:02 pm
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST					1.01
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	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT CENTER STREET					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	236,360				8.00
9.00	00900	HOUSEKEEPING	0	516,399			9.00
10.00	01000	DIETARY	0	389	499,491		10.00
11.00	01100	CAFETERIA	0	1,699	0	788,889	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	275	0	9,983	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	635	0	9,075	14.00
15.00	01500	PHARMACY	23	5,920	0	24,975	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	549	0	23,949	16.00
17.00	01700	SOCIAL SERVICE	0	469	0	12,007	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,601	210,651	455,263	216,073	0
31.00	03100	INTENSIVE CARE UNIT	14,624	16,700	35,190	49,473	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,216	5,084	0	15,597	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,539	41,763	0	74,213	0
51.00	05100	RECOVERY ROOM	7,799	18,771	0	23,839	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,100	57,102	0	46,112	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,105	18,799	0	47,423	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,280	0	3,590	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	7,893	2,099	0	9,386	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,809	2,099	0	3,829	0
59.00	05900	CARDIAC CATHETERIZATION	5,224	7,744	0	11,075	0
60.00	06000	LABORATORY	18	6,183	0	40,388	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	2,951	17,535	9,038	12,667	0
65.00	06500	RESPIRATORY THERAPY	0	2,088	0	20,664	0
66.00	06600	PHYSICAL THERAPY	14,197	3,071	0	18,523	0
67.00	06700	OCCUPATIONAL THERAPY	0	2,088	0	4,852	0
68.00	06800	SPEECH PATHOLOGY	0	2,088	0	1,439	0
69.00	06900	ELECTROCARDIOLOGY	1,849	19,326	0	22,312	0
70.00	07000	ELECTROENCEPHALOGRAPHY	758	2,088	0	3,222	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	WOUND CARE CENTER	252	2,088	0	3,546	0
76.01	03951	DIABETES CENTER	0	2,088	0	2,141	0
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
76.97	07697 CARDIAC REHABILITATION	0	1,258	0	2,507	0	76.97
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
91.00	09100 EMERGENCY	31,402	56,496	0	69,049	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0	0	0	3,024	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	236,360	513,425	499,491	784,933	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	886	0	566	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	2,088	0	3,390	0	194.01
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)	236,360	516,399	499,491	788,889	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 4:02 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
1.01	00102					1.01
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00590					5.06
6.00	00600					6.00
7.00	00700					7.00
7.01	00701					7.01
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300	104,279				13.00
14.00	01400	0	1,094,154			14.00
15.00	01500	0	1,688	1,198,710		15.00
16.00	01600	0	146	0	488,564	16.00
17.00	01700	0	0	365	0	17.00
18.00	01850	0	0	0	0	18.00
19.00	01900	0	0	0	0	19.00
20.00	02000	0	0	0	0	20.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	44,132	163,967	10,350	83,356	150,332
31.00	03100	10,104	64,832	4,755	20,991	7,266
32.00	03200	0	0	0	0	0
33.00	03300	0	0	0	0	0
34.00	03400	0	0	0	0	0
40.00	04000	0	0	0	0	0
41.00	04100	0	0	0	0	0
42.00	04200	0	0	0	0	0
43.00	04300	3,186	7,264	624	5,319	2,186
44.00	04400	0	0	0	0	0
45.00	04500	0	0	0	0	0
46.00	04600	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	15,157	302,888	13,340	50,664	0
51.00	05100	4,869	29,857	7,932	9,355	59
52.00	05200	9,418	51,136	4,401	10,648	709
53.00	05300	0	0	0	0	0
54.00	05400	0	88,547	3,799	42,921	0
55.00	05500	0	2,413	8	4,620	0
56.00	05600	0	0	0	0	0
57.00	05700	0	4,784	719	33,931	0
58.00	05800	0	1,933	279	9,623	0
59.00	05900	0	56,915	1,063	10,962	0
60.00	06000	0	165,072	123	46,589	0
60.01	06001	0	0	0	0	0
61.00	06100	0	0	0	0	0
62.00	06200	0	0	0	0	0
63.00	06300	0	0	0	0	0
64.00	06400	2,587	12,705	2,150	2,427	0
65.00	06500	0	9,067	46	7,546	0
66.00	06600	0	1,278	1	7,039	0
67.00	06700	0	474	4	1,442	0
68.00	06800	0	0	0	377	0
69.00	06900	0	24,421	2,319	17,519	0
70.00	07000	0	516	0	1,239	0
71.00	07100	0	0	0	19,779	0
72.00	07200	0	0	0	12,724	0
73.00	07300	0	0	1,101,224	51,523	0
74.00	07400	0	1,497	145	902	0
75.00	07500	0	0	0	0	0
76.00	03950	724	10,437	614	364	0
76.01	03951	0	940	0	167	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 4:02 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	
76.02	03952 CLINICAL NUTRITION	0	0	0	61	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	239	0	506	0	76.97
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
91.00	09100 EMERGENCY	14,102	88,925	44,449	34,927	295	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0	2,188	0	1,043	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	104,279	1,094,129	1,198,710	488,564	160,847	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	25	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01
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)	104,279	1,094,154	1,198,710	488,564	160,847	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 4:02 pm
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	(SPECIFY)			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	18.00			19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00102 CAP REL COSTS-BLDG & FIXT-CENTER ST						1.01
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 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT CENTER STREET						7.01
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0					18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0					30.00
31.00 03100 INTENSIVE CARE UNIT	0					31.00
32.00 03200 CORONARY CARE UNIT	0					32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0					33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00 04000 SUBPROVIDER - IPF	0					40.00
41.00 04100 SUBPROVIDER - IRF	0					41.00
42.00 04200 SUBPROVIDER	0					42.00
43.00 04300 NURSERY	0					43.00
44.00 04400 SKILLED NURSING FACILITY	0					44.00
45.00 04500 NURSING FACILITY	0					45.00
46.00 04600 OTHER LONG TERM CARE	0					46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0					50.00
51.00 05100 RECOVERY ROOM	0					51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0					52.00
53.00 05300 ANESTHESIOLOGY	0					53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0					54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0					55.00
56.00 05600 RADIOISOTOPE	0					56.00
57.00 05700 CT SCAN	0					57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00 05900 CARDIAC CATHETERIZATION	0					59.00
60.00 06000 LABORATORY	0					60.00
60.01 06001 BLOOD LABORATORY	0					60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0					63.00
64.00 06400 INTRAVENOUS THERAPY	0					64.00
65.00 06500 RESPIRATORY THERAPY	0					65.00
66.00 06600 PHYSICAL THERAPY	0					66.00
67.00 06700 OCCUPATIONAL THERAPY	0					67.00
68.00 06800 SPEECH PATHOLOGY	0					68.00
69.00 06900 ELECTROCARDIOLOGY	0					69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0					70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0					73.00
74.00 07400 RENAL DIALYSIS	0					74.00
75.00 07500 ASC (NON-DISTINCT PART)	0					75.00
76.00 03950 WOUND CARE CENTER	0					76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

Worksheet B
Part II
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Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS				
	18.00			19.00	20.00		21.00	22.00
							SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS
76.01 03951 DIABETES CENTER	0					76.01		
76.02 03952 CLINICAL NUTRITION	0					76.02		
76.97 07697 CARDIAC REHABILITATION	0					76.97		
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		
91.00 09100 EMERGENCY	0					91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00		
93.00 04950 ANTICOAGULATION CLINIC	0					93.00		
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0					94.00		
95.00 09500 AMBULANCE SERVICES	0					95.00		
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0					96.00		
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0					97.00		
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0					98.00		
99.00 09900 CMHC	0					99.00		
99.10 09910 CORF	0					99.10		
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0					100.00		
101.00 10100 HOME HEALTH AGENCY	0					101.00		
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0					105.00		
106.00 10600 HEART ACQUISITION	0					106.00		
107.00 10700 LIVER ACQUISITION	0					107.00		
108.00 10800 LUNG ACQUISITION	0					108.00		
109.00 10900 PANCREAS ACQUISITION	0					109.00		
110.00 11000 INTESTINAL ACQUISITION	0					110.00		
111.00 11100 ISLET ACQUISITION	0					111.00		
113.00 11300 INTEREST EXPENSE	0					113.00		
114.00 11400 UTILIZATION REVIEW-SNF	0					114.00		
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0					115.00		
116.00 11600 HOSPICE	0					116.00		
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00		
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00		
191.00 19100 RESEARCH	0					191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0					192.00		
