

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: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/20/2015 3:26 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input checked="" type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/20/2015 Time: 3:26 pm
Contractor use only	5. <input checked="" 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 checked="" type="checkbox"/> Initial Report for this Provider CCN 9. <input checked="" type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input checked="" 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 PRESENCE SAINT FRANCOS HOSPITAL (140080) 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	850,992	-208,011	-3,626	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	850,992	-208,011	-3,626	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 3:24 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60202		County: COOK		1.00
1.00	Street: 355 RIDGE AVENUE	2.00		3.00		4.00		5.00		2.00
2.00	City: EVANSTON	3.00		4.00		5.00		6.00		7.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PRESENCE SAINT FRANCOS HOSPITAL	140080	29404	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
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
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									
		Y	N						
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00					
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01					
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02					
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03					
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	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 days	Medicaid HMO days	Other Medicaid days	
1.00	2.00	3.00	4.00	5.00	6.00		
24.00	6,865	3,094	0	0	1,546	0	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.							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 3:24 pm		
	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		
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.							25.00
					Urban/Rural	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)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N	40.00	
					V	XVIII	XIX	
					1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)				N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.				N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.				N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.				N	N	N	48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.				Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.				N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)				Y			60.00
		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)			0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)			0.00	0.00			61.02

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
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/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
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y		63.00
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.96	37.74	0.024806		64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

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	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
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)	INTERNAL MEDICINE	1400	5.34	47.58	0.100907	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA 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)			1.45	40.73	0.034376	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)	INTERNAL MEDICINE	1400	4.18	48.70	0.079047	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

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		1.00	2.00	3.00			
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		
		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)				106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00		
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
		1.00					
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00		
		1.00	2.00	3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.			N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N	116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			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.			2	118.00		

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	
		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		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
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		148082	
		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: PRESENCE RHC CORPORATION	Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC.		Contractor's Number: 00131	
142.00	Street: 200 S WACKER DR	PO Box:		142.00	
143.00	City: CHI CAGO	State: IL		Zip Code: 60606	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	N		145.00	
				1.00	
				2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A		Part B	
		1.00		2.00	
		3.00		Title V	
		4.00		Title XIX	
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	
156.00	Subprovider - IPF	N		N	
157.00	Subprovider - IRF	N		N	
158.00	SUBPROVIDER	N		N	
159.00	SNF	N		N	
160.00	HOME HEALTH AGENCY	N		N	
161.00	CMHC	N		N	
161.10	CORF	N		N	
161.20	OUTPATIENT PHYSICAL THERAPY	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 3:24 pm	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.75	169.00
		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)	10/01/2013	09/30/2014	170.00			
						1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, 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: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 3:24 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
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	05/31/2015	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	Type	Date	
		1.00	2.00	3.00	
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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	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	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	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		03/11/2015	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: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 3:24 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEITH		WINKLER	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE RHC CORPORATION			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3734		KWINKLER@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 3:24 pm
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/21/2014		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		SENIOR REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140080

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 3:24 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	162	58,865	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)		162	58,865	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	32.02	15	5,589	0.00	0	9.02
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		193	70,294	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		193				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: 140080

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 3:24 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,395	6,110	25,677			1.00
2.00 HMO and other (see instructions)	2,261	1,546				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)	12,395	6,110	25,677			7.00
8.00 INTENSIVE CARE UNIT	2,394	986	4,444			8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	1,133	642	2,669			9.02
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		2,221	2,735			13.00
14.00 Total (see instructions)	15,922	9,959	35,525	94.56	834.80	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				94.56	834.80	27.00
28.00 Observation Bed Days		1,662	4,761			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140080

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 3:24 pm

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	3,189	1,964	7,615	1.00
2.00 HMO and other (see instructions)				458	641		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
9.02 SURGICAL HEART UNIT							9.02
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	3,189	1,964		7,615	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00						25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00						25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00						25.40
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/20/2015 3:24 pm		
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
	1.00	2.00	3.00	4.00	5.00	6.00			
PART II - WAGE DATA									
SALARIES									
1.00	Total salaries (see instructions)	200.00	51,783,675	0	51,783,675	1,736,403.82	29.82		
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00		
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00		
4.00	Physician-Part A - Administrative		126,506	0	126,506	1,280.00	98.83		
4.01	Physicians - Part A - Teaching		905,577	0	905,577	12,862.74	70.40		
5.00	Physician-Part B		34,923	0	34,923	252.46	138.33		
6.00	Non-physician-Part B		0	0	0	0.00	0.00		
7.00	Interns & residents (in an approved program)	21.00	4,553,447	0	4,553,447	180,676.00	25.20		
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00		
8.00	Home office personnel		0	0	0	0.00	0.00		
9.00	SNF	44.00	0	0	0	0.00	0.00		
10.00	Excluded area salaries (see instructions)		502,127	0	502,127	11,018.00	45.57		
OTHER WAGES & RELATED COSTS									
11.00	Contract labor: Direct Patient Care		2,938,820	0	2,938,820	76,360.00	38.49		
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00		
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00		
14.00	Home office salaries & wage-related costs		10,750,655	0	10,750,655	210,157.00	51.16		
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00		
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00		
WAGE-RELATED COSTS									
17.00	Wage-related costs (core) (see instructions)		11,704,878	0	11,704,878		17.00		
18.00	Wage-related costs (other) (see instructions)		0	0	0		18.00		
19.00	Excluded areas		107,047	0	107,047		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		21,455	0	21,455		22.00		
22.01	Physician Part A - Teaching		167,057	0	167,057		22.01		
23.00	Physician Part B		5,527	0	5,527		23.00		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00		
25.00	Interns & residents (in an approved program)		992,005	0	992,005		25.00		
OVERHEAD COSTS - DIRECT SALARIES									
26.00	Employee Benefits Department	4.00	688,874	0	688,874	5,224.00	131.87		
27.00	Administrative & General	5.00	3,729,495	-197,988	3,531,507	122,153.27	28.91		
28.00	Administrative & General under contract (see inst.)		95,780	0	95,780	795.00	120.48		
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00		
30.00	Operation of Plant	7.00	1,633,471	0	1,633,471	77,051.30	21.20		
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00		
32.00	Housekeeping	9.00	1,383,975	0	1,383,975	100,351.28	13.79		
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00		
34.00	Dietary	10.00	882,379	-642,990	239,389	17,178.87	13.94		
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00		
36.00	Cafeteria	11.00	0	642,990	642,990	46,141.68	13.94		
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00		
38.00	Nursing Administration	13.00	1,300,317	0	1,300,317	29,343.81	44.31		
39.00	Central Services and Supply	14.00	238,038	0	238,038	15,563.43	15.29		
40.00	Pharmacy	15.00	1,673,348	0	1,673,348	41,716.34	40.11		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140080

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

Worksheet S-3
Part II
Date/Time Prepared:
5/20/2015 3:24 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 619,695	0	619,695	28,150.68	22.01	41.00
42.00	Social Service	17.00 0	197,988	197,988	6,226.50	31.80	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140080

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

Worksheet S-3
Part III
Date/Time Prepared:
5/20/2015 3:24 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	46,385,508	0	46,385,508	1,543,407.62	30.05	1.00
2.00	Excluded area salaries (see instructions)	502,127	0	502,127	11,018.00	45.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,883,381	0	45,883,381	1,532,389.62	29.94	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,689,475	0	13,689,475	286,517.00	47.78	4.00
5.00	Subtotal wage-related costs (see inst.)	11,726,333	0	11,726,333	0.00	25.56	5.00
6.00	Total (sum of lines 3 thru 5)	71,299,189	0	71,299,189	1,818,906.62	39.20	6.00
7.00	Total overhead cost (see instructions)	12,245,372	0	12,245,372	489,896.16	25.00	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/20/2015 3:24 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,900,535	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)		5,140,089	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		122,472	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		28,092	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)		273,370	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		669,586	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		3,638,461	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		102,663	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		122,701	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		12,997,969	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/20/2015 3:24 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		2,938,820	12,997,969
2.00	Hospital		2,938,820	11,704,878
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
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			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
16.20	Hospital-Based-CMHC 20		0	0
16.30	Hospital-Based-CMHC 30		0	0
16.40	Hospital-Based-CMHC 40		0	0
17.00	Renal Dialysis			
18.00	Other		0	1,293,091

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/20/2015 3:24 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.170930		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		19,788,323		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		7,962,884		5.00
6.00	Medicaid charges		179,804,618		6.00
7.00	Medicaid cost (line 1 times line 6)		30,734,003		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,982,796		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		24,888		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,982,796		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	10,873,325	285,848	11,159,173	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,858,577	48,860	1,907,437	21.00
22.00	Partial payment by patients approved for charity care	37,152	38,150	75,302	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,821,425	10,710	1,832,135	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		-2,755,651		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,114,578		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		-3,870,229		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		-661,538		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,170,597		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,153,393		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/20/2015 3:24 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,447,872	9,447,872	-4,022,224	5,425,648	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,114,022	6,114,022	2.00
3.00	00300	OTHER CAP REL COSTS		112,425	112,425	-112,425	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	688,874	-948,511	-259,637	8,530,309	8,270,672	4.00
5.01	00541	COMMUNICATI ONS	0	0	0	0	0	5.01
5.02	00551	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00561	PURCHASING	0	0	0	0	0	5.03
5.04	00571	ADMINITTING	677,445	569,967	1,247,412	-219,521	1,027,891	5.04
5.05	00581	PATIENT FINANCIAL SVC	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	3,052,050	25,164,486	28,216,536	-631,111	27,585,425	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,633,471	5,822,126	7,455,597	-385,828	7,069,769	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	545,884	545,884	0	545,884	8.00
9.00	00900	HOUSEKEEPING	1,383,975	1,067,185	2,451,160	-505,384	1,945,776	9.00
10.00	01000	DIETARY	882,379	2,170,227	3,052,606	-2,223,489	829,117	10.00
11.00	01100	CAFETERIA	0	0	0	1,903,926	1,903,926	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,300,317	500,552	1,800,869	-147,771	1,653,098	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	238,038	84,908	322,946	-78,078	244,868	14.00
15.00	01500	PHARMACY	1,673,348	4,898,014	6,571,362	-4,504,885	2,066,477	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	619,695	275,546	895,241	-138,259	756,982	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	213,499	213,499	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,553,447	0	4,553,447	0	4,553,447	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,236,175	4,942,987	6,179,162	-983,792	5,195,370	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	224,160	163,496	387,656	-35,312	352,344	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,125,445	3,948,732	15,074,177	-4,308,620	10,765,557	30.00
31.00	03100	INTENSIVE CARE UNIT	2,899,455	1,196,686	4,096,141	-787,195	3,308,946	31.00
32.02	03202	SURGICAL HEART UNIT	1,809,766	739,816	2,549,582	-425,564	2,124,018	32.02
43.00	04300	NURSERY	832,987	577,814	1,410,801	-148,225	1,262,576	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,777,916	9,505,916	13,283,832	-7,684,439	5,599,393	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	449,195	395,789	844,984	-329,932	515,052	50.02
50.03	05002	WOUND CARE CENTER	189,026	920,035	1,109,061	-50,578	1,058,483	50.03
51.00	05100	RECOVERY ROOM	1,746,892	427,777	2,174,669	-243,419	1,931,250	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,552,079	1,552,079	52.00
53.00	05300	ANESTHESIOLOGY	99,933	869,721	969,654	-146,445	823,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,459,515	981,280	3,440,795	-634,183	2,806,612	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	247,480	38,717	286,197	-24,778	261,419	55.00
56.00	05600	RADIOISOTOPE	181,314	234,810	416,124	-26,485	389,639	56.00
58.00	05800	MRI	196,657	143,706	340,363	-104,226	236,137	58.00
59.00	05900	CARDIAC CATHETERIZATION	713,087	2,451,406	3,164,493	-2,429,656	734,837	59.00
60.00	06000	LABORATORY	141,633	6,384,797	6,526,430	-48,595	6,477,835	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	754,734	754,734	0	754,734	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	116,188	76,447	192,635	-22,791	169,844	64.00
65.00	06500	RESPIRATORY THERAPY	1,101,847	521,411	1,623,258	-384,852	1,238,406	65.00
66.00	06600	PHYSICAL THERAPY	1,303,055	287,064	1,590,119	-157,392	1,432,727	66.00
69.00	06900	ELECTROCARDIOLOGY	568,156	284,305	852,461	-89,364	763,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,302	12,557	44,859	-5,393	39,466	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,321,147	7,321,147	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,001,046	4,001,046	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,222,324	5,222,324	73.00
73.02	07302	INPT RENAL DIALYSIS	311	425,937	426,248	-151	426,097	73.02
76.97	07697	CARDIAC REHABILITATION	111,918	26,852	138,770	-14,521	124,249	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	691,073	374,752	1,065,825	-156,352	909,473	90.01
91.00	09100	EMERGENCY	2,547,183	3,329,943	5,877,126	-651,427	5,225,699	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140080

