

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/26/2015 10:12 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/26/2015 Time: 10:12 am	
	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 TRINITY HOSPITAL (140048) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	302,191	397,194	-79,024	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	302,191	397,194	-79,024	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 10:11 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2320 E. 93RD ST.			PO Box:				1.00				
2.00	City: CHICAGO			State: IL		Zip Code: 60617-		County: COOK				
		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 TRINITY HOSPITAL	140048	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)						1			21.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	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.						3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			8,717	3,641	0	15	955	421	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: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 10:11 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N		48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000 64.00
		Program Name	Program Code	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 67.00
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
				3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	692,590	3,275,202	7,230,854	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 10:11 am	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148036				
		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 HEALTHCARE	Contractor's Name: NATIONAL GOVT SERV		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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	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	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)					0.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 10:11 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		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: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 10:11 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/06/2015	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		04/20/2015	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 10:11 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	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.	SCOTT		MI TCHELL	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.	630-929-5761		SCOTT.MI TCHELL@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/20/2015	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.	SR. REIMBURSEMENT SPECIALIST	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: 140048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 10:11 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	164	59,860	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)		164	59,860	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	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)		188	68,620	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		188				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: 140048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 10:11 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,231	8,848	30,292			1.00
2.00 HMO and other (see instructions)	2,303	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,231	8,848	30,292			7.00
8.00 INTENSIVE CARE UNIT	2,932	2,044	7,105			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		2,436	3,071			13.00
14.00 Total (see instructions)	14,163	13,328	40,468	0.00	842.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
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	842.00	27.00
28.00 Observation Bed Days		810	5,125			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	421	471			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: 140048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 10:11 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,973	2,364	9,694	1.00
2.00 HMO and other (see instructions)				662	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		2,973	2,364	9,694	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							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							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
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: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part II Date/Time Prepared: 5/26/2015 10:11 am			
	Worksheet A Line Number	Amount Reported	Reclassifi- cation 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	54,462,584	0	54,462,584	1,751,360.00	31.10	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)		109,825	0	109,825	4,160.00	26.40	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		55,574	0	55,574	896.00	62.02	11.00
12.00	Contract labor: Top level management and other management and administrative services		859,685	0	859,685	4,448.00	193.27	12.00
13.00	Contract labor: Physician-Part A - Administrative		2,450,113	0	2,450,113	29,426.00	83.26	13.00
14.00	Home office salaries & wage-related costs		5,431,721	0	5,431,721	85,365.00	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)		14,021,050	0	14,021,050			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		7,757	0	7,757			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	1,597,473	0	1,597,473	16,640.00	96.00	26.00
27.00	Administrative & General	5.00	5,145,870	0	5,145,870	124,800.00	41.23	27.00
28.00	Administrative & General under contract (see inst.)		859,685	0	859,685	4,448.00	193.27	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,107,606	0	2,107,606	81,120.00	25.98	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,273,074	0	1,273,074	85,280.00	14.93	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,285,558	-475,656	809,902	52,000.00	15.58	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	475,656	475,656	29,120.00	16.33	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,359,072	0	2,359,072	60,320.00	39.11	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,044,426	0	2,044,426	43,680.00	46.80	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140048

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 10:11 am

	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	1,198,116	0	1,198,116	47,840.00	25.04	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140048

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2015 10:11 am

	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)	55,322,269	0	55,322,269	1,755,808.00	31.51	1.00
2.00	Excluded area salaries (see instructions)	109,825	0	109,825	4,160.00	26.40	2.00
3.00	Subtotal salaries (line 1 minus line 2)	55,212,444	0	55,212,444	1,751,648.00	31.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,797,093	0	8,797,093	120,135.00	73.23	4.00
5.00	Subtotal wage-related costs (see inst.)	14,021,050	0	14,021,050	0.00	25.39	5.00
6.00	Total (sum of lines 3 thru 5)	78,030,587	0	78,030,587	1,871,783.00	41.69	6.00
7.00	Total overhead cost (see instructions)	17,870,880	0	17,870,880	545,248.00	32.78	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 10:11 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		905,076	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,011,959	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		4,549,943	8.00
9.00	Prescription Drug Plan		1,159,128	9.00
10.00	Dental, Hearing and Vision Plan		209,504	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		58,400	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)		506,282	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		948,679	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,907,617	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		140,130	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))		334,489	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		297,600	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,028,807	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: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/26/2015 10:11 am
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		5,624,839	14,028,807
2.00	Hospital		5,624,839	14,028,807
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/26/2015 10:11 am
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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)		0.248242	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		35,024,969	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		170,251,780	6.00
7.00	Medicaid cost (line 1 times line 6)		42,263,642	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)		7,238,673	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)		7,238,673	19.00
			1.00	
			2.00	
			3.00	
			4.00	
			5.00	
			6.00	
			7.00	
			8.00	
			9.00	
			10.00	
			11.00	
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			13.00	
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			16.00	
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			20.00	
			21.00	
			22.00	
			23.00	
			24.00	
			25.00	
			26.00	
			27.00	
			28.00	
			29.00	
			30.00	
			31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
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	NEW CAP REL COSTS-BLDG & FIXT	0	0	3,786,360	3,786,360	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	3,035,514	3,035,514	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,597,473	10,477,439	12,074,912	-1,065	12,073,847
5.00	00500	ADMINISTRATIVE & GENERAL	5,145,870	43,022,497	48,168,367	-3,861,922	44,306,445
7.00	00700	OPERATION OF PLANT	2,107,606	3,784,115	5,891,721	-42,127	5,849,594
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,273,074	842,403	2,115,477	-14,228	2,101,249
10.00	01000	DIETARY	1,285,558	1,493,708	2,779,266	-1,079,908	1,699,358
11.00	01100	CAFETERIA	0	0	0	1,028,328	1,028,328
13.00	01300	NURSING ADMINISTRATION	2,359,072	454,485	2,813,557	-2,941	2,810,616
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	2,044,426	5,765,427	7,809,853	-5,431,163	2,378,690
16.00	01600	MEDICAL RECORDS & LIBRARY	1,198,116	477,221	1,675,337	-4,820	1,670,517
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,816,053	5,872,256	21,688,309	-1,689,438	19,998,871
31.00	03100	INTENSIVE CARE UNIT	3,879,746	2,023,415	5,903,161	-665,073	5,238,088
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
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	839,763	141,651	981,414	-53,287	928,127
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,660,942	5,918,992	9,579,934	-5,019,276	4,560,658
51.00	05100	RECOVERY ROOM	589,904	144,167	734,071	-54,146	679,925
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	36,181	1,361,207	1,397,388	-179,067	1,218,321
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,163,973	4,056,574	7,220,547	-2,171,772	5,048,775
56.00	05600	RADIOISOTOPE	246,782	485,469	732,251	-413,880	318,371
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	498,928	1,172,787	1,671,715	-964,685	707,030
60.00	06000	LABORATORY	0	7,629,059	7,629,059	-627,649	7,001,410
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,098,103	544,404	1,642,507	-266,248	1,376,259
66.00	06600	PHYSICAL THERAPY	933,647	161,139	1,094,786	-23,909	1,070,877
67.00	06700	OCCUPATIONAL THERAPY	200,276	19,107	219,383	-1,638	217,745
68.00	06800	SPEECH PATHOLOGY	95,801	11,551	107,352	-2,320	105,032
69.00	06900	ELECTROCARDIOLOGY	689,618	279,315	968,933	-119,112	849,821
70.00	07000	ELECTROENCEPHALOGRAPHY	43,062	14,798	57,860	-3,486	54,374
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,002,875	7,002,875
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,184,078	3,184,078
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,069,632	6,069,632
74.00	07400	RENAL DIALYSIS	471,155	266,553	737,708	-106,631	631,077
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	211,690	45,322	257,012	-16,729	240,283
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	580,618	959,610	1,540,228	-117,702	1,422,526
91.00	09100	EMERGENCY	4,285,322	2,727,545	7,012,867	-1,132,618	5,880,249
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	54,352,759	100,152,216	154,504,975	39,947	154,544,922
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	NONREIMPARAMED RT	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	109,825	237,068	346,893	-39,947	306,946
200.00		TOTAL (SUM OF LINES 118-199)	54,462,584	100,389,284	154,851,868	0	154,851,868