193.00 19300 NONPAID WORKERS	0					193.00		
194.00 07950 ACLS	0					194.00		
194.01 07951 PHYSICIAN REFERRAL	0					194.01		
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)	0	0	0	0	0	202.00		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 4:02 pm
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Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST				1.01
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	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT CENTER STREET				7.01
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
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,426,493	0	10,426,493	30.00
31.00	03100	INTENSIVE CARE UNIT	1,668,912	0	1,668,912	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	454,484	0	454,484	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,182,111	0	4,182,111	50.00
51.00	05100	RECOVERY ROOM	1,392,985	0	1,392,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,024,114	0	1,024,114	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,763,816	0	3,763,816	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	796,078	0	796,078	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	700,387	0	700,387	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	541,577	0	541,577	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,325,139	0	1,325,139	59.00
60.00	06000	LABORATORY	1,418,891	0	1,418,891	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	524,712	0	524,712	64.00
65.00	06500	RESPIRATORY THERAPY	420,333	0	420,333	65.00
66.00	06600	PHYSICAL THERAPY	1,218,375	0	1,218,375	66.00
67.00	06700	OCCUPATIONAL THERAPY	61,772	0	61,772	67.00
68.00	06800	SPEECH PATHOLOGY	46,058	0	46,058	68.00
69.00	06900	ELECTROCARDIOLOGY	878,683	0	878,683	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	352,413	0	352,413	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	227,689	0	227,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	195,189	0	195,189	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,372,997	0	1,372,997	73.00
74.00	07400	RENAL DIALYSIS	28,326	0	28,326	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
76.00	03950	WOUND CARE CENTER		77,117	0	77,117	76.00
76.01	03951	DIABETES CENTER		27,667	0	27,667	76.01
76.02	03952	CLINICAL NUTRITION		5,098	0	5,098	76.02
76.97	07697	CARDIAC REHABILITATION		192,960	0	192,960	76.97
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
91.00	09100	EMERGENCY		2,549,285	0	2,549,285	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC		15,241	0	15,241	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	09900	CMHC		0	0	0	99.00
99.10	09910	CORF		0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600	HEART ACQUISITION		0	0	0	106.00
107.00	10700	LIVER ACQUISITION		0	0	0	107.00
108.00	10800	LUNG ACQUISITION		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	35,888,902	0	35,888,902	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		58,362	0	58,362	190.00
191.00	19100	RESEARCH		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
194.00	07950	ACLS		4,453	0	4,453	194.00
194.01	07951	PHYSICIAN REFERRAL		122,772	0	122,772	194.01
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	36,074,489	0	36,074,489	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# INSTRUMENTS)	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-CENTER ST (SQUARE FEET-CENTER ST)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	593,515				1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST	0	180,534			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			8,920,382		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,644	0	478	97,730,478	4.00
5.01	00540	NONPATIENT TELEPHONES	1,092	0	432,601	395,978	1,791
5.02	00550	DATA PROCESSING	10,732	6,500	1,863,073	0	56
5.03	00560	PURCHASING RECEIVING AND STORES	9,993	0	61,505	174,155	15
5.04	00570	ADMITTING	4,187	0	929	2,409,923	38
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,228	1,152,193	30
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	11,202	94,772	86,758	6,777,974	187
6.00	00600	MAINTENANCE & REPAIRS	10,058	0	81,268	901,965	20
7.00	00700	OPERATION OF PLANT	116,886	0	63,854	1,259,616	23
7.01	00701	OPERATION OF PLANT CENTER STREET	0	78,912	0	304,240	0
8.00	00800	LAUNDRY & LINEN SERVICE	5,127	0	4,653	135,752	2
9.00	00900	HOUSEKEEPING	6,362	0	156,765	1,876,081	9
10.00	01000	DIETARY	9,777	0	34,758	1,009,850	3
11.00	01100	CAFETERIA	13,006	0	139,031	685,029	13
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,388	0	0	1,173,280	10
14.00	01400	CENTRAL SERVICES & SUPPLY	3,420	0	205,790	448,768	11
15.00	01500	PHARMACY	5,713	0	22,537	2,742,707	25
16.00	01600	MEDICAL RECORDS & LIBRARY	7,282	0	1,885	1,679,593	34
17.00	01700	SOCIAL SERVICE	1,691	0	0	1,311,248	24
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	168,962	0	456,185	20,145,209	391
31.00	03100	INTENSIVE CARE UNIT	21,826	0	203,604	5,101,028	63
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,888	0	71,179	1,859,855	9
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,704	0	1,321,913	7,299,314	69
51.00	05100	RECOVERY ROOM	21,689	0	117,233	2,448,310	54
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,597	0	208,160	4,801,263	46
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,536	0	1,312,312	6,599,761	140
55.00	05500	RADIOLOGY-THERAPEUTIC	4,484	0	390,002	392,090	22
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	6,593	0	226,604	1,044,551	4
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,648	0	275,278	380,470	5
59.00	05900	CARDIAC CATHETERIZATION	15,581	0	351,280	1,288,732	27
60.00	06000	LABORATORY	14,333	0	190,848	3,022,731	61
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	7,807	0	29,035	1,264,163	50
65.00	06500	RESPIRATORY THERAPY	2,904	0	90,595	1,756,386	9
66.00	06600	PHYSICAL THERAPY	3,220	350	24,168	2,740,853	38
67.00	06700	OCCUPATIONAL THERAPY	810	0	1,724	528,354	12
68.00	06800	SPEECH PATHOLOGY	864	0	204	159,980	4
69.00	06900	ELECTROCARDIOLOGY	6,657	0	240,329	2,368,386	44
70.00	07000	ELECTROENCEPHALOGRAPHY	6,957	0	20,326	353,217	11
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# INSTRUMENTS)		
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-CENTER ST (SQUARE FEET-CENTER ST)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00				
74.00	07400	RENAL DIALYSIS	0	0	5,782	0	3	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	680	0	5,751	341,876	5	76.00
76.01	03951	DIABETES CENTER	0	0	271	207,389	9	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	301,917	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	15,289	273,619	7	76.97
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
91.00	09100	EMERGENCY	26,851	0	201,987	7,863,534	208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	0	309,584	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	592,151	180,534	8,918,172	97,290,924	1,791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,364	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	58,902	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	2,210	380,652	0	194.01
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)	19,262,321	1,730,544	10,738,113	23,356,363	1,946,051	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.454649	9.585696	1.203773	0.238988	1,086.572306	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				122,446	638,337	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001253	356.413735	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description			DATA PROCESSING (# TERMINALS)	PURCHASING RECEIVING AND STORES (COSTED REQUIS)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST						1.01
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	00550	DATA PROCESSING	1,314					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	22	48,510,941				5.03
5.04	00570	ADMITTING	42	1,103	1,265,794,392			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	41	212	0	1,265,794,392		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	181	29,307	0	0	-26,542,966	5.06
6.00	00600	MAINTENANCE & REPAIRS	7	12,941	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	10	10,168	0	0	0	7.00
7.01	00701	OPERATION OF PLANT CENTER STREET	5	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1	162,061	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3	14,736	0	0	0	9.00
10.00	01000	DIETARY	4	7,164	0	0	0	10.00
11.00	01100	CAFETERIA	12	28,658	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4	239	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4	1,936,149	0	0	0	14.00
15.00	01500	PHARMACY	20	11,751,178	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38	823	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	19	4,052	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	205	1,519,927	216,031,499	216,031,499	0	30.00
31.00	03100	INTENSIVE CARE UNIT	45	706,774	54,381,855	54,381,855	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	25	75,771	13,778,873	13,778,873	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	133	16,672,324	131,254,844	131,254,844	0	50.00