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

Worksheet A
Date/Time Prepared:
5/20/2015 3:24 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		2,021,884	2,021,884	-2,021,884	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,505,708	91,750,052	143,255,760	-26,194	143,229,566
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9	9	0	9
190.01	19001	POB RX	0	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,316	1,316	6,800	8,116
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0
192.05	19205	OTHER NRCC	277,967	2,267,692	2,545,659	19,394	2,565,053
192.06	19206	ASBURY STREET SNF	0	0	0	0	0
200.00		TOTAL (SUM OF LINES 118-199)	51,783,675	94,019,069	145,802,744	0	145,802,744

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/20/2015 3:24 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
		0	5,425,648	
2.00	00200			2.00
		0	6,114,022	
3.00	00300			3.00
		0	0	
4.00	00400			4.00
		589,424	8,860,096	
5.01	00541			5.01
		0	0	
5.02	00551			5.02
		0	0	
5.03	00561			5.03
		261,090	261,090	
5.04	00571			5.04
		0	1,027,891	
5.05	00581			5.05
		3,272,043	3,272,043	
5.06	00590			5.06
		-7,276,818	20,308,607	
6.00	00600			6.00
		0	0	
7.00	00700			7.00
		-19,766	7,050,003	
8.00	00800			8.00
		0	545,884	
9.00	00900			9.00
		-1,285	1,944,491	
10.00	01000			10.00
		0	829,117	
11.00	01100			11.00
		-806,944	1,096,982	
12.00	01200			12.00
		0	0	
13.00	01300			13.00
		-1,469	1,651,629	
14.00	01400			14.00
		814,285	1,059,153	
15.00	01500			15.00
		-21,485	2,044,992	
16.00	01600			16.00
		-8,403	748,579	
17.00	01700			17.00
		0	213,499	
19.00	01900			19.00
		0	0	
20.00	02000			20.00
		0	0	
21.00	02100			21.00
		0	4,553,447	
22.00	02200			22.00
		0	5,195,370	
23.00	02300			23.00
		-161,600	190,744	
23.01	02301			23.01
		594,197	594,197	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000			30.00
		-950	10,764,607	
31.00	03100			31.00
		-125,000	3,183,946	
32.02	03202			32.02
		-125,000	1,999,018	
43.00	04300			43.00
		-348,164	914,412	
ANCILLARY SERVICE COST CENTERS				
50.00	05000			50.00
		0	5,599,393	
50.01	05001			50.01
		0	0	
50.02	03340			50.02
		0	515,052	
50.03	05002			50.03
		0	1,058,483	
51.00	05100			51.00
		0	1,931,250	
52.00	05200			52.00
		-2,790	1,549,289	
53.00	05300			53.00
		-453,956	369,253	
54.00	05400			54.00
		-431	2,806,181	
55.00	05500			55.00
		-27,853	233,566	
56.00	05600			56.00
		-8,571	381,068	
58.00	05800			58.00
		0	236,137	
59.00	05900			59.00
		0	734,837	
60.00	06000			60.00
		-23,513	6,454,322	
62.00	06200			62.00
		0	754,734	
62.30	06250			62.30
		0	0	
64.00	06400			64.00
		-22,187	147,657	
65.00	06500			65.00
		0	1,238,406	
66.00	06600			66.00
		0	1,432,727	
69.00	06900			69.00
		-59,157	703,940	
70.00	07000			70.00
		0	39,466	
71.00	07100			71.00
		0	7,321,147	
72.00	07200			72.00
		0	4,001,046	
73.00	07300			73.00
		0	5,222,324	
73.02	07302			73.02
		0	426,097	
76.97	07697			76.97
		-7,406	116,843	
76.98	07698			76.98
		0	0	
76.99	07699			76.99
		0	0	
OUTPATIENT SERVICE COST CENTERS				
90.01	09001			90.01
		-7,000	902,473	
91.00	09100			91.00
		-1,628,740	3,596,959	
92.00	09200			92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910			99.10
		0	0	
99.20	09920			99.20
		0	0	
99.30	09930			99.30
		0	0	
99.40	09940			99.40
		0	0	
SPECIAL PURPOSE COST CENTERS				
113.00	11300			113.00
		0	0	
118.00				118.00
		-5,607,449	137,622,117	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140080

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

Worksheet A
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9	190.00
190.01	19001	POB RX	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,116	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	-110,014	2,455,039	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		TOTAL (SUM OF LINES 118-199)	-5,717,463	140,085,281	200.00

RECLASSIFICATIONS

Provider CCN: 140080

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

Worksheet A-6
Date/Time Prepared:
5/20/2015 3:24 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,021,884	1.00
	TOTALS		0	2,021,884	
B - ALLOCATED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,528,309	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
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
	TOTALS		0	8,528,309	
C - SOCIOAL SERVICE					
1.00	SOCI AL SERVI CE	17.00	197,988	15,511	1.00
	TOTALS		197,988	15,511	
D - CHARGEABLE IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,001,046	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
	TOTALS		0	4,001,046	
E - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,222,324	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
	TOTALS		0	5,222,324	

Provider CCN: 140080

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

Worksheet A-6
Date/Time Prepared:
5/20/2015 3:24 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,321,147	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	TOTALS		0	7,321,147	
G - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,386,546	428,425	1.00
	TOTALS		1,386,546	428,425	
H - CAFETERIA					
1.00	CAFETERIA	11.00	642,990	1,260,936	1.00
	TOTALS		642,990	1,260,936	
I - TUITION REIMBURSEMENT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,000	1.00
	TOTALS		0	2,000	
J - OFFSITE FACILITIES BLDG DEPRECIATION					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,800	1.00
2.00	OTHER NRCC	192.05	0	35,711	2.00
	TOTALS		0	42,511	
K - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,066,334	1.00
	TOTALS		0	6,066,334	
500.00	Grand Total: Increases		2,227,524	34,910,427	500.00

RECLASSIFICATIONS

Provider CCN: 140080

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

Worksheet A-6
Date/Time Prepared:
5/20/2015 3:24 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	2,021,884	11	1.00
	TOTALS		0	2,021,884		
B - ALLOCATED BENEFITS						
1.00	ADMINISTRATIVE	5.04	0	219,521	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	417,612	0	2.00
3.00	OPERATION OF PLANT	7.00	0	385,828	0	3.00
4.00	HOUSEKEEPING	9.00	0	505,384	0	4.00
5.00	DIETARY	10.00	0	319,563	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	147,771	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	78,078	0	7.00
8.00	PHARMACY	15.00	0	205,245	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	138,259	0	9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	983,792	0	10.00
11.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	33,312	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	1,927,943	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	387,625	0	13.00
14.00	SURGICAL HEART UNIT	32.02	0	253,919	0	14.00
15.00	NURSERY	43.00	0	93,702	0	15.00
16.00	OPERATING ROOM	50.00	0	519,176	0	16.00
17.00	OP GI LAB	50.02	0	61,782	0	17.00
18.00	WOUND CARE CENTER	50.03	0	31,148	0	18.00
19.00	RECOVERY ROOM	51.00	0	234,050	0	19.00
20.00	ANESTHESIOLOGY	53.00	0	26,169	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	319,138	0	21.00
22.00	MRI	58.00	0	27,523	0	22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	24,778	0	23.00
24.00	RADIOISOTOPE	56.00	0	24,095	0	24.00
25.00	LABORATORY	60.00	0	48,595	0	25.00
26.00	INTRAVENOUS THERAPY	64.00	0	13,995	0	26.00
27.00	RESPIRATORY THERAPY	65.00	0	181,076	0	27.00
28.00	PHYSICAL THERAPY	66.00	0	157,392	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	87,194	0	29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	102,658	0	30.00
31.00	CARDIAC REHABILITATION	76.97	0	14,521	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,393	0	32.00
33.00	OPD	90.01	0	103,745	0	33.00
34.00	EMERGENCY	91.00	0	432,010	0	34.00
35.00	OTHER NRCC	192.05	0	16,317	0	35.00
	TOTALS		0	8,528,309		
C - SOCIOAL SERVICE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	197,988	15,511	0	1.00
	TOTALS		197,988	15,511		
D - CHARGEABLE IMPLANTS						
1.00	ADULTS & PEDIATRICS	30.00	0	75	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,108,873	0	2.00
3.00	OP GI LAB	50.02	0	2,731	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	747	0	4.00
5.00	OPERATING ROOM	50.00	0	2,863,175	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	25,445	0	6.00
	TOTALS		0	4,001,046		
E - CHARGEABLE DRUGS						
1.00	ADULTS & PEDIATRICS	30.00	0	128,001	0	1.00
2.00	ANESTHESIOLOGY	53.00	0	117,639	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	52,027	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	2,170	0	4.00
5.00	EMERGENCY	91.00	0	190,094	0	5.00
6.00	OP GI LAB	50.02	0	14,417	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	52,595	0	7.00
8.00	INTRAVENOUS THERAPY	64.00	0	8,796	0	8.00
9.00	INPT RENAL DIALYSIS	73.02	0	151	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	13,744	0	10.00
11.00	MRI	58.00	0	76,703	0	11.00
12.00	NURSERY	43.00	0	7,603	0	12.00
13.00	OPD	90.01	0	113	0	13.00
14.00	OPERATING ROOM	50.00	0	100,854	0	14.00
15.00	PHARMACY	15.00	0	4,299,640	0	15.00
16.00	RADIOISOTOPE	56.00	0	2,390	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	100,008	0	17.00
18.00	RECOVERY ROOM	51.00	0	9,369	0	18.00

RECLASSIFICATIONS

Provider CCN: 140080

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
19.00	SURGICAL HEART UNIT	32.02	0	26,580	0	19.00
20.00	WOUND CARE CENTER	50.03	0	19,430	0	20.00
	TOTALS		0	5,222,324		
F - CHARGEABLE SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	437,630	0	1.00
2.00	ANESTHESIOLOGY	53.00	0	2,637	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,166,098	0	3.00
4.00	EMERGENCY	91.00	0	29,323	0	4.00
5.00	OP GI LAB	50.02	0	251,002	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	346,228	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	249,148	0	7.00
8.00	NURSERY	43.00	0	46,920	0	8.00
9.00	OPD	90.01	0	52,494	0	9.00
10.00	OPERATING ROOM	50.00	0	4,201,234	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	189,592	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	203,776	0	12.00
13.00	SURGICAL HEART UNIT	32.02	0	145,065	0	13.00
	TOTALS		0	7,321,147		
G - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	1,386,546	428,425	0	1.00
	TOTALS		1,386,546	428,425		
H - CAFETERIA						
1.00	DIETARY	10.00	642,990	1,260,936	0	1.00
	TOTALS		642,990	1,260,936		
I - TUITION REIMBURSEMENT						
1.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	2,000	0	1.00
	TOTALS		0	2,000		
J - OFFSITE FACILITIES BLDG DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	42,511	9	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	42,511		
K - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,066,334	9	1.00
	TOTALS		0	6,066,334		
500.00	Grand Total: Decreases		2,227,524	34,910,427		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140080