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140048

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

Worksheet A
Date/Time Prepared:
5/26/2015 10:11 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	162,383	3,948,743	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	954,868	3,990,382	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,912,938	13,986,785	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-16,876,590	27,429,855	5.00
7.00	00700	OPERATION OF PLANT	-81,463	5,768,131	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	-550	2,100,699	9.00
10.00	01000	DIETARY	-610	1,698,748	10.00
11.00	01100	CAFETERIA	-601,367	426,961	11.00
13.00	01300	NURSING ADMINISTRATION	-4,058	2,806,558	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-234	2,378,456	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-15,156	1,655,361	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,974,010	18,024,861	30.00
31.00	03100	INTENSIVE CARE UNIT	-14,574	5,223,514	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
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	928,127	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,069	4,556,589	50.00
51.00	05100	RECOVERY ROOM	-35	679,890	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,218,321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-129,156	4,919,619	54.00
56.00	05600	RADIOISOTOPE	0	318,371	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	707,030	59.00
60.00	06000	LABORATORY	-36,867	6,964,543	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-3,164	1,373,095	65.00
66.00	06600	PHYSICAL THERAPY	-33,002	1,037,875	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	217,745	67.00
68.00	06800	SPEECH PATHOLOGY	0	105,032	68.00
69.00	06900	ELECTROCARDIOLOGY	-35	849,786	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	54,374	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,002,875	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,184,078	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,069,632	73.00
74.00	07400	RENAL DIALYSIS	0	631,077	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-1,460	238,823	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	-45,601	1,376,925	90.00
91.00	09100	EMERGENCY	-754,186	5,126,063	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	-17,545,998	136,998,924	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NONREIM PARAMED RT	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	306,946	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-17,545,998	137,305,870	200.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
B - COST OF DRUGS 9929						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,069,632		1.00
2.00		0.00	0	0		2.00
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
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
	TOTALS		0	6,069,632		
C - MEDICAL SUPPLIES 9929						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,186,953		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
	TOTALS		0	10,186,953		
D - DERPRECIATION EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,786,360		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,035,514		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
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

Provider CCN: 140048

Period:
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Worksheet A-6

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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
22.00			0.00	0	0	22.00
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	6,821,874	
E - RECLASS CAFETERIA						
1.00	CAFETERIA		11.00	475,656	552,672	1.00
TOTALS				475,656	552,672	
F - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO		72.00	0	3,184,078	1.00
PATIENT						
TOTALS				0	3,184,078	
500.00	Grand Total: Increases			475,656	26,815,209	500.00

RECLASSIFICATIONS

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Period:
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Worksheet A-6
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
B - COST OF DRUGS 9929						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	18,944	0	1.00
2.00	DIETARY	10.00	0	271	0	2.00
4.00	PHARMACY	15.00	0	5,317,232	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	189,821	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	81,099	0	6.00
7.00	NURSERY	43.00	0	1,117	0	7.00
8.00	OPERATING ROOM	50.00	0	131,439	0	8.00
9.00	RECOVERY ROOM	51.00	0	3,250	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	33,600	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	35,861	0	11.00
12.00	RADIOISOTOPE	56.00	0	242	0	12.00
15.00	PHYSICAL THERAPY	66.00	0	43	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	3,857	0	16.00
17.00	RENAL DIALYSIS	74.00	0	5,574	0	17.00
18.00	CLINIC	90.00	0	3,433	0	18.00
19.00	EMERGENCY	91.00	0	243,169	0	19.00
20.00	OTHER NONREIMBURSABLE COST CENTER	194.00	0	129	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	551	0	21.00
TOTALS						
C - MEDICAL SUPPLIES 9929						
1.00		0.00	0	0	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	82	0	2.00
3.00	OPERATION OF PLANT	7.00	0	540	0	3.00
4.00	HOUSEKEEPING	9.00	0	9,985	0	4.00
5.00	DIETARY	10.00	0	4	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	364	0	6.00
7.00	PHARMACY	15.00	0	61,909	0	7.00
8.00	OTHER NONREIMBURSABLE COST CENTER	194.00	0	39,818	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	897,115	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	402,039	0	10.00
11.00	NURSERY	43.00	0	49,942	0	11.00
12.00	OPERATING ROOM	50.00	0	4,232,785	0	12.00
13.00	RECOVERY ROOM	51.00	0	16,062	0	13.00
14.00	ANESTHESIOLOGY	53.00	0	90,051	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,308,625	0	15.00
16.00	RADIOISOTOPE	56.00	0	412,316	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	879,631	0	17.00
18.00	LABORATORY	60.00	0	616,104	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	225,031	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	13,399	0	20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	1,638	0	21.00
22.00	SPEECH PATHOLOGY	68.00	0	2,320	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	9,978	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,935	0	24.00
25.00	RENAL DIALYSIS	74.00	0	96,139	0	25.00
26.00	CARDIAC REHABILITATION	76.97	0	873	0	26.00
27.00	CLINIC	90.00	0	95,157	0	27.00
28.00	EMERGENCY	91.00	0	722,111	0	28.00
TOTALS						
D - DERPRECIATION EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	983	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,842,978	9	2.00
3.00	OPERATION OF PLANT	7.00	0	41,587	0	3.00
4.00	HOUSEKEEPING	9.00	0	4,243	0	4.00
5.00	DIETARY	10.00	0	51,305	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	2,577	0	6.00
7.00	PHARMACY	15.00	0	52,022	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,820	0	8.00
10.00	ADULTS & PEDIATRICS	30.00	0	602,502	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	181,935	0	11.00
12.00	NURSERY	43.00	0	2,228	0	12.00
13.00	OPERATING ROOM	50.00	0	655,052	0	13.00
14.00	RECOVERY ROOM	51.00	0	34,834	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	55,416	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	827,286	0	16.00
17.00	RADIOISOTOPE	56.00	0	1,322	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	85,054	0	18.00
19.00	LABORATORY	60.00	0	11,545	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	41,217	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	10,467	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	105,277	0	22.00

RECLASSIFICATIONS

Provider CCN: 140048

Period:
From 01/01/2014
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Worksheet A-6

Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
24.00	RENAL DIALYSIS	74.00	0	4,918	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	15,856	0		25.00
26.00	CLINIC	90.00	0	19,112	0		26.00
27.00	EMERGENCY	91.00	0	167,338	0		27.00
	TOTALS		0	6,821,874			
E - RECLASS CAFETERIA							
1.00	DIETARY	10.00	475,656	552,672	0		1.00
	TOTALS		475,656	552,672			
F - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,184,078	0		1.00
	TOTALS		0	3,184,078			
500.00	Grand Total: Decreases		475,656	26,815,209			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140048

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,764,480	83,498	0	83,498	0	1.00
2.00	Land Improvements	4,271,197	45,404	0	45,404	12,300	2.00
3.00	Buildings and Fixtures	91,570,428	8,439,662	0	8,439,662	29,152	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	40,906,034	1,553,787	0	1,553,787	353,046	5.00
6.00	Movable Equipment	160,117	0	0	0	0	6.00
7.00	HIT designated Assets	619,543	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	141,291,799	10,122,351	0	10,122,351	394,498	8.00
9.00	Reconciling Items	-10,250,412	-6,991,198	0	-6,991,198	0	9.00
10.00	Total (line 8 minus line 9)	151,542,211	17,113,549	0	17,113,549	394,498	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,847,978	0				1.00
2.00	Land Improvements	4,304,301	1,032,001				2.00
3.00	Buildings and Fixtures	99,980,938	26,830,360				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	42,106,775	22,394,296				5.00
6.00	Movable Equipment	160,117	72,838				6.00
7.00	HIT designated Assets	619,543	268,849				7.00
8.00	Subtotal (sum of lines 1-7)	151,019,652	50,598,344				8.00
9.00	Reconciling Items	-17,241,610	0				9.00
10.00	Total (line 8 minus line 9)	168,261,262	50,598,344				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140048

Period:
From 01/01/2014
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Worksheet A-7
Part II
Date/Time Prepared:
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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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	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	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140048

Period:
From 01/01/2014
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Worksheet A-7
Part III
Date/Time Prepared:
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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	NEW CAP REL COSTS-BLDG & FIXT	4	0	4	0.800000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.200000	0	2.00
3.00	Total (sum of lines 1-2)	5	0	5	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,948,743	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,990,382	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,939,125	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	3,948,743	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,990,382	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	7,939,125	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140048

Period:
From 01/01/2014
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			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-103,851	ADMINISTRATIVE & GENERAL		5.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-2,904,529				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,250,943				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	A	-601,367	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		0			0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140048