51.00	05100	RECOVERY ROOM	57	410,420	24,234,812	24,234,812	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64	591,081	27,585,026	27,585,026	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41	1,935,963	111,193,555	111,193,555	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	32	20,631	11,969,336	11,969,336	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	4	226,565	87,904,228	87,904,228	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1	129,276	24,929,583	24,929,583	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24	2,233,183	28,399,732	28,399,732	0	59.00
60.00	06000	LABORATORY	48	2,784,536	120,697,637	120,697,637	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	16	273,583	6,288,696	6,288,696	0	64.00
65.00	06500	RESPIRATORY THERAPY	9	354,011	19,548,136	19,548,136	0	65.00
66.00	06600	PHYSICAL THERAPY	26	14,005	18,235,061	18,235,061	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,186	3,736,881	3,736,881	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	335	976,064	976,064	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32	4,929,458	45,387,246	45,387,246	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4	10,155	3,208,890	3,208,890	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	51,242,193	51,242,193	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	32,963,108	32,963,108	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	133,478,001	133,478,001	0	73.00
74.00	07400	RENAL DIALYSIS	1	12,083	2,337,453	2,337,453	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		DATA PROCESSING (# TERMS)	PURCHASING RECEIVING AND STORES (COSTED REQUIS)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
76.00	03950 WOUND CARE CENTER	4	67,186	942,344	942,344	0	76.00
76.01	03951 DIABETES CENTER	6	5,355	431,585	431,585	0	76.01
76.02	03952 CLINICAL NUTRITION	0	0	158,680	158,680	0	76.02
76.97	07697 CARDIAC REHABILITATION	3	4,718	1,310,960	1,310,960	0	76.97
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
91.00	09100 EMERGENCY	115	1,524,463	90,485,299	90,485,299	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950 ANTI COAGULATION CLINIC	0	41,239	2,702,815	2,702,815	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,308	48,506,019	1,265,794,392	1,265,794,392	-26,542,966	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	1	219	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	5	4,703	0	0	0	194.01
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)	17,466,252	1,195,336	4,158,760	3,226,092		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13,292.429224	0.024641	0.003285	0.002549		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,673,287	452,416	300,869	279,916		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2,034.464992	0.009326	0.000238	0.000221		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (COSTED REQUIS-WORK ORDERS)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CENTER STREET (SQUARE FEET-CENTER ST)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.06	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00102						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590	238,710,054					5.06
6.00	00600	4,818,705	14,709				6.00
7.00	00700	8,874,601	6,115	425,721			7.00
7.01	00701	1,745,115	1,425	0	350		7.01
8.00	00800	583,874	53	5,127	0	1,555,819	8.00
9.00	00900	3,528,318	86	6,362	0	0	9.00
10.00	01000	1,781,644	258	9,777	0	0	10.00
11.00	01100	1,674,195	344	13,006	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,699,557	35	1,388	0	0	13.00
14.00	01400	2,012,755	115	3,420	0	0	14.00
15.00	01500	4,885,394	111	5,713	0	154	15.00
16.00	01600	4,420,789	79	7,282	0	0	16.00
17.00	01700	2,128,880	40	1,691	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	38,062,438	1,977	168,962	0	556,881	30.00
31.00	03100	9,128,366	290	21,826	0	96,263	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,163,290	168	4,888	0	8,006	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	19,980,459	685	28,704	0	194,435	50.00
51.00	05100	5,296,213	192	21,689	0	51,338	51.00
52.00	05200	8,420,445	378	6,597	0	119,139	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	16,351,626	395	16,536	0	86,264	54.00
55.00	05500	2,920,831	13	4,484	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	2,847,624	33	6,593	0	51,955	57.00
58.00	05800	1,352,356	43	3,648	0	18,490	58.00
59.00	05900	4,208,946	44	15,581	0	34,389	59.00
60.00	06000	8,697,491	185	14,333	0	116	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	2,426,300	277	7,807	0	19,424	64.00
65.00	06500	3,046,835	23	2,904	0	0	65.00
66.00	06600	4,428,695	91	3,220	350	93,448	66.00
67.00	06700	799,140	1	810	0	0	67.00
68.00	06800	250,641	4	864	0	0	68.00
69.00	06900	4,872,045	109	6,657	0	12,168	69.00
70.00	07000	859,349	3	6,957	0	4,990	70.00
71.00	07100	15,078,018	0	0	0	0	71.00
72.00	07200	13,683,429	0	0	0	0	72.00
73.00	07300	13,000,522	0	0	0	0	73.00
74.00	07400	910,860	97	0	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (COSTED REQUIS-WORK ORDERS)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CENTER STREET (SQUARE FEET-CENTER ST)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.06	6.00	7.00	7.01	8.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 WOUND CARE CENTER	583,083	65	680	0	1,656	76.00
76.01	03951 DIABETES CENTER	428,680	0	0	0	0	76.01
76.02	03952 CLINICAL NUTRITION	374,997	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	566,535	134	0	0	0	76.97
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
91.00	09100 EMERGENCY	17,403,343	837	26,851	0	206,703	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	494,050	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	237,790,434	14,705	424,357	350	1,555,819	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,268	0	1,364	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	70,847	0	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	804,505	4	0	0	0	194.01
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)	26,542,966	5,354,511	12,087,437	2,457,902	813,661	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.111193	364.029574	28.392861	7,022.577143	0.522979	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,919,097	514,621	4,229,974	838,176	236,360	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.012229	34.986811	9.936024	2,394.788571	0.151920	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00102						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	90,290					9.00
10.00	01000		192,871				10.00
11.00	01100	297	0	2,136,932			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	48	0	27,043	0	1,383,022	13.00
14.00	01400	111	0	24,581	0	0	14.00
15.00	01500	1,035	0	67,652	0	0	15.00
16.00	01600	96	0	64,874	0	0	16.00
17.00	01700	82	0	32,524	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	36,832	175,793	585,298	0	585,298	30.00
31.00	03100	2,920	13,588	134,013	0	134,013	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	889	0	42,249	0	42,249	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,302	0	201,026	0	201,026	50.00
51.00	05100	3,282	0	64,574	0	64,574	51.00
52.00	05200	9,984	0	124,908	0	124,908	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	3,287	0	128,459	0	0	54.00
55.00	05500	1,098	0	9,725	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	367	0	25,424	0	0	57.00
58.00	05800	367	0	10,371	0	0	58.00
59.00	05900	1,354	0	30,001	0	0	59.00
60.00	06000	1,081	0	109,403	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	3,066	3,490	34,311	0	34,311	64.00
65.00	06500	365	0	55,974	0	0	65.00
66.00	06600	537	0	50,174	0	0	66.00
67.00	06700	365	0	13,142	0	0	67.00
68.00	06800	365	0	3,897	0	0	68.00
69.00	06900	3,379	0	60,438	0	0	69.00
70.00	07000	365	0	8,729	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	365	0	9,605	0	9,605	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		9.00	10.00	11.00	12.00	13.00	
76.01	03951 DIABETES CENTER	365	0	5,799	0	0	76.01
76.02	03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	220	0	6,792	0	0	76.97
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
91.00	09100 EMERGENCY	9,878	0	187,038	0	187,038	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 ANTICOAGULATION CLINIC	0	0	8,192	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	89,770	192,871	2,126,216	0	1,383,022	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	155	0	1,532	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	365	0	9,184	0	0	194.01
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)	4,132,584	2,354,379	2,368,452	0	1,972,856	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	45.770119	12.207014	1.108342	0.000000	1.426482	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	516,399	499,491	788,889	0	104,279	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.719338	2.589767	0.369169	0.000000	0.075399	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00102 CAP REL COSTS-BLDG & FIXT-CENTER ST						1.01
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 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT CENTER STREET						7.01
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	6,157,258					14.00
15.00 01500 PHARMACY	9,501	13,308,510				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	823		1,265,794,392			16.00
17.00 01700 SOCIAL SERVICE	0	4,052	0	2,723		17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	922,709	114,904	216,031,499	2,545	0	30.00