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

Worksheet A-7
Part I
Date/Time Prepared:
5/20/2015 3:24 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,716,880	0	0	0	1.00
2.00	Land Improvements	1,560,766	0	0	0	2.00
3.00	Buildings and Fixtures	95,364,800	8,281,006	0	8,281,006	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	73,441,037	4,063,915	0	4,063,915	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	179,083,483	12,344,921	0	12,344,921	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	179,083,483	12,344,921	0	12,344,921	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,716,880	0			1.00
2.00	Land Improvements	1,560,766	1,209,574			2.00
3.00	Buildings and Fixtures	103,645,806	18,933,298			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	77,498,986	47,429,774			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	191,422,438	67,572,646			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	191,422,438	67,572,646			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140080

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

Worksheet A-7
Part II
Date/Time Prepared:
5/20/2015 3:24 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	9,447,872	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,447,872	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	9,447,872				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,447,872				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140080

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

Worksheet A-7
Part III
Date/Time Prepared:
5/20/2015 3:24 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	105,206,572	0	105,206,572	0.575826	64,737	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	77,498,986	0	77,498,986	0.424174	47,688	2.00
3.00	Total (sum of lines 1-2)	182,705,558	0	182,705,558	1.000000	112,425	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	64,737	3,339,027	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	47,688	6,066,334	0	2.00
3.00	Total (sum of lines 1-2)	0	0	112,425	9,405,361	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	CAP REL COSTS-BLDG & FIXT	2,021,884	64,737	0	0	5,425,648	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	47,688	0	0	6,114,022	2.00
3.00	Total (sum of lines 1-2)	2,021,884	112,425	0	0	11,539,670	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140080

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

Worksheet A-8

Date/Time Prepared:
5/20/2015 3:24 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)	B	-15,428	0	OPERATION OF PLANT	7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,417,297	0			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	-831,378	0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-783,766	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-8,403	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-23,178	0	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00	0	28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 REFERENCE LAB REVENUE	B	-32,348	0	LABORATORY	60.00	0	33.00
36.00 INCOME/SALES TAX	A	-4,338	0	OPERATION OF PLANT	7.00	0	36.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
37.00 INCOME/SALES TAX	A	-110,014	OTHER NRCC		192.05	0 37.00
38.00 INCOME/SALES TAX	A	-172,000	OTHER ADMINISTRATIVE & GENERAL		5.06	0 38.00
39.00		0			0.00	0 39.00
41.02 COMMUNITY OUTREACH	A	-18,938	OTHER ADMINISTRATIVE & GENERAL		5.06	0 41.02
41.03 SAVE THE DAY PROGRAM	A	-25,578	OTHER ADMINISTRATIVE & GENERAL		5.06	0 41.03
41.04 MISC REVENUE	B	-240	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 41.04
41.06 MISC REVENUE	B	-39,597	OTHER ADMINISTRATIVE & GENERAL		5.06	0 41.06
41.08 MISC REVENUE	B	-1,285	HOUSEKEEPING		9.00	0 41.08
41.11 MISC REVENUE	B	-1,469	NURSING ADMINISTRATION		13.00	0 41.11
41.12 MISC REVENUE	B	-3	CENTRAL SERVICES & SUPPLY		14.00	0 41.12
41.13 MISC REVENUE	B	-21,485	PHARMACY		15.00	0 41.13
41.15 MISC REVENUE	B	-161,600	PARAMEDICAL EDUCATION PROGRAM		23.00	0 41.15
41.16 MISC REVENUE	B	-950	ADULTS & PEDIATRICS		30.00	0 41.16
41.17 MISC REVENUE	B	-2,790	DELIVERY ROOM & LABOR ROOM		52.00	0 41.17
41.18 MISC REVENUE	B	-431	RADIOLOGY-DIAGNOSTIC		54.00	0 41.18
41.19 MISC REVENUE	B	-27,853	RADIOLOGY-THERAPEUTIC		55.00	0 41.19
41.20 MISC REVENUE	B	-8,571	RADIOISOTOPE		56.00	0 41.20
41.21 MISC REVENUE	B	-117	ELECTROCARDIOLOGY		69.00	0 41.21
41.22 MISC REVENUE	B	-7,406	CARDIAC REHABILITATION		76.97	0 41.22
41.23 MISC REVENUE	B	-1,000	OPD		90.01	0 41.23
41.24		0			0.00	0 41.24
41.25		0			0.00	0 41.25
42.00		0			0.00	0 42.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,717,463				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: 140080

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

Worksheet A-8-1

Date/Time Prepared: 5/20/2015 3:24 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	10,255,285	16,658,280 1.00
2.00	5.03	PURCHASING	HOME OFFICE COSTS	261,090	0 2.00
3.00	23.01	RADIOLOGY SCHOOL	HOME OFFICE COSTS	594,197	0 3.00
3.01	5.05	PATIENT FINANCIAL SVC	HOME OFFICE COSTS	3,272,043	0 3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE COSTS	814,288	0 3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	589,664	0 3.03
3.04	60.00	LABORATORY	ALVERNO LAB COSTS	6,275,923	6,235,588 3.04
3.05	0.00			0	0 3.05
3.06	0.00			0	0 3.06
4.00	0.00			0	0 4.00
4.01	0.00			0	0 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,062,490	22,893,868 5.00

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

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

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

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

6.00	B		100.00	PRESENCE RHC CORPORATION	100.00	6.00
7.00	C		66.00	ALVERNO LAB	100.00	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: 140080

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

Worksheet A-8-1

Date/Time Prepared:
5/20/2015 3:24 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-6,402,995	0		1.00
2.00	261,090	0		2.00
3.00	594,197	0		3.00
3.01	3,272,043	0		3.01
3.02	814,288	0		3.02
3.03	589,664	0		3.03
3.04	40,335	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
4.00	0	9		4.00
4.01	0	9		4.01
5.00	-831,378			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	SOLE CORPORATE MEMBER		6.00
7.00	RELATED LAB		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: 140080

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

Worksheet A-8-2

Date/Time Prepared:
5/20/2015 3:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	125,000	125,000	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	125,000	125,000	0	0	0	2.00
3.00	43.00	NURSERY	348,164	348,164	0	0	0	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	721,095	576,250	144,845	168,000	1,280	4.00
5.00	53.00	ANESTHESIOLOGY	453,956	453,956	0	0	0	5.00
6.00	60.00	LABORATORY	31,500	31,500	0	0	0	6.00
7.00	64.00	INTRAVENOUS THERAPY	22,187	22,187	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	59,040	59,040	0	0	0	8.00
9.00	90.01	OPD	6,000	6,000	0	0	0	9.00
10.00	91.00	EMERGENCY	1,628,740	1,628,740	0	0	0	10.00
200.00			3,520,682	3,375,837	144,845		1,280	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	103,385	5,169	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	90.01	OPD	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
200.00			103,385	5,169	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	31.00	INTENSIVE CARE UNIT	0	0	0	125,000		1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	125,000		2.00
3.00	43.00	NURSERY	0	0	0	348,164		3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	0	103,385	41,460	617,710		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	453,956		5.00
6.00	60.00	LABORATORY	0	0	0	31,500		6.00
7.00	64.00	INTRAVENOUS THERAPY	0	0	0	22,187		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	59,040		8.00
9.00	90.01	OPD	0	0	0	6,000		9.00
10.00	91.00	EMERGENCY	0	0	0	1,628,740		10.00
200.00			0	103,385	41,460	3,417,297		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 3: 24 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	5,425,648	5,425,648				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	6,114,022		6,114,022			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	8,860,096	23,538	41	8,883,675		4.00
5.01 00541 COMMUNICATIONS	0	0	0	0	0	5.01
5.02 00551 DATA PROCESSING	0	0	0	0	0	5.02
5.03 00561 PURCHASING	261,090	0	0	0	0	5.03
5.04 00571 ADMINISTRATION	1,027,891	17,047	435	117,785	0	5.04
5.05 00581 PATIENT FINANCIAL SVC	3,272,043	87,897	0	0	0	5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	20,308,607	528,178	3,831,820	496,227	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	7,050,003	80,669	328,771	284,007	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	545,884	0	10,185	0	0	8.00
9.00 00900 HOUSEKEEPING	1,944,491	177,758	15,045	240,628	0	9.00
10.00 01000 DIETARY	829,117	66,114	17,359	41,622	0	10.00
11.00 01100 CAFETERIA	1,096,982	177,522	46,626	111,795	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,651,629	38,050	25,921	226,082	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,059,153	232,633	50,348	41,387	0	14.00
15.00 01500 PHARMACY	2,044,992	41,281	39,262	290,940	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	748,579	65,669	0	107,745	0	16.00
17.00 01700 SOCIAL SERVICE	213,499	27,075	0	34,424	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	4,553,447	0	0	791,694	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	5,195,370	250,475	24,679	214,930	0	22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	190,744	15,432	17,733	38,974	0	23.00
23.01 02301 RADIOLOGY SCHOOL	594,197	18,176	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,764,607	1,266,424	208,557	1,693,247	0	30.00
31.00 03100 INTENSIVE CARE UNIT	3,183,946	119,471	51,783	504,120	0	31.00
32.02 03202 SURGICAL HEART UNIT	1,999,018	116,170	59,809	314,659	0	32.02
43.00 04300 NURSERY	914,412	15,098	17,400	144,829	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,599,393	269,973	266,286	656,855	0	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02 03340 OP GI LAB	515,052	34,819	12,313	78,100	0	50.02
50.03 05002 WOUND CARE CENTER	1,058,483	0	13,000	32,865	0	50.03
51.00 05100 RECOVERY ROOM	1,931,250	174,332	48,866	303,727	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,549,289	87,800	14,087	241,075	0	52.00
53.00 05300 ANESTHESIOLOGY	369,253	11,045	23,513	17,375	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,806,181	265,294	285,596	427,628	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	233,566	99,457	30,058	43,029	0	55.00
56.00 05600 RADIOISOTOPE	381,068	43,106	531	31,525	0	56.00
58.00 05800 MRI	236,137	69,569	19,253	34,192	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	734,837	107,090	251,587	123,982	0	59.00
60.00 06000 LABORATORY	6,454,322	228,998	48,687	24,625	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	754,734	10,195	2,270	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 06400 INTRAVENOUS THERAPY	147,657	47,145	0	20,201	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,238,406	47,075	31,400	191,575	0	65.00
66.00 06600 PHYSICAL THERAPY	1,432,727	62,828	5,515	226,558	0	66.00
69.00 06900 ELECTROCARDIOLOGY	703,940	55,362	44,255	98,784	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	39,466	10,279	13,204	5,616	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,321,147	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,001,046	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,222,324	0	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	426,097	6,198	2,861	54	0	73.02
76.97 07697 CARDIAC REHABILITATION	116,843	31,198	1,575	19,459	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OPD	902,473	14,137	66,436	120,155	0	90.01
91.00 09100 EMERGENCY	3,596,959	135,767	157,558	442,871	0	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
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