Period:
From 01/01/2014
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	3.00	
33.00 NONALLOWABLE INTEREST EXPENSE	A	-1,746,230	ADMI NI STRATI VE & GENERAL		5.00	0 33.00
37.00		0			0.00	0 37.00
38.00 MEDI CAID ASSESSMENT FROM F/S	A	-7,346,904	ADMI NI STRATI VE & GENERAL		5.00	0 38.00
40.00 PBP	A	-64,992	ADMI NI STRATI VE & GENERAL		5.00	0 40.00
41.00		0			0.00	0 41.00
42.00 ADD MEDI CARE DEPRECIATI ON	A	-84,574	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 42.00
43.00 ADD MEDI CARE DEPRECIATI ON	A	-861	NEW CAP REL COSTS-MVBLE EQUI P		2.00	9 43.00
44.00 AMBULANCE	A	-657	EMERGENCY		91.00	0 44.00
45.00 LOBBYING COSTS	A	-37,472	ADMI NI STRATI VE & GENERAL		5.00	0 45.00
45.05 PHO EXPENSE	A	-941,040	ADMI NI STRATI VE & GENERAL		5.00	0 45.05
45.06		0			0.00	0 45.06
45.07 MI SC I NCOME	B	-36,867	LABORATORY		60.00	0 45.07
45.08 MI SC I NCOME	B	-192,553	ADMI NI STRATI VE & GENERAL		5.00	0 45.08
45.09 MI SC I NCOME	B	-733	ADULTS & PEDI ATRICS		30.00	0 45.09
45.10 MI SC I NCOME	B	-77,424	OPERATI ON OF PLANT		7.00	0 45.10
45.11 MI SC I NCOME	B	-1,100	NURSI NG ADMI NI STRATI ON		13.00	0 45.11
45.12 MI SC I NCOME	B	-12,871	MEDI CAL RECORDS & LI BRARY		16.00	0 45.12
45.13 MI SC I NCOME	B	-6,276	RADI OLOGY-DI AGNOSTIC		54.00	0 45.13
45.14 MI SC I NCOME	B	-60	RESPI RATORY THERAPY		65.00	0 45.14
45.15 MI SC I NCOME	B	-1,440	CLINI C		90.00	0 45.15
45.16 MI SC I NCOME	B	-1,460	CARDI AC REHABI LI TATI ON		76.97	0 45.16
45.17 MI SC I NCOME	B	-5,535	PHYSI CAL THERAPY		66.00	0 45.17
45.18 NON ALLOWABLE	A	-65,199	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.18
45.19 NON ALLOWABLE	A	-11,782	ADMI NI STRATI VE & GENERAL		5.00	0 45.19
45.20 NON ALLOWABLE	A	-4,039	OPERATI ON OF PLANT		7.00	0 45.20
45.21 NON ALLOWABLE	A	-4,069	OPERATI NG ROOM		50.00	0 45.21
45.22 NON ALLOWABLE	A	-550	HOUSEKEEPI NG		9.00	0 45.22
45.23 NON ALLOWABLE	A	-234	PHARMACY		15.00	0 45.23
45.24 NON ALLOWABLE	A	-2,285	MEDI CAL RECORDS & LI BRARY		16.00	0 45.24
45.25 NON ALLOWABLE	A	-35	RECOVERY ROOM		51.00	0 45.25
45.26 NON ALLOWABLE	A	-169	CLINI C		90.00	0 45.26
45.27 NON ALLOWABLE	A	-3,529	EMERGENCY		91.00	0 45.27
45.28 NON ALLOWABLE	A	-2,958	NURSI NG ADMI NI STRATI ON		13.00	0 45.28
45.29 NON ALLOWABLE	A	-610	DI ETARY		10.00	0 45.29
45.30 NON ALLOWABLE	A	-3,104	RESPI RATORY THERAPY		65.00	0 45.30
45.31 NON ALLOWABLE	A	-147	PHYSI CAL THERAPY		66.00	0 45.31
45.45 NON ALLOWABLE	A	-14,574	I NTENSIVE CARE UNI T		31.00	0 45.45
45.46 NON ALLOWABLE	A	-11,132	ADULTS & PEDI ATRICS		30.00	0 45.46
45.47 NON ALLOWABLE	A	-35	ELECTROCARDI OLOGY		69.00	0 45.47
45.48 NON ALLOWABLE	A	-1,808	RADI OLOGY-DI AGNOSTIC		54.00	0 45.48
45.49		0			0.00	0 45.49
45.50		0			0.00	0 45.50
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,545,998				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: 140048

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 10:11 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	1,978,137	0 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	DATA PROCESSING	1,666,243	0 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL	4,011,821	12,109,830 3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	DEPRECIATION	246,957	0 4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	DEPRECIATION	955,729	0 4.01
4.02	0.00			0	0 4.02
4.03	0.00			0	0 4.03
5.00	0	0	0	8,858,887	12,109,830 5.00

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

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

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

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

6.00	B	TRINITY HOSPITA	100.00	ADVOCATE HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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: 140048

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 10:11 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,978,137	0		1.00
2.00	1,666,243	0		2.00
3.00	-8,098,009	0		3.00
4.00	246,957	9		4.00
4.01	955,729	9		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-3,250,943			5.00