31.00 03100 INTENSIVE CARE UNIT	364,834	52,789	54,381,855	123	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	40,880	6,933	13,778,873	37	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
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,704,475	148,107	131,254,844	0	0	50.00
51.00 05100 RECOVERY ROOM	168,019	88,069	24,234,812	1	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	287,763	48,860	27,585,026	12	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	498,292	42,179	111,193,555	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	13,581	85	11,969,336	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	26,920	7,985	87,904,228	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	10,877	3,094	24,929,583	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	320,284	11,799	28,399,732	0	0	59.00
60.00 06000 LABORATORY	928,925	1,361	120,697,637	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	71,496	23,873	6,288,696	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	51,022	512	19,548,136	0	0	65.00
66.00 06600 PHYSICAL THERAPY	7,193	6	18,235,061	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,668	48	3,736,881	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	976,064	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	137,429	25,749	45,387,246	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,904	0	3,208,890	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	51,242,193	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	32,963,108	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	12,226,186	133,478,001	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)		
	14.00	15.00	16.00	17.00	18.00		
74.00 07400 RENAL DIALYSIS	8,422	1,614	2,337,453	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00 03950 WOUND CARE CENTER	58,735	6,819	942,344	0	0	76.00	
76.01 03951 DIABETES CENTER	5,291	1	431,585	0	0	76.01	
76.02 03952 CLINICAL NUTRITION	0	0	158,680	0	0	76.02	
76.97 07697 CARDIAC REHABILITATION	1,343	1	1,310,960	0	0	76.97	
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	
91.00 09100 EMERGENCY	500,418	493,484	90,485,299	5	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
93.00 04950 ANTI COAGULATION CLINIC	12,312	0	2,702,815	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,157,116	13,308,510	1,265,794,392	2,723	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 ACLS	142	0	0	0	0	194.00	
194.01 07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01	
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)	2,407,850	5,757,381	5,224,484	2,469,724	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.391059	0.432609	0.004127	906.986412	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,094,154	1,198,710	488,564	160,847	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.177702	0.090071	0.000386	59.069776	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00102 CAP REL COSTS-BLDG & FIXT-CENTER ST						1.01
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 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT CENTER STREET						7.01
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS		0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT		0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT		0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT		0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF		0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF		0	0	0	0	41.00
42.00 04200 SUBPROVIDER		0	0	0	0	42.00
43.00 04300 NURSERY		0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY		0	0	0	0	44.00
45.00 04500 NURSING FACILITY		0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (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 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 WOUND CARE CENTER	0	0	0	0	0	76.00
76.01 03951 DIABETES CENTER	0	0	0	0	0	76.01
76.02 03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 ANTI COAGULATION CLINIC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 ACLS	0	0	0	0	0	194.00
194.01 07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01
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)	0	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 4:02 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		57,029,306	57,029,306	489,908	57,519,214	30.00
31.00	03100 INTENSIVE CARE UNIT		12,059,711	12,059,711	21,790	12,081,501	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF		0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	0	42.00
43.00	04300 NURSERY		3,976,345	3,976,345	187,821	4,164,166	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		25,484,269	25,484,269	1,752,652	27,236,921	50.00
51.00	05100 RECOVERY ROOM		7,116,301	7,116,301	0	7,116,301	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		10,775,943	10,775,943	1,074,001	11,849,944	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		19,793,050	19,793,050	890,766	20,683,816	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		3,493,433	3,493,433	89,892	3,583,325	55.00
56.00	05600 RADIOISOTOPE		0	0	0	0	56.00
57.00	05700 CT SCAN		3,812,376	3,812,376	8,005	3,820,381	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,768,398	1,768,398	0	1,768,398	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,496,126	5,496,126	0	5,496,126	59.00
60.00	06000 LABORATORY		11,171,657	11,171,657	62,424	11,234,081	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		3,362,890	3,362,890	0	3,362,890	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,656,041	3,656,041	24,915	3,680,956	65.00
66.00	06600 PHYSICAL THERAPY	0	7,710,721	7,710,721	0	7,710,721	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	959,119	959,119	0	959,119	67.00
68.00	06800 SPEECH PATHOLOGY	0	329,551	329,551	0	329,551	68.00
69.00	06900 ELECTROCARDIOLOGY		6,122,674	6,122,674	0	6,122,674	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,196,894	1,196,894	0	1,196,894	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,966,065	16,966,065	0	16,966,065	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,340,970	15,340,970	0	15,340,970	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		20,286,113	20,286,113	0	20,286,113	73.00
74.00	07400 RENAL DIALYSIS		1,061,090	1,061,090	0	1,061,090	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	0	75.00
76.00	03950 WOUND CARE CENTER		762,614	762,614	1,265	763,879	76.00
76.01	03951 DIABETES CENTER		503,329	503,329	0	503,329	76.01
76.02	03952 CLINICAL NUTRITION		417,349	417,349	0	417,349	76.02
76.97	07697 CARDIAC REHABILITATION		701,842	701,842	0	701,842	76.97
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
91.00	09100 EMERGENCY		22,227,016	22,227,016	1,204,027	23,431,043	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,873,474	6,873,474	0	6,873,474	92.00
93.00	04950 ANTI COAGULATION CLINIC		574,035	574,035	0	574,035	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES		0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0	0	0	0	98.00
99.00	09900 CMHC		0	0	0	0	99.00
99.10	09910 CORF		0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY		0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		0	0	0	0	105.00
106.00	10600 HEART ACQUISITION		0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION		0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION		0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 4:02 pm

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	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
116.00	11600	HOSPICE	0		0			116.00
200.00		Subtotal (see instructions)	271,028,702	0	271,028,702	5,807,466	276,836,168	200.00
201.00		Less Observation Beds	6,873,474		6,873,474		6,873,474	201.00
202.00		Total (see instructions)	264,155,228	0	264,155,228	5,807,466	269,962,694	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140030		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 4:02 pm		
			Title XVII I			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	187,676,836		187,676,836				30.00
31.00	03100	INTENSIVE CARE UNIT	54,381,855		54,381,855				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	13,778,873		13,778,873				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	53,300,306	77,954,538	131,254,844	0.194159	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,988,303	17,246,509	24,234,812	0.293640	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,224,778	15,360,248	27,585,026	0.390645	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,234,613	87,958,942	111,193,555	0.178005	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	383,571	11,585,765	11,969,336	0.291865	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	28,572,539	59,331,689	87,904,228	0.043370	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,252,958	18,676,625	24,929,583	0.070936	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,072,471	10,327,261	28,399,732	0.193527	0.000000		59.00