Period:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	1.00	2.00	4.00	5.01	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						0
118.00 SUBTOTALS (SUM OF LINES 1-117)	137,622,117	5,176,344	6,084,625	8,835,346		0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9	26,476	0	0		0
190.01 19001 POB RX	0	0	0	0		0
190.02 19002 MOBILE MEDICAL CARE	0	0	0	0		0
190.03 19003 ARTHRITIS CENTER	0	0	0	0		0
192.00 19200 PHYSICIANS' PRIVATE OFFICES	8,116	0	1,557	0		0
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	0		0
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0		0
192.04 19204 WOMENS HEALTH CENTER	0	0	0	0		0
192.05 19205 OTHER NRCC	2,455,039	222,828	27,840	48,329		0
192.06 19206 ASBURY STREET SNF	0	0	0	0		0
200.00 Cross Foot Adjustments						0
201.00 Negative Cost Centers						0
202.00 TOTAL (sum lines 118-201)	140,085,281	5,425,648	6,114,022	8,883,675		0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/20/2015 3:24 pm			
Cost Center Description		DATA PROCESSING	PURCHASING	ADMINITTING	PATIENT FINANCIAL SVC	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	00541	COMMUNICATIONS				5.01	
5.02	00551	DATA PROCESSING	0			5.02	
5.03	00561	PURCHASING	0	261,090		5.03	
5.04	00571	ADMINITTING	0	589	1,163,747	5.04	
5.05	00581	PATIENT FINANCIAL SVC	0	0	0	5.05	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	964	0	25,165,796	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	
7.00	00700	OPERATION OF PLANT	0	119	0	7,743,569	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	556,069	
9.00	00900	HOUSEKEEPING	0	4,423	0	2,382,345	
10.00	01000	DIETARY	0	741	0	954,953	
11.00	01100	CAFETERIA	0	1,991	0	1,434,916	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	
13.00	01300	NURSING ADMINISTRATION	0	480	0	1,942,162	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,225	0	1,388,746	
15.00	01500	PHARMACY	0	484	0	2,416,959	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	53	0	922,046	
17.00	01700	SOCIAL SERVICE	0	0	0	274,998	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	
20.00	02000	NURSING SCHOOL	0	0	0	0	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	5,345,141	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	511	0	5,685,965	
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,050	0	263,933	
23.01	02301	RADIOLOGY SCHOOL	0	0	0	612,373	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,863	116,845	337,313	14,388,856
31.00	03100	INTENSIVE CARE UNIT	0	366	28,645	82,695	3,971,026
32.02	03202	SURGICAL HEART UNIT	0	190	17,019	49,132	2,555,997
43.00	04300	NURSERY	0	68	10,025	28,941	1,130,773
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	7,868	102,555	296,061	7,198,991
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0
50.02	03340	OP GI LAB	0	272	18,996	54,839	714,391
50.03	05002	WOUND CARE CENTER	0	5,882	8,578	24,763	1,143,571
51.00	05100	RECOVERY ROOM	0	485	26,828	77,450	2,562,938
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	322	16,733	48,306	1,957,612
53.00	05300	ANESTHESIOLOGY	0	4,247	26,633	76,887	528,953
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,491	96,657	279,035	4,161,882
55.00	05500	RADIOLOGY-THERAPEUTIC	0	124	3,774	10,894	420,902
56.00	05600	RADIOISOTOPE	0	54	8,037	23,203	487,524
58.00	05800	MRI	0	275	16,593	47,901	423,920
59.00	05900	CARDIAC CATHETERIZATION	0	4,285	44,379	128,115	1,394,275
60.00	06000	LABORATORY	0	24	129,481	373,793	7,259,930
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	7,452	21,512	796,163
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	67	534	1,541	217,145
65.00	06500	RESPIRATORY THERAPY	0	223	41,707	120,401	1,670,787
66.00	06600	PHYSICAL THERAPY	0	248	11,704	33,789	1,773,369
69.00	06900	ELECTROCARDIOLOGY	0	101	38,512	111,180	1,052,134
70.00	07000	ELECTROENCEPHALOGRAPHY	0	80	537	1,549	70,731
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	119,695	51,206	147,824	7,639,872
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	70,705	32,240	93,071	4,197,062
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,185	165,409	477,883	5,881,801
73.02	07302	INPT RENAL DIALYSIS	0	233	3,226	9,312	447,981
76.97	07697	CARDIAC REHABILITATION	0	22	415	1,198	170,710
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	0	243	11,574	33,413	1,148,431
91.00	09100	EMERGENCY	0	8,628	127,453	367,939	4,837,175
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	260,876	1,163,747	3,359,940	137,294,873

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 12/31/2014

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Cost Center Description		DATA PROCESSING	PURCHASING	ADMINISTRATIVE	PATIENT FINANCIAL SVC	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	26,485 190.00
190.01	19001	POB RX	0	0	0	0	0 190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0 190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0 190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,673 192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0 192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0 192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0 192.04
192.05	19205	OTHER NRCC	0	214	0	0	2,754,250 192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0 192.06
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	0	261,090	1,163,747	3,359,940	140,085,281 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00541						5.01
5.02	00551						5.02
5.03	00561						5.03
5.04	00571						5.04
5.05	00581						5.05
5.06	00590	25,165,796					5.06
6.00	00600		0				6.00
7.00	00700	1,695,733	0	9,439,302			7.00
8.00	00800	121,771	0	0	677,840		8.00
9.00	00900	521,700	0	357,893	41	3,261,979	9.00
10.00	01000	209,121	0	133,113	0	55,125	10.00
11.00	01100	314,227	0	357,416	0	148,093	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	425,306	0	76,609	0	10,427	13.00
14.00	01400	304,116	0	468,376	5,088	8,385	14.00
15.00	01500	529,280	0	83,115	0	13,052	15.00
16.00	01600	201,915	0	132,215	0	20,854	16.00
17.00	01700	60,221	0	54,513	0	5,177	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	1,170,511	0	0	0	0	21.00
22.00	02200	1,245,147	0	504,297	13,452	74,958	22.00
23.00	02300	57,798	0	31,070	0	5,542	23.00
23.01	02301	134,101	0	36,594	0	10,719	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,150,993	0	2,549,776	254,642	1,390,367	30.00
31.00	03100	869,599	0	240,539	55,109	125,780	31.00
32.02	03202	559,728	0	233,893	28,848	198,551	32.02
43.00	04300	247,623	0	30,397	13,248	10,354	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,576,478	0	543,555	65,621	258,925	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	03340	156,442	0	70,104	2,625	5,323	50.02
50.03	05002	250,426	0	0	2,537	0	50.03
51.00	05100	561,248	0	350,994	29,810	59,573	51.00
52.00	05200	428,690	0	176,773	24,886	71,166	52.00
53.00	05300	115,833	0	22,237	0	6,854	53.00
54.00	05400	911,394	0	534,133	42,603	145,249	54.00
55.00	05500	92,172	0	200,244	2,591	57,312	55.00
56.00	05600	106,761	0	86,788	1,464	20,854	56.00
58.00	05800	92,833	0	140,067	4,518	17,427	58.00
59.00	05900	305,327	0	215,610	10,251	100,697	59.00
60.00	06000	1,589,823	0	461,057	943	37,041	60.00
62.00	06200	174,349	0	20,526	0	1,312	62.00
62.30	06250	0	0	0	0	0	62.30
64.00	06400	47,552	0	94,920	0	57,239	64.00
65.00	06500	365,879	0	94,780	0	22,239	65.00
66.00	06600	388,343	0	126,495	6,365	10,573	66.00
69.00	06900	230,403	0	111,465	10,853	21,292	69.00
70.00	07000	15,489	0	20,695	0	5,323	70.00
71.00	07100	1,673,025	0	0	0	0	71.00
72.00	07200	919,098	0	0	0	0	72.00
73.00	07300	1,288,032	0	0	0	0	73.00
73.02	07302	98,102	0	12,478	0	7,365	73.02
76.97	07697	37,383	0	62,813	163	5,323	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	251,490	0	28,462	8,133	10,281	90.01
91.00	09100	1,059,274	0	273,348	94,022	202,634	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
		24,554,736	0	8,937,360	677,813	3,201,386	

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,800	0	53,307	0	5,177	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,118	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	603,142	0	448,635	27	55,416	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	25,165,796	0	9,439,302	677,840	3,261,979	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/20/2015 3:24 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	COMMUNICATIONS						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING						5.03
5.04	00571	ADMITTING						5.04
5.05	00581	PATIENT FINANCIAL SVC						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,352,312					10.00
11.00	01100	CAFETERIA	0	2,254,652				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	14,575	0	2,469,079		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,684	0	0	2,197,395	14.00
15.00	01500	PHARMACY	0	20,631	0	0	3,316	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,857	0	0	350	16.00
17.00	01700	SOCIAL SERVICE	0	3,079	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	89,197	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	12,317	0	0	118	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	3,285	0	1,067	851	23.00
23.01	02301	RADIOLOGY SCHOOL	0	35,514	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,093,453	1,697,712	0	864,979	35,644	30.00
31.00	03100	INTENSIVE CARE UNIT	160,269	39,723	0	333,832	10,328	31.00
32.02	03202	SURGICAL HEART UNIT	98,590	24,942	0	214,378	6,919	32.02
43.00	04300	NURSERY	0	9,238	0	95,990	221	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	50,911	0	243,175	9,961	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	0	6,056	0	44,795	1,091	50.02
50.03	05002	WOUND CARE CENTER	0	3,079	0	21,331	9,550	50.03
51.00	05100	RECOVERY ROOM	0	22,992	0	177,048	5,014	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,810	0	132,253	4,166	52.00
53.00	05300	ANESTHESIOLOGY	0	2,566	0	0	105,502	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,130	0	23,464	7,749	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,566	0	0	475	55.00
56.00	05600	RADIOISOTOPE	0	2,361	0	0	2,026	56.00
58.00	05800	MRI	0	2,669	0	0	1,237	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,059	0	27,730	1,495	59.00
60.00	06000	LABORATORY	0	4,824	0	0	99,212	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	419	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	821	0	10,666	1,544	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,168	0	0	770	65.00
66.00	06600	PHYSICAL THERAPY	0	15,910	0	0	416	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,622	0	1,067	20,096	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	616	0	0	61	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,194,794	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	465,052	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	4,371	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	11,732	722	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	10,675	0	13,865	1,768	90.01
91.00	09100	EMERGENCY	0	43,315	0	251,707	191,012	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,352,312	2,248,904	0	2,469,079	2,186,250	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

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

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	5,748	0	0	11,145	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,352,312	2,254,652	0	2,469,079	2,197,395	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00541						5.01
5.02	00551						5.02
5.03	00561						5.03
5.04	00571						5.04
5.05	00581						5.05
5.06	00590						5.06
6.00	00600						6.00
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
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	3,066,353	1,291,237				16.00
17.00	01700	0	0	397,988			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	13,138	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	129,637	288,542	0	0	30.00
31.00	03100	0	31,782	33,033	0	0	31.00
32.02	03202	0	18,882	40,077	0	0	32.02
43.00	04300	0	11,123	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	113,783	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	03340	0	21,076	0	0	0	50.02
50.03	05002	0	9,517	0	0	0	50.03
51.00	05100	0	29,766	0	0	0	51.00
52.00	05200	0	18,565	0	0	0	52.00
53.00	05300	0	29,549	0	0	0	53.00
54.00	05400	0	107,239	0	0	0	54.00
55.00	05500	0	4,187	0	0	0	55.00
56.00	05600	230	8,917	0	0	0	56.00
58.00	05800	0	18,409	0	0	0	58.00
59.00	05900	0	49,237	0	0	0	59.00
60.00	06000	0	143,657	0	0	0	60.00
62.00	06200	0	8,267	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
64.00	06400	0	592	0	0	0	64.00
65.00	06500	355	46,273	0	0	0	65.00
66.00	06600	271	12,986	0	0	0	66.00
69.00	06900	0	42,729	0	0	0	69.00
70.00	07000	0	595	0	0	0	70.00
71.00	07100	0	56,812	0	0	0	71.00
72.00	07200	0	35,769	0	0	0	72.00
73.00	07300	3,019,970	183,601	0	0	0	73.00
73.02	07302	0	3,579	0	0	0	73.02
76.97	07697	0	460	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	106	12,841	0	0	0	90.01
91.00	09100	0	141,407	36,336	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		3,034,070	1,291,237	397,988	0	0	