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

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

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

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

6.00	HEALTH CARE		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: 140048

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2015 10:11 am

	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	30.00	ADULTS & PEDIATRICS	1,962,145	1,962,145	0	0	1	1.00
2.00	0.00		0	0	0	0	1	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	121,072	121,072	0	0	1	3.00
4.00	91.00	EMERGENCY	750,000	750,000	0	0	1	4.00
5.00	66.00	PHYSICAL THERAPY	27,320	27,320	0	0	1	5.00
6.00	0.00		0	0	0	0	1	6.00
7.00	90.00	CLINIC	43,992	43,992	0	0	1	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,904,529	2,904,529	0	0	7	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,962,145	1.00
2.00	0.00		0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	121,072	3.00
4.00	91.00	EMERGENCY	0	0	0	750,000	4.00
5.00	66.00	PHYSICAL THERAPY	0	0	0	27,320	5.00
6.00	0.00		0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	43,992	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	2,904,529	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 10:11 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,948,743	3,948,743			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	3,990,382		3,990,382		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,986,785	47,559	48,060	14,082,404	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	27,429,855	489,267	494,426	1,370,777	5.00
7.00 00700	OPERATION OF PLANT	5,768,131	592,089	598,332	561,433	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	35,927	36,305	0	8.00
9.00 00900	HOUSEKEEPING	2,100,699	43,384	43,841	339,127	9.00
10.00 01000	DIETARY	1,698,748	119,618	120,879	215,745	10.00
11.00 01100	CAFETERIA	426,961	70,246	70,987	126,707	11.00
13.00 01300	NURSING ADMINISTRATION	2,806,558	47,229	47,727	628,419	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	2,378,456	55,840	56,429	544,602	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,655,361	29,348	29,658	319,159	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,024,861	946,742	956,726	4,213,156	30.00
31.00 03100	INTENSIVE CARE UNIT	5,223,514	246,611	249,212	1,033,502	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
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	928,127	27,755	28,048	223,699	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,556,589	395,056	399,221	975,216	50.00
51.00 05100	RECOVERY ROOM	679,890	0	0	157,141	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	1,218,321	0	0	9,638	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,919,619	181,940	183,859	842,805	54.00
56.00 05600	RADIOISOTOPE	318,371	16,357	16,529	65,739	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	707,030	11,962	12,088	132,906	59.00
60.00 06000	LABORATORY	6,964,543	90,627	91,582	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,373,095	35,858	36,236	292,517	65.00
66.00 06600	PHYSICAL THERAPY	1,037,875	73,323	74,096	248,709	66.00
67.00 06700	OCCUPATIONAL THERAPY	217,745	0	0	53,350	67.00
68.00 06800	SPEECH PATHOLOGY	105,032	1,881	1,901	25,520	68.00
69.00 06900	ELECTROCARDIOLOGY	849,786	49,523	50,045	183,703	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	54,374	1,730	1,749	11,471	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,002,875	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	3,184,078	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,069,632	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	631,077	10,080	10,187	125,508	74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	238,823	34,924	35,292	56,391	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	1,376,925	45,636	46,117	154,667	90.00
91.00 09100	EMERGENCY	5,126,063	204,655	206,814	1,141,541	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	136,998,924	3,905,167	3,946,346	14,053,148	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	NONREIM PARAMED RT	0	0	0	0	192.01
194.00 07950	OTHER NONREIMBURSABLE COST CENTER	306,946	43,576	44,036	29,256	194.00
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 10:11 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	137,305,870	3,948,743	3,990,382	14,082,404	137,305,870	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 10:11 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	29,784,325				5.00	
7.00	00700	OPERATION OF PLANT	2,083,096	9,603,081			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	20,009	122,350	214,591		8.00	
9.00	00900	HOUSEKEEPING	700,013	147,746	0	3,374,810	9.00	
10.00	01000	DIETARY	596,949	407,366	0	147,304	10.00	
11.00	01100	CAFETERIA	192,493	239,228	0	86,505	11.00	
13.00	01300	NURSING ADMINISTRATION	977,820	160,842	0	58,160	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00	01500	PHARMACY	840,810	190,167	0	68,764	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	563,303	99,947	0	36,141	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
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	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,687,384	3,224,179	125,896	1,165,866	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,870,590	839,847	23,942	303,689	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	
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	334,523	94,522	16,283	34,179	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,752,375	1,345,384	5,735	486,491	50.00	
51.00	05100	RECOVERY ROOM	231,864	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	340,154	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,697,567	619,608	15,396	224,050	54.00	
56.00	05600	RADIOISOTOPE	115,511	55,703	0	20,142	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	239,331	40,737	0	14,730	59.00	
60.00	06000	LABORATORY	1,979,707	308,635	0	111,602	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	481,358	122,116	0	44,157	65.00	
66.00	06600	PHYSICAL THERAPY	397,230	249,705	367	90,293	66.00	
67.00	06700	OCCUPATIONAL THERAPY	75,095	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	37,212	6,407	0	2,317	68.00	
69.00	06900	ELECTROCARDIOLOGY	313,866	168,652	0	60,985	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	19,203	5,893	0	2,131	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,939,852	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	882,015	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,681,337	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	215,194	34,329	0	12,413	74.00	
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	101,227	118,936	0	43,007	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	449,680	155,416	0	56,199	90.00	
91.00	09100	EMERGENCY	1,850,157	696,965	26,972	252,023	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS								
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	
118.00		SUBTOTALS (SUM OF LINES 1-117)	29,666,925	9,454,680	214,591	3,321,148	3,306,609	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
192.01	19201	NONREIM PARAMED RT	0	0	0	0	192.01	
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	117,400	148,401	0	53,662	194.00	
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)	29,784,325	9,603,081	214,591	3,374,810	3,306,609	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/26/2015 10:11 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,336,048					11.00
13.00	01300	NURSING ADMINISTRATION	182,797	4,909,552				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	158,416	0	0	4,293,484		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	92,838	0	0	0	2,825,755	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,225,548	2,641,645	0	134,700	1,212,012	30.00
31.00	03100	INTENSIVE CARE UNIT	300,630	624,529	0	57,549	5,575	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
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	65,071	89,815	0	793	107,170	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	283,675	489,192	0	93,271	492,176	50.00
51.00	05100	RECOVERY ROOM	45,710	74,549	0	2,306	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,804	5,804	0	23,843	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	245,159	55,008	0	21,103	331,112	54.00
56.00	05600	RADIOISOTOPE	19,122	0	0	172	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	38,660	70,819	0	4,344	0	59.00
60.00	06000	LABORATORY	0	0	0	0	65,975	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	85,089	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	72,346	5,897	0	31	3,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,519	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,423	51	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	53,436	63,070	0	2,737	26,947	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,337	5,812	0	391	2,168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,773,204	0	73.00
74.00	07400	RENAL DIALYSIS	36,508	54,393	0	3,955	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,403	3,687	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	44,990	21,117	0	2,436	4,646	90.00
91.00	09100	EMERGENCY	332,057	698,597	0	172,557	543,903	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,327,538	4,903,985	0	4,293,392	2,794,781	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	8,510	5,567	0	92	30,974	194.00
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)	3,336,048	4,909,552	0	4,293,484	2,825,755	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 10:11 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
		17.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE	0			17.00
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	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	41,520,316	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	11,001,277	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
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	1,949,985	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	11,274,381	0 50.00
51.00 05100	RECOVERY ROOM	0	0	1,191,460	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	1,600,564	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	9,337,226	0 54.00
56.00 05600	RADIOISOTOPE	0	0	627,646	0 56.00
57.00 05700	CT SCAN	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	1,272,607	0 59.00
60.00 06000	LABORATORY	0	0	9,612,671	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	0	2,470,426	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	2,252,969	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	361,709	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	187,744	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	1,822,750	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	108,259	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	8,942,727	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	4,066,093	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	11,524,173	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	1,133,644	0 74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	648,690	0 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	2,357,829	0 90.00
91.00 09100	EMERGENCY	0	0	11,252,304	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910	CORF	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS					
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	136,517,450	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0 192.00
192.01 19201	NONREIM PARAMED RT	0	0	0	0 192.01
194.00 07950	OTHER NONREIMBURSABLE COST CENTER	0	0	788,420	0 194.00
200.00	Cross Foot Adjustments		0	0	0 200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.00	21.00	22.00	24.00	25.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	137,305,870	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 10:11 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	41,520,316	30.00
31.00	03100 INTENSIVE CARE UNIT	11,001,277	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
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,949,985	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	11,274,381	50.00
51.00	05100 RECOVERY ROOM	1,191,460	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	1,600,564	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,337,226	54.00
56.00	05600 RADIOISOTOPE	627,646	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	1,272,607	59.00
60.00	06000 LABORATORY	9,612,671	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,470,426	65.00
66.00	06600 PHYSICAL THERAPY	2,252,969	66.00
67.00	06700 OCCUPATIONAL THERAPY	361,709	67.00
68.00	06800 SPEECH PATHOLOGY	187,744	68.00
69.00	06900 ELECTROCARDIOLOGY	1,822,750	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	108,259	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,942,727	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	4,066,093	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,524,173	73.00
74.00	07400 RENAL DIALYSIS	1,133,644	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	76.00
76.97	07697 CARDIAC REHABILITATION	648,690	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	2,357,829	90.00
91.00	09100 EMERGENCY	11,252,304	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESITNAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	136,517,450	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 NONREIM PARAMED RT	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTER	788,420	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	137,305,870	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 10:11 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	47,559	48,060	95,619	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	489,267	494,426	983,693	5.00
7.00 00700	OPERATION OF PLANT	0	592,089	598,332	1,190,421	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	35,927	36,305	72,232	8.00
9.00 00900	HOUSEKEEPING	0	43,384	43,841	87,225	9.00
10.00 01000	DIETARY	0	119,618	120,879	240,497	10.00
11.00 01100	CAFETERIA	0	70,246	70,987	141,233	11.00
13.00 01300	NURSING ADMINISTRATION	0	47,229	47,727	94,956	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	55,840	56,429	112,269	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	29,348	29,658	59,006	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	946,742	956,726	1,903,468	30.00
31.00 03100	INTENSIVE CARE UNIT	0	246,611	249,212	495,823	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
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	27,755	28,048	55,803	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	395,056	399,221	794,277	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	181,940	183,859	365,799	54.00
56.00 05600	RADIOISOTOPE	0	16,357	16,529	32,886	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	11,962	12,088	24,050	59.00
60.00 06000	LABORATORY	0	90,627	91,582	182,209	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	35,858	36,236	72,094	65.00
66.00 06600	PHYSICAL THERAPY	0	73,323	74,096	147,419	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	1,881	1,901	3,782	68.00
69.00 06900	ELECTROCARDIOLOGY	0	49,523	50,045	99,568	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,730	1,749	3,479	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	10,080	10,187	20,267	74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	34,924	35,292	70,216	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	45,636	46,117	91,753	90.00
91.00 09100	EMERGENCY	0	204,655	206,814	411,469	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,905,167	3,946,346	7,851,513	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	NONREIM PARAMED RT	0	0	0	0	192.01
194.00 07950	OTHER NONREIMBURSABLE COST CENTER	0	43,576	44,036	87,612	194.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
202.00	TOTAL (sum lines 118-201)	0	1.00 3,948,743	2.00 3,990,382	2A 7,939,125	4.00 95,619	202.00

Provider CCN: 140048

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 10:11 am

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 10:11 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	993,002				5.00	
7.00	00700	OPERATION OF PLANT	69,447	1,263,681			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	667	16,100	88,999		8.00	
9.00	00900	HOUSEKEEPING	23,337	19,442	0	132,307	9.00	
10.00	01000	DIETARY	19,901	53,606	0	5,775	321,244	10.00
11.00	01100	CAFETERIA	6,417	31,480	0	3,391	206,246	11.00
13.00	01300	NURSING ADMINISTRATION	32,599	21,165	0	2,280	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	28,031	25,024	0	2,696	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,780	13,152	0	1,417	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	222,988	424,275	52,216	45,706	93,422	30.00
31.00	03100	INTENSIVE CARE UNIT	62,362	110,517	9,929	11,906	21,576	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
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	11,152	12,438	6,753	1,340	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,421	177,041	2,378	19,073	0	50.00
51.00	05100	RECOVERY ROOM	7,730	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,340	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,594	81,535	6,385	8,784	0	54.00
56.00	05600	RADIOISOTOPE	3,851	7,330	0	790	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	7,979	5,361	0	577	0	59.00
60.00	06000	LABORATORY	66,000	40,614	0	4,375	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	16,048	16,069	0	1,731	0	65.00
66.00	06600	PHYSICAL THERAPY	13,243	32,859	152	3,540	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,504	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,241	843	0	91	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,464	22,193	0	2,391	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	640	775	0	84	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	64,672	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,405	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,053	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,174	4,517	0	487	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,375	15,651	0	1,686	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	14,992	20,451	0	2,203	0	90.00
91.00	09100	EMERGENCY	61,681	91,715	11,186	9,880	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	989,088	1,244,153	88,999	130,203	321,244	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	3,914	19,528	0	2,104	0	194.00
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)	993,002	1,263,681	88,999	132,307	321,244	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 10:11 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	389,627				11.00
13.00	01300	NURSING ADMINISTRATION	21,350	176,618			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0		14.00
15.00	01500	PHARMACY	18,502	0	0	190,220	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,843	0	0	0	105,365
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	143,132	95,030	0	5,968	45,193
31.00	03100	INTENSIVE CARE UNIT	35,112	22,467	0	2,550	208
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	7,600	3,231	0	35	3,996
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,132	17,598	0	4,132	18,352
51.00	05100	RECOVERY ROOM	5,339	2,682	0	102	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	327	209	0	1,056	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,633	1,979	0	935	12,346
56.00	05600	RADIOISOTOPE	2,233	0	0	8	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,515	2,548	0	192	0
60.00	06000	LABORATORY	0	0	0	0	2,460
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	9,938	0	0	0	0
66.00	06600	PHYSICAL THERAPY	8,450	212	0	1	115
67.00	06700	OCCUPATIONAL THERAPY	1,812	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	867	2	0	87	0
69.00	06900	ELECTROCARDIOLOGY	6,241	2,269	0	121	1,005
70.00	07000	ELECTROENCEPHALOGRAPHY	390	209	0	17	81
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	167,171	0
74.00	07400	RENAL DIALYSIS	4,264	1,957	0	175	0
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,916	133	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	5,255	760	0	108	173
91.00	09100	EMERGENCY	38,782	25,132	0	7,645	20,281
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	388,633	176,418	0	190,216	104,210
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	NONREIM PARAMED RT	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	994	200	0	4	1,155
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	389,627	176,618	0	190,220	105,365