60.00	06000	LABORATORY	52,518,808	68,178,829	120,697,637	0.092559	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	1,179,837	5,108,859	6,288,696	0.534752	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	17,663,499	1,884,637	19,548,136	0.187028	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,851,912	12,383,149	18,235,061	0.422851	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,261,389	1,475,492	3,736,881	0.256663	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	736,327	239,737	976,064	0.337633	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	19,354,128	26,033,118	45,387,246	0.134899	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	570,806	2,638,084	3,208,890	0.372993	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,929,151	19,313,042	51,242,193	0.331096	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,758,864	14,204,244	32,963,108	0.465398	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,861,147	49,616,854	133,478,001	0.151981	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,260,958	76,495	2,337,453	0.453951	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	WOUND CARE CENTER	156,278	786,066	942,344	0.809273	0.000000		76.00
76.01	03951	DIABETES CENTER	45,282	386,303	431,585	1.166234	0.000000		76.01
76.02	03952	CLINICAL NUTRITION	157,004	1,676	158,680	2.630130	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	5,767	1,305,193	1,310,960	0.535365	0.000000		76.97
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
91.00	09100	EMERGENCY	21,584,315	68,900,984	90,485,299	0.245642	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,083,176	22,271,487	28,354,663	0.242411	0.000000		92.00
93.00	04950	ANTI COAGULATION CLINIC	10,402	2,692,413	2,702,815	0.212384	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	669,856,153	595,938,239	1,265,794,392			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	669,856,153	595,938,239	1,265,794,392			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 4:02 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
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
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.207512		50.00
51.00	05100 RECOVERY ROOM	0.293640		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.429579		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.186016		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.299375		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.043461		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.070936		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.193527		59.00
60.00	06000 LABORATORY	0.093076		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.534752		64.00
65.00	06500 RESPIRATORY THERAPY	0.188302		65.00
66.00	06600 PHYSICAL THERAPY	0.422851		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.256663		67.00
68.00	06800 SPEECH PATHOLOGY	0.337633		68.00
69.00	06900 ELECTROCARDIOLOGY	0.134899		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.372993		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.331096		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.465398		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151981		73.00
74.00	07400 RENAL DIALYSIS	0.453951		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 WOUND CARE CENTER	0.810616		76.00
76.01	03951 DIABETES CENTER	1.166234		76.01
76.02	03952 CLINICAL NUTRITION	2.630130		76.02
76.97	07697 CARDIAC REHABILITATION	0.535365		76.97
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
91.00	09100 EMERGENCY	0.258949		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.242411		92.00
93.00	04950 ANTI COAGULATION CLINIC	0.212384		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 4:02 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
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: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 4:02 pm		
			Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	57,029,306	57,029,306	489,908	57,519,214	30.00
31.00	03100	INTENSIVE CARE UNIT	12,059,711	12,059,711	21,790	12,081,501	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,976,345	3,976,345	187,821	4,164,166	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,484,269	25,484,269	1,752,652	27,236,921	50.00
51.00	05100	RECOVERY ROOM	7,116,301	7,116,301	0	7,116,301	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,775,943	10,775,943	1,074,001	11,849,944	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,793,050	19,793,050	890,766	20,683,816	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,493,433	3,493,433	89,892	3,583,325	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	3,812,376	3,812,376	8,005	3,820,381	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,768,398	1,768,398	0	1,768,398	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,496,126	5,496,126	0	5,496,126	59.00
60.00	06000	LABORATORY	11,171,657	11,171,657	62,424	11,234,081	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,362,890	3,362,890	0	3,362,890	64.00
65.00	06500	RESPIRATORY THERAPY	3,656,041	3,656,041	24,915	3,680,956	65.00
66.00	06600	PHYSICAL THERAPY	7,710,721	7,710,721	0	7,710,721	66.00
67.00	06700	OCCUPATIONAL THERAPY	959,119	959,119	0	959,119	67.00
68.00	06800	SPEECH PATHOLOGY	329,551	329,551	0	329,551	68.00
69.00	06900	ELECTROCARDIOLOGY	6,122,674	6,122,674	0	6,122,674	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,196,894	1,196,894	0	1,196,894	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,966,065	16,966,065	0	16,966,065	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,340,970	15,340,970	0	15,340,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,286,113	20,286,113	0	20,286,113	73.00
74.00	07400	RENAL DIALYSIS	1,061,090	1,061,090	0	1,061,090	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	762,614	762,614	1,265	763,879	76.00
76.01	03951	DIABETES CENTER	503,329	503,329	0	503,329	76.01
76.02	03952	CLINICAL NUTRITION	417,349	417,349	0	417,349	76.02
76.97	07697	CARDIAC REHABILITATION	701,842	701,842	0	701,842	76.97
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
91.00	09100	EMERGENCY	22,227,016	22,227,016	1,204,027	23,431,043	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,873,474	6,873,474	0	6,873,474	92.00
93.00	04950	ANTI COAGULATION CLINIC	574,035	574,035	0	574,035	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 4:02 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	
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0			0 115.00
116.00 11600 HOSPICE	0		0			0 116.00
200.00 Subtotal (see instructions)	271,028,702	0	271,028,702	5,807,466	276,836,168	200.00
201.00 Less Observation Beds	6,873,474		6,873,474		6,873,474	201.00
202.00 Total (see instructions)	264,155,228	0	264,155,228	5,807,466	269,962,694	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140030		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 4:02 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	187,676,836		187,676,836				30.00
31.00	03100	INTENSIVE CARE UNIT	54,381,855		54,381,855				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	13,778,873		13,778,873				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	53,300,306	77,954,538	131,254,844	0.194159	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,988,303	17,246,509	24,234,812	0.293640	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,224,778	15,360,248	27,585,026	0.390645	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,234,613	87,958,942	111,193,555	0.178005	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	383,571	11,585,765	11,969,336	0.291865	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	28,572,539	59,331,689	87,904,228	0.043370	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,252,958	18,676,625	24,929,583	0.070936	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,072,471	10,327,261	28,399,732	0.193527	0.000000		59.00
60.00	06000	LABORATORY	52,518,808	68,178,829	120,697,637	0.092559	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	1,179,837	5,108,859	6,288,696	0.534752	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	17,663,499	1,884,637	19,548,136	0.187028	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,851,912	12,383,149	18,235,061	0.422851	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,261,389	1,475,492	3,736,881	0.256663	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	736,327	239,737	976,064	0.337633	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	19,354,128	26,033,118	45,387,246	0.134899	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	570,806	2,638,084	3,208,890	0.372993	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,929,151	19,313,042	51,242,193	0.331096	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,758,864	14,204,244	32,963,108	0.465398	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,861,147	49,616,854	133,478,001	0.151981	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,260,958	76,495	2,337,453	0.453951	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	WOUND CARE CENTER	156,278	786,066	942,344	0.809273	0.000000		76.00
76.01	03951	DIABETES CENTER	45,282	386,303	431,585	1.166234	0.000000		76.01
76.02	03952	CLINICAL NUTRITION	157,004	1,676	158,680	2.630130	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	5,767	1,305,193	1,310,960	0.535365	0.000000		76.97
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
91.00	09100	EMERGENCY	21,584,315	68,900,984	90,485,299	0.245642	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,083,176	22,271,487	28,354,663	0.242411	0.000000		92.00