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	POB RX	0	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0
192.05	19205	OTHER NRCC	32,283	0	0	0	0
192.06	19206	ASBURY STREET SNF	0	0	0	0	0
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	3,066,353	1,291,237	397,988	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00541 COMMUNICATIONS						5.01
5.02 00551 DATA PROCESSING						5.02
5.03 00561 PURCHASING						5.03
5.04 00571 ADMITTING						5.04
5.05 00581 PATIENT FINANCIAL SVC						5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	6,604,849					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	7,536,254				22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	0	0	376,684			23.00
23.01 02301 RADIOLOGY SCHOOL	0	0	0	829,301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,582,972	2,947,219	0	0	31,374,792	30.00
31.00 03100 INTENSIVE CARE UNIT	394,736	450,401	0	0	6,716,157	31.00
32.02 03202 SURGICAL HEART UNIT	0	0	0	0	3,980,805	32.02
43.00 04300 NURSERY	0	0	0	0	1,548,967	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	444,415	507,086	0	0	11,012,901	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02 03340 OP GI LAB	131,579	150,134	0	0	1,303,616	50.02
50.03 05002 WOUND CARE CENTER	0	0	0	0	1,440,011	50.03
51.00 05100 RECOVERY ROOM	0	0	0	0	3,799,383	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	337,856	385,500	0	0	3,557,277	52.00
53.00 05300 ANESTHESIOLOGY	79,739	90,984	0	0	982,217	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	622,613	710,413	0	570,144	7,873,013	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	45,540	51,961	0	0	877,950	55.00
56.00 05600 RADIOISOTOPE	26,460	30,191	0	0	773,576	56.00
58.00 05800 MRI	0	0	0	0	701,080	58.00
59.00 05900 CARDIAC CATHETERIZATION	149,758	170,877	0	0	2,435,316	59.00
60.00 06000 LABORATORY	124,379	141,918	0	0	9,862,784	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,001,036	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	430,479	64.00
65.00 06500 RESPIRATORY THERAPY	134,279	153,214	0	0	2,506,744	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	2,334,728	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	1,498,661	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	113,510	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	10,564,503	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,151,929	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	10,838,456	73.00
73.02 07302 INPT RENAL DIALYSIS	0	0	0	0	573,876	73.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	289,306	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OPD	61,019	69,624	0	0	1,616,695	90.01
91.00 09100 EMERGENCY	749,332	855,002	376,684	0	9,111,248	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
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,884,677	6,714,524	376,684	570,144	134,271,016	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	90,769	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	370,076	422,264	0	0	804,131	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	350,096	399,466	0	259,157	4,919,365	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	6,604,849	7,536,254	376,684	829,301	140,085,281	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/20/2015 3:24 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00541	COMMUNICATIONS		5.01
5.02	00551	DATA PROCESSING		5.02
5.03	00561	PURCHASING		5.03
5.04	00571	ADMITTING		5.04
5.05	00581	PATIENT FINANCIAL SVC		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-5,530,191	25,844,601
31.00	03100	INTENSIVE CARE UNIT	-845,137	5,871,020
32.02	03202	SURGICAL HEART UNIT	0	3,980,805
43.00	04300	NURSERY	0	1,548,967
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-951,501	10,061,400
50.01	05001	AMBULATORY PRE/POST OP	0	0
50.02	03340	OP GI LAB	-281,713	1,021,903
50.03	05002	WOUND CARE CENTER	0	1,440,011
51.00	05100	RECOVERY ROOM	0	3,799,383
52.00	05200	DELIVERY ROOM & LABOR ROOM	-723,356	2,833,921
53.00	05300	ANESTHESIOLOGY	-170,723	811,494
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,333,026	6,539,987
55.00	05500	RADIOLOGY-THERAPEUTIC	-97,501	780,449
56.00	05600	RADIOISOTOPE	-56,651	716,925
58.00	05800	MRI	0	701,080
59.00	05900	CARDIAC CATHETERIZATION	-320,635	2,114,681
60.00	06000	LABORATORY	-266,297	9,596,487
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,001,036
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
64.00	06400	INTRAVENOUS THERAPY	0	430,479
65.00	06500	RESPIRATORY THERAPY	-287,493	2,219,251
66.00	06600	PHYSICAL THERAPY	0	2,334,728
69.00	06900	ELECTROCARDIOLOGY	0	1,498,661
70.00	07000	ELECTROENCEPHALOGRAPHY	0	113,510
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,564,503
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,151,929
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,838,456
73.02	07302	INPT RENAL DIALYSIS	0	573,876
76.97	07697	CARDIAC REHABILITATION	0	289,306
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0
76.99	07699	LI THOTRI PSY	0	0
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	-130,643	1,486,052
91.00	09100	EMERGENCY	-1,604,334	7,506,914
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 3:24 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,599,201	121,671,815
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	90,769
190.01	19001	POB RX	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0
190.03	19003	ARTHRITIS CENTER	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-792,340	11,791
192.02	19202	OUTREACH TRANSPORTATION	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0
192.05	19205	OTHER NRCC	-749,562	4,169,803
192.06	19206	ASBURY STREET SNF	0	0
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	-14,141,103	125,944,178

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 3:24 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	23,538	41	23,579	4.00
5.01 00541	COMMUNICATIONS	0	0	0	0	5.01
5.02 00551	DATA PROCESSING	0	0	0	0	5.02
5.03 00561	PURCHASING	0	0	0	0	5.03
5.04 00571	ADMITTING	20,221	17,047	435	37,703	5.04
5.05 00581	PATIENT FINANCIAL SVC	0	87,897	0	87,897	5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	33,196	528,178	3,831,820	4,393,194	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	5,177	80,669	328,771	414,617	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	10,185	10,185	8.00
9.00 00900	HOUSEKEEPING	1,002	177,758	15,045	193,805	9.00
10.00 01000	DIETARY	6,335	66,114	17,359	89,808	10.00
11.00 01100	CAFETERIA	17,010	177,522	46,626	241,158	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	11,309	38,050	25,921	75,280	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	99,720	232,633	50,348	382,701	14.00
15.00 01500	PHARMACY	9,532	41,281	39,262	90,075	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,550	65,669	0	70,219	16.00
17.00 01700	SOCIAL SERVICE	0	27,075	0	27,075	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,641	250,475	24,679	279,795	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	11,641	15,432	17,733	44,806	23.00
23.01 02301	RADIOLOGY SCHOOL	0	18,176	0	18,176	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	37,563	1,266,424	208,557	1,512,544	30.00
31.00 03100	INTENSIVE CARE UNIT	4,529	119,471	51,783	175,783	31.00
32.02 03202	SURGICAL HEART UNIT	6,386	116,170	59,809	182,365	32.02
43.00 04300	NURSERY	4,310	15,098	17,400	36,808	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	542,094	269,973	266,286	1,078,353	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	OP GI LAB	8,080	34,819	12,313	55,212	50.02
50.03 05002	WOUND CARE CENTER	47,299	0	13,000	60,299	50.03
51.00 05100	RECOVERY ROOM	5,724	174,332	48,866	228,922	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,441	87,800	14,087	105,328	52.00
53.00 05300	ANESTHESIOLOGY	28	11,045	23,513	34,586	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,959	265,294	285,596	561,849	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,111	99,457	30,058	131,626	55.00
56.00 05600	RADIOISOTOPE	232	43,106	531	43,869	56.00
58.00 05800	MRI	2,796	69,569	19,253	91,618	58.00
59.00 05900	CARDIAC CATHETERIZATION	858	107,090	251,587	359,535	59.00
60.00 06000	LABORATORY	37,138	228,998	48,687	314,823	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,195	2,270	12,465	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	10,070	47,145	0	57,215	64.00
65.00 06500	RESPIRATORY THERAPY	29,988	47,075	31,400	108,463	65.00
66.00 06600	PHYSICAL THERAPY	4,079	62,828	5,515	72,422	66.00
69.00 06900	ELECTROCARDIOLOGY	9,501	55,362	44,255	109,118	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	119	10,279	13,204	23,602	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	1,805	6,198	2,861	10,864	73.02
76.97 07697	CARDIAC REHABILITATION	186	31,198	1,575	32,959	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	92,204	14,137	66,436	172,777	90.01
91.00 09100	EMERGENCY	8,284	135,767	157,558	301,609	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,094,118	5,176,344	6,084,625	12,355,087
						23,451
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9	26,476	0	26,485
190.01	19001	POB RX	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0
190.03	19003	ARTHRITIS CENTER	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,557	1,557
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0
192.05	19205	OTHER NRCC	212	222,828	27,840	250,880
192.06	19206	ASBURY STREET SNF	0	0	0	0
200.00		Cross Foot Adjustments				0
201.00		Negative Cost Centers				0
202.00		TOTAL (sum lines 118-201)	1,094,339	5,425,648	6,114,022	12,634,009
						23,579