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 10:11 am	
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	17.00	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE	0		17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0		3,059,998
31.00	03100	INTENSIVE CARE UNIT	0		779,468
32.00	03200	CORONARY CARE UNIT	0		0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0
41.00	04100	SUBPROVIDER - IRF	0		0
42.00	04200	SUBPROVIDER	0		0
43.00	04300	NURSERY	0		103,867
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0		1,131,027
51.00	05100	RECOVERY ROOM	0		16,920
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0
53.00	05300	ANESTHESIOLOGY	0		12,997
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		568,713
56.00	05600	RADIOISOTOPE	0		47,544
57.00	05700	CT SCAN	0		0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0
59.00	05900	CARDIAC CATHETERIZATION	0		46,125
60.00	06000	LABORATORY	0		295,658
60.01	06001	BLOOD LABORATORY	0		0
65.00	06500	RESPIRATORY THERAPY	0		117,866
66.00	06600	PHYSICAL THERAPY	0		207,680
67.00	06700	OCCUPATIONAL THERAPY	0		4,678
68.00	06800	SPEECH PATHOLOGY	0		6,999
69.00	06900	ELECTROCARDIOLOGY	0		145,500
70.00	07000	ELECTROENCEPHALOGRAPHY	0		5,753
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		64,672
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		29,405
73.00	07300	DRUGS CHARGED TO PATIENTS	0		223,224
74.00	07400	RENAL DIALYSIS	0		39,693
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0		0
76.97	07697	CARDIAC REHABILITATION	0		93,360
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0		0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0
90.00	09000	CLINIC	0		136,745
91.00	09100	EMERGENCY	0		685,523
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0		0
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0		0
110.00	11000	INTESTINAL ACQUISITION	0		0
111.00	11100	ISLET ACQUISITION	0		0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	7,823,415
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		0
192.01	19201	NONREIM PARAMED RT	0		0
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0		115,710
200.00		Cross Foot Adjustments	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140048

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.00	21.00	22.00	24.00	25.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	7,939,125	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 10:11 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	3,059,998	30.00
31.00	03100 INTENSIVE CARE UNIT	779,468	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
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	103,867	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,131,027	50.00
51.00	05100 RECOVERY ROOM	16,920	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	12,997	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	568,713	54.00
56.00	05600 RADIOISOTOPE	47,544	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	46,125	59.00
60.00	06000 LABORATORY	295,658	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	117,866	65.00
66.00	06600 PHYSICAL THERAPY	207,680	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,678	67.00
68.00	06800 SPEECH PATHOLOGY	6,999	68.00
69.00	06900 ELECTROCARDIOLOGY	145,500	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,753	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	64,672	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	29,405	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	223,224	73.00
74.00	07400 RENAL DIALYSIS	39,693	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	76.00
76.97	07697 CARDIAC REHABILITATION	93,360	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	136,745	90.00
91.00	09100 EMERGENCY	685,523	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,823,415	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 NONREIM PARAMED RT	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTER	115,710	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	7,939,125	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQ. FEET OLD)	NEW MVBLE EQUIP (SQ. FEET OLD)				
	1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	287,528				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		287,528			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,463	3,463	52,865,011		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,626	35,626	5,145,870	-29,784,325	107,521,545
7.00 00700	OPERATION OF PLANT	43,113	43,113	2,107,606	0	7,519,985
8.00 00800	LAUNDRY & LINEN SERVICE	2,616	2,616	0	0	72,232
9.00 00900	HOUSEKEEPING	3,159	3,159	1,273,074	0	2,527,051
10.00 01000	DIETARY	8,710	8,710	809,902	0	2,154,990
11.00 01100	CAFETERIA	5,115	5,115	475,656	0	694,901
13.00 01300	NURSING ADMINISTRATION	3,439	3,439	2,359,072	0	3,529,933
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	4,066	4,066	2,044,426	0	3,035,327
16.00 01600	MEDICAL RECORDS & LIBRARY	2,137	2,137	1,198,116	0	2,033,526
17.00 01700	SOCIAL SERVICE	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	68,937	68,937	15,816,053	0	24,141,485
31.00 03100	INTENSIVE CARE UNIT	17,957	17,957	3,879,746	0	6,752,839
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
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSEY	2,021	2,021	839,763	0	1,207,629
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,766	28,766	3,660,942	0	6,326,082
51.00 05100	RECOVERY ROOM	0	0	589,904	0	837,031
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	36,181	0	1,227,959
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,248	13,248	3,163,873	0	6,128,223
56.00 05600	RADIOISOTOPE	1,191	1,191	246,782	0	416,996
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	871	871	498,928	0	863,986
60.00 06000	LABORATORY	6,599	6,599	0	0	7,146,752
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,611	2,611	1,098,103	0	1,737,706
66.00 06600	PHYSICAL THERAPY	5,339	5,339	933,647	0	1,434,003
67.00 06700	OCCUPATIONAL THERAPY	0	0	200,276	0	271,095
68.00 06800	SPEECH PATHOLOGY	137	137	95,801	0	134,334
69.00 06900	ELECTROCARDIOLOGY	3,606	3,606	689,618	0	1,133,057
70.00 07000	ELECTROENCEPHALOGRAPHY	126	126	43,062	0	69,324
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,002,875
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,184,078
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,069,632
74.00 07400	RENAL DIALYSIS	734	734	471,155	0	776,852
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	2,543	2,543	211,690	0	365,430
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	3,323	3,323	580,618	0	1,623,345
91.00 09100	EMERGENCY	14,902	14,902	4,285,322	0	6,679,073
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	284,355	284,355	52,755,186	-29,784,325	107,097,731
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	NONREIM PARAMED RT	0	0	0	0	0
194.00 07950	OTHER NONREIMBURSABLE COST CENTER	3,173	3,173	109,825	0	423,814
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQ. FEET OLD)	NEW MVBLE EQUIP (SQ. FEET OLD)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,948,743	3,990,382	14,082,404		29,784,325	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.733421	13.878238	0.266384		0.277008	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			95,619		993,002	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001809		0.009235	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQ. FEET OLD)	LAUNDRY & LINEN SERVICE (LAUNDRY LBS)	HOUSEKEEPING (SQ. FEET OLD)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	205,326				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,616	1,023,212			8.00	
9.00	00900	HOUSEKEEPING	3,159	0	199,551		9.00	
10.00	01000	DIETARY	8,710	0	8,710	362,929	10.00	
11.00	01100	CAFETERIA	5,115	0	5,115	233,009	43,052,903	11.00
13.00	01300	NURSING ADMINISTRATION	3,439	0	3,439	0	2,359,072	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	4,066	0	4,066	0	2,044,426	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,137	0	2,137	0	1,198,116	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,937	600,304	68,937	105,544	15,816,053	30.00
31.00	03100	INTENSIVE CARE UNIT	17,957	114,158	17,957	24,376	3,879,746	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
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	2,021	77,640	2,021	0	839,763	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,766	27,344	28,766	0	3,660,942	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	589,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	36,181	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,248	73,410	13,248	0	3,163,873	54.00
56.00	05600	RADIOISOTOPE	1,191	0	1,191	0	246,782	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	871	0	871	0	498,928	59.00
60.00	06000	LABORATORY	6,599	0	6,599	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,611	0	2,611	0	1,098,103	65.00
66.00	06600	PHYSICAL THERAPY	5,339	1,749	5,339	0	933,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	200,276	67.00
68.00	06800	SPEECH PATHOLOGY	137	0	137	0	95,801	68.00
69.00	06900	ELECTROCARDIOLOGY	3,606	0	3,606	0	689,618	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126	0	126	0	43,062	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	734	0	734	0	471,155	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,543	0	2,543	0	211,690	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	3,323	0	3,323	0	580,618	90.00
91.00	09100	EMERGENCY	14,902	128,607	14,902	0	4,285,322	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	202,153	1,023,212	196,378	362,929	42,943,078	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	3,173	0	3,173	0	109,825	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,603,081	214,591	3,374,810	3,306,609	3,336,048	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQ. FEET OLD)	LAUNDRY & LINEN SERVICE (LAUNDRY LBS)	HOUSEKEEPING (SQ. FEET OLD)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	46.769922	0.209723	16.912017	9.110898	0.077487	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,263,681	88,999	132,307	321,244	389,627	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.154510	0.086980	0.663023	0.885143	0.009050	205.00