93.00	04950	ANTI COAGULATION CLINIC	10,402	2,692,413	2,702,815	0.212384	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0		113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 4:02 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		
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	669,856,153	595,938,239	1,265,794,392		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	669,856,153	595,938,239	1,265,794,392		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 4:02 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
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
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 WOUND CARE CENTER	0.000000		76.00
76.01	03951 DIABETES CENTER	0.000000		76.01
76.02	03952 CLINICAL NUTRITION	0.000000		76.02
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
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
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950 ANTI COAGULATION CLINIC	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 4:02 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
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: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/28/2015 4:02 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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	10,426,493	0	10,426,493	56,511	184.50	30.00
31.00	INTENSIVE CARE UNIT	1,668,912		1,668,912	6,514	256.20	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	454,484		454,484	7,454	60.97	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)	12,549,889		12,549,889	70,479		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	22,047	4,067,672				
31.00	INTENSIVE CARE UNIT	3,294	843,923				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
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)	25,341	4,911,595				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140030		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 4:02 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,182,111	131,254,844	0.031863	20,136,927	641,623	50.00
51.00	05100	RECOVERY ROOM	1,392,985	24,234,812	0.057479	2,611,361	150,098	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,024,114	27,585,026	0.037126	29,169	1,083	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,763,816	111,193,555	0.033849	11,254,460	380,952	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	796,078	11,969,336	0.066510	98,246	6,534	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	700,387	87,904,228	0.007968	12,522,430	99,779	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	541,577	24,929,583	0.021724	2,832,532	61,534	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,325,139	28,399,732	0.046660	8,359,860	390,071	59.00
60.00	06000	LABORATORY	1,418,891	120,697,637	0.011756	23,684,724	278,438	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	524,712	6,288,696	0.083437	654,403	54,601	64.00
65.00	06500	RESPIRATORY THERAPY	420,333	19,548,136	0.021502	8,822,211	189,695	65.00
66.00	06600	PHYSICAL THERAPY	1,218,375	18,235,061	0.066815	3,309,748	221,141	66.00
67.00	06700	OCCUPATIONAL THERAPY	61,772	3,736,881	0.016530	1,335,548	22,077	67.00
68.00	06800	SPEECH PATHOLOGY	46,058	976,064	0.047187	448,692	21,172	68.00
69.00	06900	ELECTROCARDIOLOGY	878,683	45,387,246	0.019360	10,172,894	196,947	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	352,413	3,208,890	0.109824	302,563	33,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	227,689	51,242,193	0.004443	13,500,810	59,984	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	195,189	32,963,108	0.005921	9,747,440	57,715	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,372,997	133,478,001	0.010286	36,739,054	377,898	73.00
74.00	07400	RENAL DIALYSIS	28,326	2,337,453	0.012118	1,367,674	16,573	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	WOUND CARE CENTER	77,117	942,344	0.081835	68,185	5,580	76.00
76.01	03951	DIABETES CENTER	27,667	431,585	0.064106	9,962	639	76.01
76.02	03952	CLINICAL NUTRITION	5,098	158,680	0.032128	81,646	2,623	76.02
76.97	07697	CARDIAC REHABILITATION	192,960	1,310,960	0.147190	3,932	579	76.97
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
91.00	09100	EMERGENCY	2,549,285	90,485,299	0.028173	9,711,977	273,616	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,245,955	28,354,663	0.043942	3,147,133	138,291	92.00
93.00	04950	ANTICOAGULATION CLINIC	15,241	2,702,815	0.005639	9,247	52	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	24,584,968	1,009,956,828		180,962,828	3,682,524	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/28/2015 4:02 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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	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	56,511	0.00	22,047	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,514	0.00	3,294	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	7,454	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)	70,479		25,341	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 4:02 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (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 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 WOUND CARE CENTER	0	0	0	0	0	76.00
76.01 03951 DIABETES CENTER	0	0	0	0	0	76.01
76.02 03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 ANTI COAGULATION CLINIC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 4:02 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part 1, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	131,254,844	0.000000	0.000000	20,136,927	50.00
51.00	05100	RECOVERY ROOM	0	24,234,812	0.000000	0.000000	2,611,361	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,585,026	0.000000	0.000000	29,169	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	111,193,555	0.000000	0.000000	11,254,460	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,969,336	0.000000	0.000000	98,246	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	87,904,228	0.000000	0.000000	12,522,430	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,929,583	0.000000	0.000000	2,832,532	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,399,732	0.000000	0.000000	8,359,860	59.00
60.00	06000	LABORATORY	0	120,697,637	0.000000	0.000000	23,684,724	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,288,696	0.000000	0.000000	654,403	64.00
65.00	06500	RESPIRATORY THERAPY	0	19,548,136	0.000000	0.000000	8,822,211	65.00
66.00	06600	PHYSICAL THERAPY	0	18,235,061	0.000000	0.000000	3,309,748	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,736,881	0.000000	0.000000	1,335,548	67.00
68.00	06800	SPEECH PATHOLOGY	0	976,064	0.000000	0.000000	448,692	68.00
69.00	06900	ELECTROCARDIOLOGY	0	45,387,246	0.000000	0.000000	10,172,894	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,208,890	0.000000	0.000000	302,563	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,242,193	0.000000	0.000000	13,500,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,963,108	0.000000	0.000000	9,747,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	133,478,001	0.000000	0.000000	36,739,054	73.00
74.00	07400	RENAL DIALYSIS	0	2,337,453	0.000000	0.000000	1,367,674	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950	WOUND CARE CENTER	0	942,344	0.000000	0.000000	68,185	76.00
76.01	03951	DIABETES CENTER	0	431,585	0.000000	0.000000	9,962	76.01
76.02	03952	CLINICAL NUTRITION	0	158,680	0.000000	0.000000	81,646	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,310,960	0.000000	0.000000	3,932	76.97
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
91.00	09100	EMERGENCY	0	90,485,299	0.000000	0.000000	9,711,977	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	28,354,663	0.000000	0.000000	3,147,133	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	2,702,815	0.000000	0.000000	9,247	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,009,956,828			180,962,828	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 4:02 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title VIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	27,410,674	0	50.00
51.00	05100 RECOVERY ROOM	0	4,436,037	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	41,324	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,593,344	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,826,857	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	15,337,606	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,940,628	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,334,420	0	59.00
60.00	06000 LABORATORY	0	11,113,721	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,300,777	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	566,375	0	65.00
66.00	06600 PHYSICAL THERAPY	0	72,250	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	15,153	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	29,691	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,671,148	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	588,916	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,805,102	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,215,245	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	18,963,898	0	73.00
74.00	07400 RENAL DIALYSIS	0	40,820	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 WOUND CARE CENTER	0	463,577	0	76.00