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 3:24 pm		
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING	ADMINING	PATIENT FINANCIAL SVC		
			5.01	5.02	5.03	5.04	5.05		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01	00541	COMMUNICATIONS	0						5.01
5.02	00551	DATA PROCESSING	0	0					5.02
5.03	00561	PURCHASING	0	0	0				5.03
5.04	00571	ADMINING	0	0	0	38,015			5.04
5.05	00581	PATIENT FINANCIAL SVC	0	0	0	0	87,897		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0		9.00
10.00	01000	DIETARY	0	0	0	0	0		10.00
11.00	01100	CAFETERIA	0	0	0	0	0		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0		14.00
15.00	01500	PHARMACY	0	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0		23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	3,788	8,790		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	929	2,155		31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	552	1,280		32.02
43.00	04300	NURSERY	0	0	0	325	754		43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	3,324	7,715		50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0		50.01
50.02	03340	OP GI LAB	0	0	0	616	1,429		50.02
50.03	05002	WOUND CARE CENTER	0	0	0	278	645		50.03
51.00	05100	RECOVERY ROOM	0	0	0	870	2,018		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	542	1,259		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	863	2,004		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,133	7,271		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	122	284		55.00
56.00	05600	RADIOISOTOPE	0	0	0	261	605		56.00
58.00	05800	MRI	0	0	0	538	1,248		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,439	3,339		59.00
60.00	06000	LABORATORY	0	0	0	4,197	9,741		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	242	561		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	17	40		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,352	3,138		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	379	881		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,248	2,897		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	17	40		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,660	3,852		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,045	2,425		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,653	12,793		73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	105	243		73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	13	31		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	0	0	0	375	871		90.01
91.00	09100	EMERGENCY	0	0	0	4,132	9,588		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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	38,015	87,897		118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	PATIENT FINANCIAL SVC	
			5.01	5.02	5.03	5.04	5.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	38,015	87,897	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 3:24 pm		
Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00541	COMMUNICATIONS					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING					5.03
5.04	00571	ADMINITTING					5.04
5.05	00581	PATIENT FINANCIAL SVC					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,394,510				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	296,114	0	711,484		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	21,264	0	0	31,449	8.00
9.00	00900	HOUSEKEEPING	91,101	0	26,976	2	312,522
10.00	01000	DIETARY	36,517	0	10,033	0	5,281
11.00	01100	CAFETERIA	54,871	0	26,940	0	14,188
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	74,268	0	5,774	0	999
14.00	01400	CENTRAL SERVICES & SUPPLY	53,106	0	35,304	236	803
15.00	01500	PHARMACY	92,425	0	6,265	0	1,250
16.00	01600	MEDICAL RECORDS & LIBRARY	35,259	0	9,966	0	1,998
17.00	01700	SOCIAL SERVICE	10,516	0	4,109	0	496
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	204,398	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	217,431	0	38,011	624	7,182
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	10,093	0	2,342	0	531
23.01	02301	RADIOLOGY SCHOOL	23,417	0	2,758	0	1,027
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	550,217	0	192,188	11,812	133,206
31.00	03100	INTENSIVE CARE UNIT	151,852	0	18,131	2,557	12,051
32.02	03202	SURGICAL HEART UNIT	97,741	0	17,630	1,338	19,023
43.00	04300	NURSERY	43,241	0	2,291	615	992
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	275,289	0	40,970	3,045	24,807
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0
50.02	03340	OP GI LAB	27,318	0	5,284	122	510
50.03	05002	WOUND CARE CENTER	43,730	0	0	118	0
51.00	05100	RECOVERY ROOM	98,007	0	26,456	1,383	5,707
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,859	0	13,324	1,155	6,818
53.00	05300	ANESTHESIOLOGY	20,227	0	1,676	0	657
54.00	05400	RADIOLOGY-DIAGNOSTIC	159,150	0	40,260	1,977	13,916
55.00	05500	RADIOLOGY-THERAPEUTIC	16,095	0	15,093	120	5,491
56.00	05600	RADIOISOTOPE	18,643	0	6,542	68	1,998
58.00	05800	MRI	16,211	0	10,557	210	1,670
59.00	05900	CARDIAC CATHETERIZATION	53,317	0	16,252	476	9,648
60.00	06000	LABORATORY	277,620	0	34,752	44	3,549
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	30,445	0	1,547	0	126
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	8,304	0	7,155	0	5,484
65.00	06500	RESPIRATORY THERAPY	63,891	0	7,144	0	2,131
66.00	06600	PHYSICAL THERAPY	67,814	0	9,535	295	1,013
69.00	06900	ELECTROCARDIOLOGY	40,234	0	8,402	504	2,040
70.00	07000	ELECTROENCEPHALOGRAPHY	2,705	0	1,560	0	510
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	292,149	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	160,496	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	224,920	0	0	0	0
73.02	07302	INPT RENAL DIALYSIS	17,131	0	941	0	706
76.97	07697	CARDIAC REHABILITATION	6,528	0	4,734	8	510
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LI THOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	43,916	0	2,145	377	985
91.00	09100	EMERGENCY	184,974	0	20,603	4,362	19,414
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,287,804	0	673,650	31,448	306,717

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 3:24 pm	
Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,013	0	4,018	0	496	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	370	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	105,323	0	33,816	1	5,309	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,394,510	0	711,484	31,449	312,522	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 3:24 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	COMMUNICATIONS						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING						5.03
5.04	00571	ADMITTING						5.04
5.05	00581	PATIENT FINANCIAL SVC						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	141,749					10.00
11.00	01100	CAFETERIA	0	337,453				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,181	0	159,101		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,395	0	0	475,655	14.00
15.00	01500	PHARMACY	0	3,088	0	0	718	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,074	0	0	76	16.00
17.00	01700	SOCIAL SERVICE	0	461	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	13,350	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,844	0	0	26	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	492	0	69	184	23.00
23.01	02301	RADIOLOGY SCHOOL	0	5,315	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	114,616	254,097	0	55,737	7,716	30.00
31.00	03100	INTENSIVE CARE UNIT	16,799	5,945	0	21,511	2,236	31.00
32.02	03202	SURGICAL HEART UNIT	10,334	3,733	0	13,814	1,498	32.02
43.00	04300	NURSERY	0	1,383	0	6,185	48	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,620	0	15,670	2,156	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	0	906	0	2,886	236	50.02
50.03	05002	WOUND CARE CENTER	0	461	0	1,375	2,067	50.03
51.00	05100	RECOVERY ROOM	0	3,441	0	11,409	1,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,965	0	8,522	902	52.00
53.00	05300	ANESTHESIOLOGY	0	384	0	0	22,837	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,408	0	1,512	1,677	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	384	0	0	103	55.00
56.00	05600	RADIOISOTOPE	0	353	0	0	438	56.00
58.00	05800	MRI	0	399	0	0	268	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,506	0	1,787	324	59.00
60.00	06000	LABORATORY	0	722	0	0	21,476	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	91	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	123	0	687	334	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,719	0	0	167	65.00
66.00	06600	PHYSICAL THERAPY	0	2,381	0	0	90	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,290	0	69	4,350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	92	0	0	13	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	258,628	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100,667	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	946	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	756	156	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	1,598	0	893	383	90.01
91.00	09100	EMERGENCY	0	6,483	0	16,219	41,347	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
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	141,749	336,593	0	159,101	473,243	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:
From 01/01/2014
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	860	0	0	2,412	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	141,749	337,453	0	159,101	475,655	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 3:24 pm		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00541					5.01
5.02	00551					5.02
5.03	00561					5.03
5.04	00571					5.04
5.05	00581					5.05
5.06	00590					5.06
6.00	00600					6.00
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
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600	194,592	119,878			16.00
17.00	01700	0	0	42,748		17.00
19.00	01900	0	0	0	0	19.00
20.00	02000	0	0	0	0	20.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	834	0	0	0	23.00
23.01	02301	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	12,006	30,992		30.00
31.00	03100	0	2,943	3,548		31.00
32.02	03202	0	1,749	4,305		32.02
43.00	04300	0	1,030	0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	10,538	0		50.00
50.01	05001	0	0	0		50.01
50.02	03340	0	1,952	0		50.02
50.03	05002	0	881	0		50.03
51.00	05100	0	2,757	0		51.00
52.00	05200	0	1,719	0		52.00
53.00	05300	0	2,737	0		53.00
54.00	05400	0	9,932	0		54.00
55.00	05500	0	388	0		55.00
56.00	05600	15	826	0		56.00
58.00	05800	0	1,705	0		58.00
59.00	05900	0	4,560	0		59.00
60.00	06000	0	13,305	0		60.00
62.00	06200	0	766	0		62.00
62.30	06250	0	0	0		62.30
64.00	06400	0	55	0		64.00
65.00	06500	23	4,285	0		65.00
66.00	06600	17	1,203	0		66.00
69.00	06900	0	3,957	0		69.00
70.00	07000	0	55	0		70.00
71.00	07100	0	5,262	0		71.00
72.00	07200	0	3,313	0		72.00
73.00	07300	191,647	17,295	0		73.00
73.02	07302	0	331	0		73.02
76.97	07697	0	43	0		76.97
76.98	07698	0	0	0		76.98
76.99	07699	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	7	1,189	0		90.01
91.00	09100	0	13,096	3,903		91.00
92.00	09200					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	0	0	0		99.10
99.20	09920	0	0	0		99.20
99.30	09930	0	0	0		99.30
99.40	09940	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
118.00						118.00
		192,543	119,878	42,748	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 3:24 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	POB RX	0	0	0			190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0			190.02
190.03	19003	ARTHRITIS CENTER	0	0	0			190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0			192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0			192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0			192.04
192.05	19205	OTHER NRCC	2,049	0	0			192.05
192.06	19206	ASBURY STREET SNF	0	0	0			192.06
200.00		Cross Foot Adjustments					0	0 200.00
201.00		Negative Cost Centers	0	0	0		0	0 201.00
202.00		TOTAL (sum lines 118-201)	194,592	119,878	42,748		0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00541	COMMUNICATIONS					5.01
5.02 00551	DATA PROCESSING					5.02
5.03 00561	PURCHASING					5.03
5.04 00571	ADMITTING					5.04
5.05 00581	PATIENT FINANCIAL SVC					5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	219,847				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		545,483			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			59,454		23.00
23.01 02301	RADIOLOGY SCHOOL				50,693	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				2,892,223	30.00
31.00 03100	INTENSIVE CARE UNIT				417,777	31.00
32.02 03202	SURGICAL HEART UNIT				356,196	32.02
43.00 04300	NURSERY				94,056	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				1,471,229	50.00
50.01 05001	AMBULATORY PRE/POST OP				0	50.01
50.02 03340	OP GI LAB				96,678	50.02
50.03 05002	WOUND CARE CENTER				109,941	50.03
51.00 05100	RECOVERY ROOM				382,860	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				218,032	52.00
53.00 05300	ANESTHESIOLOGY				86,017	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				807,219	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				169,820	55.00
56.00 05600	RADIOISOTOPE				73,702	56.00
58.00 05800	MRI				124,515	58.00
59.00 05900	CARDIAC CATHETERIZATION				452,512	59.00
60.00 06000	LABORATORY				680,294	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				46,243	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	62.30
64.00 06400	INTRAVENOUS THERAPY				79,468	64.00
65.00 06500	RESPIRATORY THERAPY				193,821	65.00
66.00 06600	PHYSICAL THERAPY				156,631	66.00
69.00 06900	ELECTROCARDIOLOGY				174,371	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				28,609	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				561,551	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				167,279	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				552,975	73.00
73.02 07302	INPT RENAL DIALYSIS				31,267	73.02
76.97 07697	CARDIAC REHABILITATION				45,790	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY				0	76.98
76.99 07699	LI THOTRI PSY				0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD				225,835	90.01
91.00 09100	EMERGENCY				626,904	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF				0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY				0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY				0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY				0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	11,323,815
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				32,012
190.01	19001	POB RX				0
190.02	19002	MOBILE MEDICAL CARE				0
190.03	19003	ARTHRITIS CENTER				0
192.00	19200	PHYSICIANS' PRIVATE OFFICES				1,927
192.02	19202	OUTREACH TRANSPORTATION				0
192.03	19203	SAINT FRANCIS HEALTH CENTER				0
192.04	19204	WOMENS HEALTH CENTER				0
192.05	19205	OTHER NRCC				400,778
192.06	19206	ASBURY STREET SNF				0
200.00		Cross Foot Adjustments	219,847	545,483	59,454	50,693
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	219,847	545,483	59,454	50,693