COST ALLOCATION - STATISTICAL BASIS

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (NSG FTE)	CENTRAL SERVICES & SUPPLY (MED SUPPL COSTS)	PHARMACY (PHARM COSTS)	MEDICAL RECORDS & LIBRARY (MED REC TIME)	SOCIAL SERVICE (SOC SERV TIME)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,844,112					13.00
14.00	01400	0	0				14.00
15.00	01500	0	0	6,050,417			15.00
16.00	01600	0	0	0	9,123		16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	992,247	0	189,821	3,913	0	30.00
31.00	03100	234,584	0	81,099	18	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
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	33,736	0	1,117	346	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	183,749	0	131,439	1,589	0	50.00
51.00	05100	28,002	0	3,250	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	2,180	0	33,600	0	0	53.00
54.00	05400	20,662	0	29,739	1,069	0	54.00
56.00	05600	0	0	242	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	26,601	0	6,122	0	0	59.00
60.00	06000	0	0	0	213	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	0	0	65.00
66.00	06600	2,215	0	43	10	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	19	0	0	0	0	68.00
69.00	06900	23,690	0	3,857	87	0	69.00
70.00	07000	2,183	0	551	7	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	5,317,232	0	0	73.00
74.00	07400	20,431	0	5,574	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	1,385	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	7,932	0	3,433	15	0	90.00
91.00	09100	262,405	0	243,169	1,756	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		1,842,021	0	6,050,288	9,023	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	2,091	0	129	100	0	194.00
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 10:11 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (MED SUPPL COSTS)	PHARMACY (PHARM COSTS)	MEDICAL RECORDS & LIBRARY (MED REC TIME)	SOCIAL SERVICE (SOC SERV TIME)	
		13.00 (NSG FTE)	14.00	15.00	16.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	4,909,552	0	4,293,484	2,825,755	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.662285	0.000000	0.709618	309.739669	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	176,618	0	190,220	105,365	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.095774	0.000000	0.031439	11.549381	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 10:11 am

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES (HRS)	SERVICES-OTHER PRGM COSTS (HRS)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500	ADMINISTRATIVE & GENERAL			5.00
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	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
41.00 04100	SUBPROVIDER - IRF	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	42.00
43.00 04300	NURSERY	0	0	43.00
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
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	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
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
OTHER REIMBURSABLE COST CENTERS				
99.10 09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 19201	NONREIM PARAMED RT	0	0	192.01
194.00 07950	OTHER NONREIMBURSABLE COST CENTER	0	0	194.00
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (HRS)	SERVICES-OTHER PRGM COSTS (HRS)		
		21.00	22.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140048

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 10:11 am

		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		41,520,316	0	41,520,316	30.00
31.00	03100 INTENSIVE CARE UNIT		11,001,277	0	11,001,277	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
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,949,985	0	1,949,985	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		11,274,381	0	11,274,381	50.00
51.00	05100 RECOVERY ROOM		1,191,460	0	1,191,460	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY		1,600,564	0	1,600,564	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,337,226	0	9,337,226	54.00
56.00	05600 RADIOISOTOPE		627,646	0	627,646	56.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,272,607	0	1,272,607	59.00
60.00	06000 LABORATORY		9,612,671	0	9,612,671	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,470,426	0	2,470,426	65.00
66.00	06600 PHYSICAL THERAPY	0	2,252,969	0	2,252,969	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	361,709	0	361,709	67.00
68.00	06800 SPEECH PATHOLOGY	0	187,744	0	187,744	68.00
69.00	06900 ELECTROCARDIOLOGY		1,822,750	0	1,822,750	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		108,259	0	108,259	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,942,727	0	8,942,727	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		4,066,093	0	4,066,093	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,524,173	0	11,524,173	73.00
74.00	07400 RENAL DIALYSIS		1,133,644	0	1,133,644	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		648,690	0	648,690	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		2,357,829	0	2,357,829	90.00
91.00	09100 EMERGENCY		11,252,304	0	11,252,304	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,008,191	0	6,008,191	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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
200.00	Subtotal (see instructions)		142,525,641	0	142,525,641	200.00
201.00	Less Observation Beds		6,008,191	0	6,008,191	201.00
202.00	Total (see instructions)		136,517,450	0	136,517,450	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 10:11 am	
			Title XVII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,754,405		71,754,405			30.00
31.00	03100	INTENSIVE CARE UNIT	21,547,432		21,547,432			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
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,793,986		2,793,986			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,201,906	26,222,828	43,424,734	0.259630	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,715,029	4,821,163	8,536,192	0.139577	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,922,018	3,780,320	7,702,338	0.207802	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,608,650	57,532,367	89,141,017	0.104747	0.000000	54.00
56.00	05600	RADIOISOTOPE	5,125,993	4,341,203	9,467,196	0.066297	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,056,679	917,025	7,973,704	0.159600	0.000000	59.00
60.00	06000	LABORATORY	41,984,804	21,935,522	63,920,326	0.150385	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	20,265,586	3,249,344	23,514,930	0.105058	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,591,302	2,747,188	5,338,490	0.422024	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,093,914	502,758	1,596,672	0.226539	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	763,010	152,814	915,824	0.205000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,342,893	6,930,283	17,273,176	0.105525	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	528,229	126,089	654,318	0.165453	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,858,889	1,706,139	6,565,028	1.362177	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,007,726	2,419,266	7,426,992	0.547475	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,321,385	12,772,532	61,093,917	0.188630	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,993,231	0	4,993,231	0.227036	0.000000	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	28,937	775,254	804,191	0.806637	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	3,667,509	3,667,509	0.642897	0.000000	90.00
91.00	09100	EMERGENCY	19,670,805	61,130,615	80,801,420	0.139259	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,029,020	9,029,020	0.665431	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
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
200.00		Subtotal (see instructions)	325,176,809	224,759,239	549,936,048			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	325,176,809	224,759,239	549,936,048			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 10:11 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		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
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.259630		50.00
51.00	05100 RECOVERY ROOM	0.139577		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.207802		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.104747		54.00
56.00	05600 RADIOISOTOPE	0.066297		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	0.159600		59.00
60.00	06000 LABORATORY	0.150385		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.105058		65.00
66.00	06600 PHYSICAL THERAPY	0.422024		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226539		67.00
68.00	06800 SPEECH PATHOLOGY	0.205000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.105525		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165453		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.362177		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.547475		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188630		73.00
74.00	07400 RENAL DIALYSIS	0.227036		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.806637		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	0.642897		90.00
91.00	09100 EMERGENCY	0.139259		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.665431		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140048