76.01	03951 DIABETES CENTER	0	12,806	0	76.01
76.02	03952 CLINICAL NUTRITION	0	905	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	667,857	0	76.97
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
91.00	09100 EMERGENCY	0	10,118,284	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,410,979	0	92.00
93.00	04950 ANTICOAGULATION CLINIC	0	1,616,409	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	169,594,803	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 4:02 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	0.194159	27,410,674	0	0	5,322,029	50.00
51.00	05100	RECOVERY ROOM	0.293640	4,436,037	0	0	1,302,598	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.390645	41,324	0	0	16,143	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178005	27,593,344	0	0	4,911,753	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.291865	4,826,857	0	0	1,408,791	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.043370	15,337,606	0	0	665,192	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070936	4,940,628	0	0	350,468	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.193527	5,334,420	0	0	1,032,354	59.00
60.00	06000	LABORATORY	0.092559	11,113,721	80	0	1,028,675	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.534752	2,300,777	0	0	1,230,345	64.00
65.00	06500	RESPIRATORY THERAPY	0.187028	566,375	0	0	105,928	65.00
66.00	06600	PHYSICAL THERAPY	0.422851	72,250	0	0	30,551	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256663	15,153	0	0	3,889	67.00
68.00	06800	SPEECH PATHOLOGY	0.337633	29,691	0	0	10,025	68.00
69.00	06900	ELECTROCARDIOLOGY	0.134899	10,671,148	0	0	1,439,527	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.372993	588,916	0	0	219,662	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.331096	6,805,102	0	0	2,253,142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.465398	8,215,245	0	0	3,823,359	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151981	18,963,898	0	106,277	2,882,152	73.00
74.00	07400	RENAL DIALYSIS	0.453951	40,820	0	0	18,530	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	0.809273	463,577	0	0	375,160	76.00
76.01	03951	DIABETES CENTER	1.166234	12,806	0	0	14,935	76.01
76.02	03952	CLINICAL NUTRITION	2.630130	905	0	0	2,380	76.02
76.97	07697	CARDIAC REHABILITATION	0.535365	667,857	0	0	357,547	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.245642	10,118,284	0	0	2,485,476	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.242411	7,410,979	0	0	1,796,503	92.00
93.00	04950	ANTI COAGULATION CLINIC	0.212384	1,616,409	0	0	343,299	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		169,594,803	80	106,277	33,430,413	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		169,594,803	80	106,277	33,430,413	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 4:02 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
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	7	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	16,152	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 WOUND CARE CENTER	0	0	76.00
76.01	03951 DIABETES CENTER	0	0	76.01
76.02	03952 CLINICAL NUTRITION	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
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
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	7	16,152	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	7	16,152	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2015 4:02 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		56,511	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,511	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)		49,758	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)		22,047	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)		57,519,214	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)		57,519,214	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)		57,519,214	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)		1,017.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,440,318	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)		22,440,318	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140030		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/28/2015 4:02 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)		
	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	12,081,501	6,514	1,854.70	3,294	6,109,382		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					35,813,072		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					64,362,772		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)					4,911,595		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,682,524		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					8,594,119		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					55,768,653		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)					6,753		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,017.84		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,873,474		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140030		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 4:02 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,426,493	57,519,214	0.181270	6,873,474	1,245,955	90.00
91.00	Nursing School cost	0	57,519,214	0.000000	6,873,474	0	91.00
92.00	Allied health cost	0	57,519,214	0.000000	6,873,474	0	92.00
93.00	All other Medical Education	0	57,519,214	0.000000	6,873,474	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 4:02 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		83,638,362	30.00
31.00	03100	INTENSIVE CARE UNIT		27,545,635	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.207512	20,136,927	50.00
51.00	05100	RECOVERY ROOM	0.293640	2,611,361	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.429579	29,169	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186016	11,254,460	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299375	98,246	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.043461	12,522,430	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070936	2,832,532	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.193527	8,359,860	59.00
60.00	06000	LABORATORY	0.093076	23,684,724	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.534752	654,403	64.00
65.00	06500	RESPIRATORY THERAPY	0.188302	8,822,211	65.00
66.00	06600	PHYSICAL THERAPY	0.422851	3,309,748	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256663	1,335,548	67.00
68.00	06800	SPEECH PATHOLOGY	0.337633	448,692	68.00
69.00	06900	ELECTROCARDIOLOGY	0.134899	10,172,894	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.372993	302,563	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.331096	13,500,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.465398	9,747,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151981	36,739,054	73.00
74.00	07400	RENAL DIALYSIS	0.453951	1,367,674	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	WOUND CARE CENTER	0.810616	68,185	76.00
76.01	03951	DIABETES CENTER	1.166234	9,962	76.01
76.02	03952	CLINICAL NUTRITION	2.630130	81,646	76.02
76.97	07697	CARDIAC REHABILITATION	0.535365	3,932	76.97
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
91.00	09100	EMERGENCY	0.258949	9,711,977	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.242411	3,147,133	92.00
93.00	04950	ANTI COAGULATION CLINIC	0.212384	9,247	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		180,962,828	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)		180,962,828	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 4:02 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)		32,900,477	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,966,825	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)		1,962,193	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		3,790,976	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		236.50	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.35	31.00
32.00	Sum of lines 30 and 31		23.17	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.33	33.00
34.00	Disproportionate share adjustment (see instructions)		913,537	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 4:02 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	7,647,638	35.00
35.01	Factor 3 (see instructions)		0.000330801	0.000352039	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,992,552	2,692,267	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,238,264	678,599	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,916,863		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)		49,659,895		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)		49,659,895		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,377,284		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		54,037,179		59.00
60.00	Primary payer payments		12,969		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		54,024,210		61.00
62.00	Deductibles billed to program beneficiaries		4,584,032		62.00
63.00	Coinurance billed to program beneficiaries		227,744		63.00
64.00	Allowable bad debts (see instructions)		0		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		0		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		49,212,434		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)		204,403		70.93