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 3:24 pm	
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.01	00541	COMMUNICATIONS		5.01	
5.02	00551	DATA PROCESSING		5.02	
5.03	00561	PURCHASING		5.03	
5.04	00571	ADMITTING		5.04	
5.05	00581	PATIENT FINANCIAL SVC		5.05	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL		5.06	
6.00	00600	MAINTENANCE & REPAIRS		6.00	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
12.00	01200	MAINTENANCE OF PERSONNEL		12.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
15.00	01500	PHARMACY		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
17.00	01700	SOCIAL SERVICE		17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00	
20.00	02000	NURSING SCHOOL		20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00	
23.01	02301	RADIOLOGY SCHOOL		23.01	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	2,892,223	30.00
31.00	03100	INTENSIVE CARE UNIT	0	417,777	31.00
32.02	03202	SURGICAL HEART UNIT	0	356,196	32.02
43.00	04300	NURSERY	0	94,056	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,471,229	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	OP GI LAB	0	96,678	50.02
50.03	05002	WOUND CARE CENTER	0	109,941	50.03
51.00	05100	RECOVERY ROOM	0	382,860	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	218,032	52.00
53.00	05300	ANESTHESIOLOGY	0	86,017	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	807,219	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	169,820	55.00
56.00	05600	RADIOISOTOPE	0	73,702	56.00
58.00	05800	MRI	0	124,515	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	452,512	59.00
60.00	06000	LABORATORY	0	680,294	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	46,243	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	79,468	64.00
65.00	06500	RESPIRATORY THERAPY	0	193,821	65.00
66.00	06600	PHYSICAL THERAPY	0	156,631	66.00
69.00	06900	ELECTROCARDIOLOGY	0	174,371	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28,609	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	561,551	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	167,279	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	552,975	73.00
73.02	07302	INPT RENAL DIALYSIS	0	31,267	73.02
76.97	07697	CARDIAC REHABILITATION	0	45,790	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0	225,835	90.01
91.00	09100	EMERGENCY	0	626,904	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	POB RX	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	190.02
190.03	19003	ARTHRITIS CENTER	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	192.04
192.05	19205	OTHER NRCC	0	192.05
192.06	19206	ASBURY STREET SNF	0	192.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 3:24 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NON PT PHONES)	DATA PROCESSING (TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	389,560				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,066,334			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,690	41	51,094,801		4.00
5.01 00541	COMMUNICATIONS	0	0	0	0	5.01
5.02 00551	DATA PROCESSING	0	0	0	0	5.02
5.03 00561	PURCHASING	0	0	0	0	5.03
5.04 00571	ADMINISTRATIVE	1,224	432	677,445	0	5.04
5.05 00581	PATIENT FINANCIAL SVC	6,311	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	37,923	3,801,928	2,854,062	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	5,792	326,207	1,633,471	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	10,106	0	0	8.00
9.00 00900	HOUSEKEEPING	12,763	14,928	1,383,975	0	9.00
10.00 01000	DIETARY	4,747	17,224	239,389	0	10.00
11.00 01100	CAFETERIA	12,746	46,262	642,990	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,732	25,719	1,300,317	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,703	49,955	238,038	0	14.00
15.00 01500	PHARMACY	2,964	38,956	1,673,348	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,715	0	619,695	0	16.00
17.00 01700	SOCIAL SERVICE	1,944	0	197,988	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	4,553,447	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,984	24,487	1,236,175	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	1,108	17,595	224,160	0	23.00
23.01 02301	RADIOLOGY SCHOOL	1,305	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	90,929	206,930	9,738,899	0	30.00
31.00 03100	INTENSIVE CARE UNIT	8,578	51,379	2,899,455	0	31.00
32.02 03202	SURGICAL HEART UNIT	8,341	59,343	1,809,766	0	32.02
43.00 04300	NURSERY	1,084	17,264	832,987	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	19,384	264,209	3,777,916	0	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	OP GI LAB	2,500	12,217	449,195	0	50.02
50.03 05002	WOUND CARE CENTER	0	12,899	189,026	0	50.03
51.00 05100	RECOVERY ROOM	12,517	48,485	1,746,892	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,304	13,977	1,386,546	0	52.00
53.00 05300	ANESTHESIOLOGY	793	23,330	99,933	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,048	283,368	2,459,515	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,141	29,824	247,480	0	55.00
56.00 05600	RADIOISOTOPE	3,095	527	181,314	0	56.00
58.00 05800	MRI	4,995	19,103	196,657	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,689	249,625	713,087	0	59.00
60.00 06000	LABORATORY	16,442	48,307	141,633	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	732	2,252	0	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	3,385	0	116,188	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,380	31,155	1,101,847	0	65.00
66.00 06600	PHYSICAL THERAPY	4,511	5,472	1,303,055	0	66.00
69.00 06900	ELECTROCARDIOLOGY	3,975	43,910	568,156	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	738	13,101	32,302	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	445	2,839	311	0	73.02
76.97 07697	CARDIAC REHABILITATION	2,240	1,563	111,918	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	1,015	65,918	691,073	0	90.01
91.00 09100	EMERGENCY	9,748	156,329	2,547,183	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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)	COMMUNICATIONS (NON PT PHONES)	DATA PROCESSING (TIME)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	371,660	6,037,166	50,816,834	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,901	0	0	0	0	190.00
190.01 19001	POB RX	0	0	0	0	0	190.01
190.02 19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03 19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,545	0	0	0	192.00
192.02 19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03 19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04 19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05 19205	OTHER NRCC	15,999	27,623	277,967	0	0	192.05
192.06 19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,425,648	6,114,022	8,883,675	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.927631	1.007861	0.173867	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			23,579	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000461	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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To 12/31/2014

Worksheet B-1
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Cost Center Description		PURCHASING (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	PATIENT FINANCIAL SVC (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00541	COMMUNICATIONS					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING	14,771,699				5.03
5.04	00571	ADMITTING	33,311	711,822,650			5.04
5.05	00581	PATIENT FINANCIAL SVC	0	0	711,822,650		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	54,534	0	0	-25,165,796	114,919,485
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,721	0	0	0	7,743,569
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	556,069
9.00	00900	HOUSEKEEPING	250,268	0	0	0	2,382,345
10.00	01000	DIETARY	41,949	0	0	0	954,953
11.00	01100	CAFETERIA	112,646	0	0	0	1,434,916
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	27,131	0	0	0	1,942,162
14.00	01400	CENTRAL SERVICES & SUPPLY	295,602	0	0	0	1,388,746
15.00	01500	PHARMACY	27,368	0	0	0	2,416,959
16.00	01600	MEDICAL RECORDS & LIBRARY	2,987	0	0	0	922,046
17.00	01700	SOCIAL SERVICE	0	0	0	0	274,998
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	5,345,141
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,931	0	0	0	5,685,965
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	59,432	0	0	0	263,933
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	612,373
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	105,401	71,464,536	71,464,536	0	14,388,856
31.00	03100	INTENSIVE CARE UNIT	20,725	17,520,176	17,520,176	0	3,971,026
32.02	03202	SURGICAL HEART UNIT	10,765	10,409,258	10,409,258	0	2,555,997
43.00	04300	NURSERY	3,830	6,131,598	6,131,598	0	1,130,773
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	445,144	62,724,718	62,724,718	0	7,198,991
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0
50.02	03340	OP GI LAB	15,378	11,618,500	11,618,500	0	714,391
50.03	05002	WOUND CARE CENTER	332,812	5,246,460	5,246,460	0	1,143,571
51.00	05100	RECOVERY ROOM	27,457	16,408,833	16,408,833	0	2,562,938
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,243	10,234,366	10,234,366	0	1,957,612
53.00	05300	ANESTHESIOLOGY	240,294	16,289,547	16,289,547	0	528,953
54.00	05400	RADIOLOGY-DIAGNOSTIC	84,349	59,117,671	59,117,671	0	4,161,882
55.00	05500	RADIOLOGY-THERAPEUTIC	7,013	2,308,079	2,308,079	0	420,902
56.00	05600	RADIOISOTOPE	3,062	4,915,810	4,915,810	0	487,524
58.00	05800	MRI	15,553	10,148,458	10,148,458	0	423,920
59.00	05900	CARDIAC CATHETERIZATION	242,447	27,142,909	27,142,909	0	1,394,275
60.00	06000	LABORATORY	1,338	79,193,487	79,193,487	0	7,259,930
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,557,582	4,557,582	0	796,163
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	3,810	326,528	326,528	0	217,145
65.00	06500	RESPIRATORY THERAPY	12,600	25,508,765	25,508,765	0	1,670,787
66.00	06600	PHYSICAL THERAPY	14,023	7,158,649	7,158,649	0	1,773,369
69.00	06900	ELECTROCARDIOLOGY	5,727	23,555,027	23,555,027	0	1,052,134
70.00	07000	ELECTROENCEPHALOGRAPHY	4,509	328,231	328,231	0	70,731
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,771,907	31,318,592	31,318,592	0	7,639,872
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,000,299	19,718,524	19,718,524	0	4,197,062
73.00	07300	DRUGS CHARGED TO PATIENTS	915,701	101,217,385	101,217,385	0	5,881,801
73.02	07302	INPT RENAL DIALYSIS	13,176	1,972,958	1,972,958	0	447,981
76.97	07697	CARDIAC REHABILITATION	1,253	253,798	253,798	0	170,710
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	13,720	7,079,064	7,079,064	0	1,148,431
91.00	09100	EMERGENCY	488,159	77,953,141	77,953,141	0	4,837,175
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING (SUPPLIES EXPENSE)	ADM ITTING (GROSS REVENUE)	PATIENT FI NANCIAL SVC (GROSS REVENUE)	Reconci liation	OTHER ADM INI STRATI VE & GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
118.00	SUBTOTALS (SUM OF LINES 1-117)	14,759,575	711,822,650	711,822,650	-25,165,796	112,129,077	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	26,485	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,673	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	12,124	0	0	0	2,754,250	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
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)	261,090	1,163,747	3,359,940		25,165,796	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.017675	0.001635	0.004720		0.218986	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	38,015	87,897		4,394,510	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000053	0.000123		0.038240	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT ((SQUARE FEET))	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00541	COMMUNICATIONS					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING					5.03
5.04	00571	ADMINISTRATIVE					5.04
5.05	00581	PATIENT FINANCIAL SVC					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	336,620			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,086,580		8.00
9.00	00900	HOUSEKEEPING	0	12,763	66	44,736	9.00
10.00	01000	DIETARY	0	4,747	0	756	132,515
11.00	01100	CAFETERIA	0	12,746	0	2,031	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	2,732	0	143	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,703	8,156	115	0
15.00	01500	PHARMACY	0	2,964	0	179	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,715	0	286	0
17.00	01700	SOCIAL SERVICE	0	1,944	0	71	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	17,984	21,563	1,028	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,108	0	76	0
23.01	02301	RADIOLOGY SCHOOL	0	1,305	0	147	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	90,929	408,196	19,068	107,149
31.00	03100	INTENSIVE CARE UNIT	0	8,578	88,340	1,725	15,705
32.02	03202	SURGICAL HEART UNIT	0	8,341	46,243	2,723	9,661
43.00	04300	NURSERY	0	1,084	21,236	142	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	19,384	105,190	3,551	0
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0
50.02	03340	OP GI LAB	0	2,500	4,208	73	0
50.03	05002	WOUND CARE CENTER	0	0	4,067	0	0
51.00	05100	RECOVERY ROOM	0	12,517	47,785	817	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,304	39,892	976	0
53.00	05300	ANESTHESIOLOGY	0	793	0	94	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,048	68,292	1,992	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,141	4,154	786	0
56.00	05600	RADIOISOTOPE	0	3,095	2,346	286	0
58.00	05800	MRI	0	4,995	7,243	239	0
59.00	05900	CARDIAC CATHETERIZATION	0	7,689	16,433	1,381	0
60.00	06000	LABORATORY	0	16,442	1,512	508	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	732	0	18	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	3,385	0	785	0
65.00	06500	RESPIRATORY THERAPY	0	3,380	0	305	0
66.00	06600	PHYSICAL THERAPY	0	4,511	10,203	145	0
69.00	06900	ELECTROCARDIOLOGY	0	3,975	17,397	292	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	738	0	73	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.02	07302	INPT RENAL DIALYSIS	0	445	0	101	0
76.97	07697	CARDIAC REHABILITATION	0	2,240	261	73	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	0	1,015	13,037	141	0
91.00	09100	EMERGENCY	0	9,748	150,717	2,779	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	318,720	1,086,537	43,905	132,515	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,901	0	71	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	15,999	43	760	0	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	9,439,302	677,840	3,261,979	1,352,312	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	28.041418	0.623829	72.916197	10.204973	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	711,484	31,449	312,522	141,749	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	2.113612	0.028943	6.985917	1.069683	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSG FTES))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00541						5.01
5.02	00551						5.02
5.03	00561						5.03
5.04	00571						5.04
5.05	00581						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	21,966					11.00
12.00	01200	0	0				12.00
13.00	01300	142	0	23,150			13.00
14.00	01400	221	0	0	3,184,916		14.00
15.00	01500	201	0	0	4,806	4,417,693	15.00
16.00	01600	135	0	0	507	0	16.00
17.00	01700	30	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	869	0	0	0	0	21.00
22.00	02200	120	0	0	171	0	22.00
23.00	02300	32	0	10	1,234	18,928	23.00
23.01	02301	346	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,540	0	8,110	51,663	0	30.00
31.00	03100	387	0	3,130	14,969	0	31.00
32.02	03202	243	0	2,010	10,029	0	32.02
43.00	04300	90	0	900	321	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	496	0	2,280	14,438	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	03340	59	0	420	1,582	0	50.02
50.03	05002	30	0	200	13,842	0	50.03
51.00	05100	224	0	1,660	7,267	0	51.00
52.00	05200	193	0	1,240	6,038	0	52.00
53.00	05300	25	0	0	152,915	0	53.00
54.00	05400	352	0	220	11,232	0	54.00
55.00	05500	25	0	0	689	0	55.00
56.00	05600	23	0	0	2,936	332	56.00
58.00	05800	26	0	0	1,793	0	58.00
59.00	05900	98	0	260	2,167	0	59.00
60.00	06000	47	0	0	143,798	0	60.00
62.00	06200	0	0	0	607	0	62.00
62.30	06250	0	0	0	0	0	62.30
64.00	06400	8	0	100	2,238	0	64.00
65.00	06500	177	0	0	1,116	511	65.00
66.00	06600	155	0	0	603	390	66.00
69.00	06900	84	0	10	29,127	0	69.00
70.00	07000	6	0	0	89	0	70.00
71.00	07100	0	0	0	1,731,739	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	674,049	4,350,870	73.00
73.02	07302	0	0	0	6,335	0	73.02
76.97	07697	0	0	110	1,047	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	104	0	130	2,562	152	90.01
91.00	09100	422	0	2,360	276,854	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 3:24 pm