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 10:11 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	41,520,316		41,520,316	0	41,520,316	30.00
31.00	03100 INTENSIVE CARE UNIT	11,001,277		11,001,277	0	11,001,277	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
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	1,949,985		1,949,985	0	1,949,985	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,274,381		11,274,381	0	11,274,381	50.00
51.00	05100 RECOVERY ROOM	1,191,460		1,191,460	0	1,191,460	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,600,564		1,600,564	0	1,600,564	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,337,226		9,337,226	0	9,337,226	54.00
56.00	05600 RADIOISOTOPE	627,646		627,646	0	627,646	56.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,272,607		1,272,607	0	1,272,607	59.00
60.00	06000 LABORATORY	9,612,671		9,612,671	0	9,612,671	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,470,426	0	2,470,426	0	2,470,426	65.00
66.00	06600 PHYSICAL THERAPY	2,252,969	0	2,252,969	0	2,252,969	66.00
67.00	06700 OCCUPATIONAL THERAPY	361,709	0	361,709	0	361,709	67.00
68.00	06800 SPEECH PATHOLOGY	187,744	0	187,744	0	187,744	68.00
69.00	06900 ELECTROCARDIOLOGY	1,822,750		1,822,750	0	1,822,750	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	108,259		108,259	0	108,259	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,942,727		8,942,727	0	8,942,727	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	4,066,093		4,066,093	0	4,066,093	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,524,173		11,524,173	0	11,524,173	73.00
74.00	07400 RENAL DIALYSIS	1,133,644		1,133,644	0	1,133,644	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	648,690		648,690	0	648,690	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	2,357,829		2,357,829	0	2,357,829	90.00
91.00	09100 EMERGENCY	11,252,304		11,252,304	0	11,252,304	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,008,191		6,008,191	0	6,008,191	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0		0	99.10
SPECIAL PURPOSE COST CENTERS							
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
200.00	Subtotal (see instructions)	142,525,641	0	142,525,641	0	142,525,641	200.00
201.00	Less Observation Beds	6,008,191		6,008,191		6,008,191	201.00
202.00	Total (see instructions)	136,517,450	0	136,517,450	0	136,517,450	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 10:11 am	
			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	71,754,405		71,754,405			30.00
31.00	03100	INTENSIVE CARE UNIT	21,547,432		21,547,432			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
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,793,986		2,793,986			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,201,906	26,222,828	43,424,734	0.259630	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,715,029	4,821,163	8,536,192	0.139577	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,922,018	3,780,320	7,702,338	0.207802	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,608,650	57,532,367	89,141,017	0.104747	0.000000	54.00
56.00	05600	RADIOISOTOPE	5,125,993	4,341,203	9,467,196	0.066297	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,056,679	917,025	7,973,704	0.159600	0.000000	59.00
60.00	06000	LABORATORY	41,984,804	21,935,522	63,920,326	0.150385	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	20,265,586	3,249,344	23,514,930	0.105058	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,591,302	2,747,188	5,338,490	0.422024	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,093,914	502,758	1,596,672	0.226539	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	763,010	152,814	915,824	0.205000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,342,893	6,930,283	17,273,176	0.105525	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	528,229	126,089	654,318	0.165453	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,858,889	1,706,139	6,565,028	1.362177	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,007,726	2,419,266	7,426,992	0.547475	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,321,385	12,772,532	61,093,917	0.188630	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,993,231	0	4,993,231	0.227036	0.000000	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	28,937	775,254	804,191	0.806637	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	3,667,509	3,667,509	0.642897	0.000000	90.00
91.00	09100	EMERGENCY	19,670,805	61,130,615	80,801,420	0.139259	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,029,020	9,029,020	0.665431	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
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
200.00		Subtotal (see instructions)	325,176,809	224,759,239	549,936,048			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	325,176,809	224,759,239	549,936,048			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 10:11 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
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
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
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 PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
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
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 10:11 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,059,998	0	3,059,998	35,417	86.40	30.00
31.00	INTENSIVE CARE UNIT	779,468		779,468	7,105	109.71	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
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	103,867		103,867	3,071	33.82	43.00
200.00	Total (Lines 30-199)	3,943,333		3,943,333	45,593		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,231	970,358				30.00
31.00	INTENSIVE CARE UNIT	2,932	321,670				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	14,163	1,292,028				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 10:11 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,131,027	43,424,734	0.026046	5,727,210	149,171	50.00
51.00	05100 RECOVERY ROOM	16,920	8,536,192	0.001982	986,895	1,956	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	12,997	7,702,338	0.001687	901,695	1,521	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	568,713	89,141,017	0.006380	12,847,568	81,967	54.00
56.00	05600 RADIOISOTOPE	47,544	9,467,196	0.005022	2,428,992	12,198	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	46,125	7,973,704	0.005785	2,030,563	11,747	59.00
60.00	06000 LABORATORY	295,658	63,920,326	0.004625	16,359,915	75,665	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	117,866	23,514,930	0.005012	8,903,645	44,625	65.00
66.00	06600 PHYSICAL THERAPY	207,680	5,338,490	0.038902	1,249,830	48,621	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,678	1,596,672	0.002930	521,163	1,527	67.00
68.00	06800 SPEECH PATHOLOGY	6,999	915,824	0.007642	408,919	3,125	68.00
69.00	06900 ELECTROCARDIOLOGY	145,500	17,273,176	0.008423	4,337,760	36,537	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,753	654,318	0.008792	268,583	2,361	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	64,672	6,565,028	0.009851	1,352,404	13,323	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	29,405	7,426,992	0.003959	1,764,861	6,987	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	223,224	61,093,917	0.003654	14,574,552	53,255	73.00
74.00	07400 RENAL DIALYSIS	39,693	4,993,231	0.007949	3,063,864	24,355	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	93,360	804,191	0.116092	10,018	1,163	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	136,745	3,667,509	0.037286	0	0	90.00
91.00	09100 EMERGENCY	685,523	80,801,420	0.008484	7,449,383	63,201	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	442,798	9,029,020	0.049042	0	0	92.00
200.00	Total (lines 50-199)	4,322,880	453,840,225		85,187,820	633,305	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/26/2015 10:11 am
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Cost Center Description			Title XVIII				Hospital		PPS	
Cost Center Description			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)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0		32.00	
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	
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	
200.00		Total (lines 30-199)	0	0	0	0	0		200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
			6.00	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	35,417	0.00	11,231	0			30.00	
31.00	03100	INTENSIVE CARE UNIT	7,105	0.00	2,932	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	
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	3,071	0.00	0	0			43.00	
200.00		Total (lines 30-199)	45,593		14,163	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 10:11 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	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
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
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 PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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
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: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 10:11 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	43,424,734	0.000000	0.000000	5,727,210	50.00
51.00	05100	RECOVERY ROOM	0	8,536,192	0.000000	0.000000	986,895	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,702,338	0.000000	0.000000	901,695	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	89,141,017	0.000000	0.000000	12,847,568	54.00
56.00	05600	RADIOISOTOPE	0	9,467,196	0.000000	0.000000	2,428,992	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,973,704	0.000000	0.000000	2,030,563	59.00
60.00	06000	LABORATORY	0	63,920,326	0.000000	0.000000	16,359,915	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	23,514,930	0.000000	0.000000	8,903,645	65.00
66.00	06600	PHYSICAL THERAPY	0	5,338,490	0.000000	0.000000	1,249,830	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,596,672	0.000000	0.000000	521,163	67.00
68.00	06800	SPEECH PATHOLOGY	0	915,824	0.000000	0.000000	408,919	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,273,176	0.000000	0.000000	4,337,760	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	654,318	0.000000	0.000000	268,583	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,565,028	0.000000	0.000000	1,352,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,426,992	0.000000	0.000000	1,764,861	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	61,093,917	0.000000	0.000000	14,574,552	73.00
74.00	07400	RENAL DIALYSIS	0	4,993,231	0.000000	0.000000	3,063,864	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	804,191	0.000000	0.000000	10,018	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	3,667,509	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	80,801,420	0.000000	0.000000	7,449,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,029,020	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	453,840,225			85,187,820	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 10:11 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	4,116,536	0		50.00
51.00	05100 RECOVERY ROOM	0	737,715	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	610,958	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,786,067	0		54.00
56.00	05600 RADIOISOTOPE	0	1,231,637	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	512,992	0		59.00
60.00	06000 LABORATORY	0	3,073,933	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	596,809	0		65.00
66.00	06600 PHYSICAL THERAPY	0	40,824	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	2,305	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,731,919	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	31,366	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	455,671	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	817,047	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,474,002	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	231,387	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	1,306,128	0		90.00
91.00	09100 EMERGENCY	0	7,005,326	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,123,768	0		92.00
200.00	Total (lines 50-199)	0	36,886,390	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 10:11 am
		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	0.259630	4,116,536	0	0	1,068,776	50.00
51.00	05100 RECOVERY ROOM	0.139577	737,715	0	0	102,968	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.207802	610,958	0	0	126,958	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.104747	9,786,067	0	0	1,025,061	54.00
56.00	05600 RADIOISOTOPE	0.066297	1,231,637	0	0	81,654	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.159600	512,992	0	0	81,874	59.00
60.00	06000 LABORATORY	0.150385	3,073,933	0	0	462,273	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.105058	596,809	0	0	62,700	65.00
66.00	06600 PHYSICAL THERAPY	0.422024	40,824	0	0	17,229	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226539	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.205000	2,305	0	0	473	68.00
69.00	06900 ELECTROCARDIOLOGY	0.105525	1,731,919	0	0	182,761	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165453	31,366	0	0	5,190	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.362177	455,671	0	0	620,705	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.547475	817,047	0	0	447,313	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188630	2,474,002	0	11,150	466,671	73.00
74.00	07400 RENAL DIALYSIS	0.227036	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.806637	231,387	0	0	186,645	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	0.642897	1,306,128	0	0	839,706	90.00
91.00	09100 EMERGENCY	0.139259	7,005,326	0	0	975,555	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.665431	2,123,768	0	0	1,413,221	92.00
200.00	Subtotal (see instructions)		36,886,390	0	11,150	8,167,733	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		36,886,390	0	11,150	8,167,733	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 10:11 am
		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
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	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,103	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
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
200.00	Subtotal (see instructions)	0	2,103	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	2,103	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 10:11 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.259630	0	0	2,476,132	0	50.00
51.00	05100 RECOVERY ROOM	0.139577	0	0	692,123	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.207802	0	0	458,701	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.104747	0	0	13,422,860	0	54.00
56.00	05600 RADIOISOTOPE	0.066297	0	0	763,854	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.159600	0	0	105,288	0	59.00
60.00	06000 LABORATORY	0.150385	0	0	5,115,840	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.105058	0	0	755,298	0	65.00
66.00	06600 PHYSICAL THERAPY	0.422024	0	0	496,497	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226539	0	0	111,619	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.205000	0	0	17,847	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.105525	0	0	1,244,725	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165453	0	0	23,942	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.362177	0	0	218,184	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.547475	0	0	226,048	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188630	0	0	2,127,401	0	73.00
74.00	07400 RENAL DIALYSIS	0.227036	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.806637	0	0	27,500	0	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	0.642897	0	0	593,113	0	90.00
91.00	09100 EMERGENCY	0.139259	0	0	18,571,952	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.665431	0	0	1,891,017	0	92.00
200.00	Subtotal (see instructions)		0	0	49,339,941	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	49,339,941	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 10:11 am
		Title XIX	Hospital	Cost