70.94	HRR adjustment amount (see instructions)		-103,601		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 4:02 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)		49,313,236		71.00
71.01	Sequestration adjustment (see instructions)		986,265		71.01
72.00	Interim payments		48,407,353		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)		-80,382		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,373,343		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
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)		1.004673	1.004615	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)		0.9983	0.9955	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/28/2015 4:02 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		16,159	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,430,413	2.00
3.00	PPS payments		26,688,235	3.00
4.00	Outlier payment (see instructions)		150,444	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)		16,159	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		106,357	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)		106,357	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)		106,357	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		90,198	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)		16,159	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)		26,838,679	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)		5,724,032	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)		21,130,806	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)		21,130,806	30.00
31.00	Primary payer payments		16,923	31.00
32.00	Subtotal (line 30 minus line 31)		21,113,883	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)		21,113,883	37.00
38.00	MSP-LCC reconciliation amount from PS&R		24,450	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)		21,089,433	40.00
40.01	Sequestration adjustment (see instructions)		421,789	40.01
41.00	Interim payments		20,853,826	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-186,182	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: 140030		Period: From 01/01/2014 To 12/31/2014		Worksheet E-1 Part I Date/Time Prepared: 5/28/2015 4:02 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		48,466,556		20,931,395	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	08/18/2014	59,203	08/18/2014	77,569	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)		-59,203		-77,569	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)		48,407,353		20,853,826	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		80,382		186,182	6.02	
7.00	Total Medicare program liability (see instructions)		48,326,971		20,667,644	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: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/28/2015 4:02 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			14,186 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			25,341 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,872 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			56,272 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,265,794,392 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			26,595,000 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,138,028 8.00
9.00	Sequestration adjustment amount (see instructions)			22,761 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,115,267 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,147,141 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)			-31,874 32.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140030 Period: From 01/01/2014 To 12/31/2014 Worksheet G Date/Time Prepared: 5/28/2015 4:02 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	18,718,000	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	137,356,000	0	0	0	4.00
5.00	Other receivable	434,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-89,655,000	0	0	0	6.00
7.00	Inventory	4,771,000	0	0	0	7.00
8.00	Prepaid expenses	754,000	0	0	0	8.00
9.00	Other current assets	116,195,000	0	0	0	9.00
10.00	Due from other funds	2,999,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	191,572,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,624,000	0	0	0	12.00
13.00	Land improvements	6,089,000	0	0	0	13.00
14.00	Accumulated depreciation	-608,000	0	0	0	14.00
15.00	Buildings	218,132,000	0	0	0	15.00
16.00	Accumulated depreciation	-14,666,000	0	0	0	16.00
17.00	Leasehold improvements	1,429,000	0	0	0	17.00
18.00	Accumulated depreciation	-255,000	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	107,000	0	0	0	21.00
22.00	Accumulated depreciation	-45,000	0	0	0	22.00
23.00	Major movable equipment	46,277,000	0	0	0	23.00
24.00	Accumulated depreciation	-15,213,000	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)	250,871,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	17,270,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	17,270,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	459,713,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,752,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,070,000	0	0	0	38.00
39.00	Payroll taxes payable	872,000	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,100,000	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	10,800,000	0	0	0	43.00
44.00	Other current liabilities	42,810,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	84,404,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	-6,100,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	280,004,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	273,904,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	358,308,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	101,405,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	101,405,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	459,713,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140030

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

Worksheet G-1

Date/Time Prepared:
5/28/2015 4:02 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		105,923,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,564,587			2.00
3.00	Total (sum of line 1 and line 2)		110,487,587		0	3.00
4.00	ROUNDING DIFF	413		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		413		0	10.00
11.00	Subtotal (line 3 plus line 10)		110,488,000		0	11.00
12.00	FOUNDATION TRANSFERS	70,000		0		12.00
13.00	OTHER	9,013,000		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)		9,083,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		101,405,000		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	ROUNDING DIFF		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	FOUNDATION TRANSFERS		0			12.00
13.00	OTHER		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: 140030

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2015 4:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	201,456,000		201,456,000	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	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	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	201,456,000		201,456,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	54,382,000		54,382,000	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	54,382,000		54,382,000	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	255,838,000		255,838,000	17.00
18.00	Ancillary services	414,018,000	447,801,000	861,819,000	18.00
19.00	Outpatient services	0	148,137,000	148,137,000	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	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)	669,856,000	595,938,000	1,265,794,000	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		279,003,413		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		279,003,413		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140030

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

Worksheet G-3

Date/Time Prepared:
5/28/2015 4:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,265,794,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	988,042,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	277,752,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	279,003,413	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,251,413	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	TOTAL OTHER AN NON-OPERATING REVENUE	5,816,000	24.00
25.00	Total other income (sum of lines 6-24)	5,816,000	25.00
26.00	Total (line 5 plus line 25)	4,564,587	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)	4,564,587	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet 1-5 Date/Time Prepared: 5/28/2015 4:02 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140030	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/28/2015 4:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,506,100	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		702,891	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)		154.17	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.35	8.00
9.00	Sum of lines 7 and 8		23.17	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.80	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		168,293	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,377,284	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