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	642,878	50.00
51.00	05100	RECOVERY ROOM	0	96,604	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	95,319	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,406,004	54.00
56.00	05600	RADIOISOTOPE	0	50,641	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	16,804	59.00
60.00	06000	LABORATORY	0	769,346	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	79,350	65.00
66.00	06600	PHYSICAL THERAPY	0	209,534	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,286	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,659	68.00
69.00	06900	ELECTROCARDIOLOGY	0	131,350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	297,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	123,756	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	401,292	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	22,183	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	381,311	90.00
91.00	09100	EMERGENCY	0	2,586,311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,258,341	92.00
200.00		Subtotal (see instructions)	0	8,601,135	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	8,601,135	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2015 10:11 am
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)		35,417	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,417	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)		30,292	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		11,231	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)		41,520,316	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)		41,520,316	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)		41,520,316	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)		1,172.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,166,438	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)		13,166,438	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/26/2015 10:11 am	
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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	11,001,277	7,105	1,548.39	2,932	4,539,879		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)					15,568,861		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,275,178		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,292,028		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					633,305		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,925,333		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					31,349,845		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)					5,125		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,172.33		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,008,191		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 10:11 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,059,998	41,520,316	0.073699	6,008,191	442,798	90.00
91.00	Nursing School cost	0	41,520,316	0.000000	6,008,191	0	91.00
92.00	Allied health cost	0	41,520,316	0.000000	6,008,191	0	92.00
93.00	All other Medical Education	0	41,520,316	0.000000	6,008,191	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/26/2015 10:11 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,417	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,417	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)		30,292	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)		8,848	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)		3,071	15.00
16.00	Nursery days (title V or XIX only)		2,436	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)		41,520,316	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)		41,520,316	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)		41,520,316	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)		1,172.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,372,776	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)		10,372,776	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Date/Time Prepared: 5/26/2015 10:11 am		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1,949,985	3,071	634.97	2,436	1,546,787		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	11,001,277	7,105	1,548.39	2,044	3,164,909		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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,954,791		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,039,263		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						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)						5,125	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,172.33	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						6,008,191	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 10:11 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,059,998	41,520,316	0.073699	6,008,191	442,798	90.00
91.00	Nursing School cost	0	41,520,316	0.000000	6,008,191	0	91.00
92.00	Allied health cost	0	41,520,316	0.000000	6,008,191	0	92.00
93.00	All other Medical Education	0	41,520,316	0.000000	6,008,191	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 10:11 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		21,832,368	30.00
31.00	03100	INTENSIVE CARE UNIT		8,510,621	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
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.259630	5,727,210	50.00
51.00	05100	RECOVERY ROOM	0.139577	986,895	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.207802	901,695	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104747	12,847,568	54.00
56.00	05600	RADIOISOTOPE	0.066297	2,428,992	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159600	2,030,563	59.00
60.00	06000	LABORATORY	0.150385	16,359,915	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.105058	8,903,645	65.00
66.00	06600	PHYSICAL THERAPY	0.422024	1,249,830	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226539	521,163	67.00
68.00	06800	SPEECH PATHOLOGY	0.205000	408,919	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105525	4,337,760	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165453	268,583	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.362177	1,352,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.547475	1,764,861	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188630	14,574,552	73.00
74.00	07400	RENAL DIALYSIS	0.227036	3,063,864	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.806637	10,018	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	0.642897	0	90.00
91.00	09100	EMERGENCY	0.139259	7,449,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.665431	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		85,187,820	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)		85,187,820	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 10:11 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		18,857,288	30.00
31.00	03100	INTENSIVE CARE UNIT		2,898,508	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
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		2,254,544	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.259630	2,285,536	50.00
51.00	05100	RECOVERY ROOM	0.139577	511,996	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.207802	1,122,434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104747	4,489,285	54.00
56.00	05600	RADIOISOTOPE	0.066297	666,721	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159600	896,242	59.00
60.00	06000	LABORATORY	0.150385	8,085,528	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.105058	3,430,197	65.00
66.00	06600	PHYSICAL THERAPY	0.422024	247,273	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226539	94,438	67.00
68.00	06800	SPEECH PATHOLOGY	0.205000	70,569	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105525	1,426,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165453	67,285	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.362177	710,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.547475	504,335	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188630	9,137,094	73.00
74.00	07400	RENAL DIALYSIS	0.227036	427,130	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.806637	3,570	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	0.642897	0	90.00
91.00	09100	EMERGENCY	0.139259	3,254,688	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.665431	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		37,431,296	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)		37,431,296	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 10:11 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		22,477,634	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)		720,228	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		173.96	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)		11.70	30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.58	31.00
32.00	Sum of lines 30 and 31		45.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		26.57	33.00
34.00	Disproportionate share adjustment (see instructions)		1,493,077	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 10:11 am	
		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	9,046,380,143	35.00
35.01	Factor 3 (see instructions)		0.000486827	0.000452355	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,404,022	3,459,450	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,293,966	871,972	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,165,938		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)		28,856,877		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)		28,856,877		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,997,444		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)		30,854,321		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		30,854,321		61.00
62.00	Deductibles billed to program beneficiaries		2,493,856		62.00
63.00	Coinurance billed to program beneficiaries		135,256		63.00
64.00	Allowable bad debts (see instructions)		1,101,585		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		716,030		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		874,025		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		28,941,239		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)		41,262		70.93
70.94	HRR adjustment amount (see instructions)		-180,619		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 10:11 am	
		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)		28,801,882		71.00
71.01	Sequestration adjustment (see instructions)		576,038		71.01
72.00	Interim payments		27,923,653		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)		302,191		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		409,491		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 10:11 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,103	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,167,733	2.00
3.00	PPS payments		6,651,811	3.00
4.00	Outlier payment (see instructions)		3,548	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		6,697,541	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		99.37	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)		2,103	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		11,150	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)		11,150	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)		11,150	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,047	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)		2,103	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)		6,655,359	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,460,481	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		5,196,981	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)		5,196,981	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,196,981	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)		620,357	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		403,232	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		529,429	36.00
37.00	Subtotal (see instructions)		5,600,213	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		5,600,213	40.00
40.01	Sequestration adjustment (see instructions)		112,004	40.01
41.00	Interim payments		5,091,015	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		397,194	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: 140048		Period: From 01/01/2014 To 12/31/2014		Worksheet E-1 Part I Date/Time Prepared: 5/26/2015 10:11 am	
		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		27,812,074		5,091,015	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/18/2014	111,579		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		111,579		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		27,923,653		5,091,015	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		302,191		397,194	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		28,225,844		5,488,209	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: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/26/2015 10:11 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		9,694	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		14,163	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,303	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		37,397	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		549,936,048	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6,429,029	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)		413,090	8.00
9.00	Sequestration adjustment amount (see instructions)		8,262	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		404,828	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		483,852	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)		-79,024	32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 10:11 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	14,163	2,303		26.00
27.00	Total Inpatient Days (see instructions)	37,868	37,868		27.00
28.00	Ratio of inpatient days to total inpatient days	0.374010	0.060817		28.00
29.00	Program direct GME amount	0	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 10:11 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,993,231	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		33,275,178	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		33,275,178	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		8,169,836	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,169,836	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		41,445,014	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.802875	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.197125	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		0	50.00

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

Provider CCN: 140048

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

Worksheet G

Date/Time Prepared:
5/26/2015 10:11 am

		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	148,055,000	0	0	0	1.00
2.00	Temporary investments	78,257,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	500,298,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	161,836,000	0	0	0	9.00
10.00	Due from other funds	26,699,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	915,145,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	112,769,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,353,442,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,234,419,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,002,101,000	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)	1,698,529,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,254,171,000	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	383,091,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,637,262,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,250,936,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	263,764,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	415,910,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	29,129,000	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	0	0	0	0	43.00
44.00	Other current liabilities	440,019,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,148,822,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,424,101,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	936,224,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,360,325,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,509,147,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,741,789,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,741,789,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,250,936,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140048

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

Worksheet G-1

Date/Time Prepared:
5/26/2015 10:11 am

		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		3,746,631,917		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-4,842,917			2.00
3.00	Total (sum of line 1 and line 2)		3,741,789,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,741,789,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,741,789,000		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	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140048

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2015 10:11 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	71,754,405		71,754,405	1.00
2.00	SUBPROVIDER - IPF				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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	71,754,405		71,754,405	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,547,432		21,547,432	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)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,547,432		21,547,432	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	93,301,837		93,301,837	17.00
18.00	Ancillary services	208,670,834	150,932,095	359,602,929	18.00
19.00	Outpatient services	19,670,805	75,584,386	95,255,191	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	2,793,986	0	2,793,986	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	324,437,462	226,516,481	550,953,943	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		154,851,868		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		154,851,868		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140048

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

Worksheet G-3

Date/Time Prepared:
5/26/2015 10:11 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	550,953,943	1.00
2.00	Less contractual allowances and discounts on patients' accounts	403,341,331	2.00
3.00	Net patient revenues (line 1 minus line 2)	147,612,612	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	154,851,868	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,239,256	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	INTERCOMPANY/ MISC INCOME	2,422,076	24.00
25.00	Total other income (sum of lines 6-24)	2,422,076	25.00
26.00	Total (line 5 plus line 25)	-4,817,180	26.00
27.00	NET NON OPERATING INCOME	25,737	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	25,737	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,842,917	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet I-5 Date/Time Prepared: 5/26/2015 10:11 am
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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: 140048	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 10:11 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,796,430	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		28,557	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)		103.75	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)		11.70	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.58	8.00
9.00	Sum of lines 7 and 8		45.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.60	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		172,457	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,997,444	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