Cost Center Description		CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED))	NURSING ADMINISTRATION (DIRECT NRSG FTES))	CENTRAL SERVICES & SUPPLY (COSTED REQUIS))	PHARMACY (COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,910	0	23,150	3,168,763	4,371,183 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	56	0	0	16,153	46,510 192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,254,652	0	2,469,079	2,197,395	3,066,353 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	102.642812	0.000000	106.655680	0.689938	0.694107 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	337,453	0	159,101	475,655	194,592 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	15.362515	0.000000	6.872613	0.149346	0.044048 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV ((ASSIGNED TIME))	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00541 COMMUNICATIONS						5.01
5.02 00551 DATA PROCESSING						5.02
5.03 00561 PURCHASING						5.03
5.04 00571 ADMITTING						5.04
5.05 00581 PATIENT FINANCIAL SVC						5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	711,822,650					16.00
17.00 01700 SOCIAL SERVICE	0	10,000				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			36,694	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	0	0				23.00
23.01 02301 RADIOLOGY SCHOOL	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	71,464,536	7,250		0	14,350	30.00
31.00 03100 INTENSIVE CARE UNIT	17,520,176	830		0	2,193	31.00
32.02 03202 SURGICAL HEART UNIT	10,409,258	1,007		0	0	32.02
43.00 04300 NURSERY	6,131,598	0		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	62,724,718	0	0	0	2,469	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02 03340 OP GI LAB	11,618,500	0	0	0	731	50.02
50.03 05002 WOUND CARE CENTER	5,246,460	0	0	0	0	50.03
51.00 05100 RECOVERY ROOM	16,408,833	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,234,366	0	0	0	1,877	52.00
53.00 05300 ANESTHESIOLOGY	16,289,547	0	0	0	443	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	59,117,671	0	0	0	3,459	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,308,079	0	0	0	253	55.00
56.00 05600 RADIOISOTOPE	4,915,810	0	0	0	147	56.00
58.00 05800 MRI	10,148,458	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	27,142,909	0	0	0	832	59.00
60.00 06000 LABORATORY	79,193,487	0	0	0	691	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,557,582	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 06400 INTRAVENOUS THERAPY	326,528	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	25,508,765	0	0	0	746	65.00
66.00 06600 PHYSICAL THERAPY	7,158,649	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	23,555,027	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	328,231	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	31,318,592	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	19,718,524	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	101,217,385	0	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	1,972,958	0	0	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	253,798	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OPD	7,079,064	0	0	0	339	90.01
91.00 09100 EMERGENCY	77,953,141	913	0	0	4,163	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
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV ((ASSIGNED TIME))	
		16.00	17.00	19.00	20.00	21.00	
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	711,822,650	10,000	0	0	32,693	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,056	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	0	0	0	1,945	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,291,237	397,988	0	0	6,604,849	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001814	39.798800	0.000000	0.000000	179.998065	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	119,878	42,748	0	0	219,847	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000168	4.274800	0.000000	0.000000	5.991361	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
	SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00541 COMMUNICATIONS				5.01
5.02 00551 DATA PROCESSING				5.02
5.03 00561 PURCHASING				5.03
5.04 00571 ADMITTING				5.04
5.05 00581 PATIENT FINANCIAL SVC				5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL				5.06
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	36,694			22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM		1,000		23.00
23.01 02301 RADIOLOGY SCHOOL		0	79,872	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	14,350	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	2,193	0	0	31.00
32.02 03202 SURGICAL HEART UNIT	0	0	0	32.02
43.00 04300 NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	2,469	0	0	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	50.01
50.02 03340 OP GI LAB	731	0	0	50.02
50.03 05002 WOUND CARE CENTER	0	0	0	50.03
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,877	0	0	52.00
53.00 05300 ANESTHESIOLOGY	443	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,459	0	54,912	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	253	0	0	55.00
56.00 05600 RADIOISOTOPE	147	0	0	56.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	832	0	0	59.00
60.00 06000 LABORATORY	691	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	746	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	0	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OPD	339	0	0	90.01
91.00 09100 EMERGENCY	4,163	1,000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS				
99.10 09910 CORF	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
	SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
	22.00	23.00	23.01	
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	32,693	1,000	54,912	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001 POB RX	0	0	0	190.01
190.02 19002 MOBILE MEDICAL CARE	0	0	0	190.02
190.03 19003 ARTHRITIS CENTER	0	0	0	190.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,056	0	0	192.00
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	192.02
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	192.03
192.04 19204 WOMENS HEALTH CENTER	0	0	0	192.04
192.05 19205 OTHER NRCC	1,945	0	24,960	192.05
192.06 19206 ASBURY STREET SNF	0	0	0	192.06
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)	7,536,254	376,684	829,301	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	205.381098	376.684000	10.382875	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	545,483	59,454	50,693	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	14.865727	59.454000	0.634678	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 3:24 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		25,844,601	0	25,844,601	30.00	
31.00	03100 INTENSIVE CARE UNIT		5,871,020	0	5,871,020	31.00	
32.02	03202 SURGICAL HEART UNIT		3,980,805	0	3,980,805	32.02	
43.00	04300 NURSERY		1,548,967	0	1,548,967	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		10,061,400	0	10,061,400	50.00	
50.01	05001 AMBULATORY PRE/POST OP		0	0	0	50.01	
50.02	03340 OP GI LAB		1,021,903	0	1,021,903	50.02	
50.03	05002 WOUND CARE CENTER		1,440,011	0	1,440,011	50.03	
51.00	05100 RECOVERY ROOM		3,799,383	0	3,799,383	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,833,921	0	2,833,921	52.00	
53.00	05300 ANESTHESIOLOGY		811,494	0	811,494	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,539,987	0	6,539,987	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		780,449	0	780,449	55.00	
56.00	05600 RADIOISOTOPE		716,925	0	716,925	56.00	
58.00	05800 MRI		701,080	0	701,080	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,114,681	0	2,114,681	59.00	
60.00	06000 LABORATORY		9,596,487	0	9,596,487	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		1,001,036	0	1,001,036	62.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
64.00	06400 INTRAVENOUS THERAPY		430,479	0	430,479	64.00	
65.00	06500 RESPIRATORY THERAPY	0	2,219,251	0	2,219,251	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,334,728	0	2,334,728	66.00	
69.00	06900 ELECTROCARDIOLOGY		1,498,661	0	1,498,661	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		113,510	0	113,510	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,564,503	0	10,564,503	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,151,929	0	5,151,929	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		10,838,456	0	10,838,456	73.00	
73.02	07302 INPT RENAL DIALYSIS		573,876	0	573,876	73.02	
76.97	07697 CARDIAC REHABILITATION		289,306	0	289,306	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98	
76.99	07699 LI THOTRI PSY		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OPD		1,486,052	0	1,486,052	90.01	
91.00	09100 EMERGENCY		7,506,914	0	7,506,914	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,042,517	0	4,042,517	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	99.10	
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20	
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30	
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		125,714,332	0	125,714,332	200.00	
201.00	Less Observation Beds		4,042,517	0	4,042,517	201.00	
202.00	Total (see instructions)		121,671,815	0	121,671,815	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 3:24 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	60,097,000		60,097,000				30.00
31.00	03100	INTENSIVE CARE UNIT	17,520,176		17,520,176				31.00
32.02	03202	SURGICAL HEART UNIT	10,409,258		10,409,258				32.02
43.00	04300	NURSERY	6,131,598		6,131,598				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	34,557,342	28,167,376	62,724,718	0.160406	0.000000		50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000		50.01
50.02	03340	OP GI LAB	2,182,251	9,436,249	11,618,500	0.087955	0.000000		50.02
50.03	05002	WOUND CARE CENTER	20,645	5,225,815	5,246,460	0.274473	0.000000		50.03
51.00	05100	RECOVERY ROOM	5,797,944	10,610,889	16,408,833	0.231545	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,079,317	1,155,049	10,234,366	0.276902	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,323,076	7,966,471	16,289,547	0.049817	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,615,999	34,501,672	59,117,671	0.110627	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	193,066	2,115,013	2,308,079	0.338138	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,644,686	3,271,124	4,915,810	0.145841	0.000000		56.00
58.00	05800	MRI	3,603,359	6,545,099	10,148,458	0.069082	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	13,636,952	13,505,957	27,142,909	0.077909	0.000000		59.00
60.00	06000	LABORATORY	51,298,263	27,895,224	79,193,487	0.121178	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,792,574	765,008	4,557,582	0.219642	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	0	326,528	326,528	1.318352	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	24,065,148	1,443,617	25,508,765	0.087000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,067,620	3,091,029	7,158,649	0.326141	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	12,149,537	11,405,490	23,555,027	0.063624	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179,353	148,878	328,231	0.345824	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,465,942	9,852,650	31,318,592	0.337324	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,829,047	6,889,477	19,718,524	0.261274	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,381,140	30,836,245	101,217,385	0.107081	0.000000		73.00
73.02	07302	INPT RENAL DIALYSIS	1,913,500	59,458	1,972,958	0.290871	0.000000		73.02
76.97	07697	CARDIAC REHABILITATION	0	253,798	253,798	1.139907	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	404,522	6,674,542	7,079,064	0.209922	0.000000		90.01
91.00	09100	EMERGENCY	22,695,937	55,257,204	77,953,141	0.096300	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,132,634	9,234,902	11,367,536	0.355619	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0				99.40
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	425,187,886	286,634,764	711,822,650				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	425,187,886	286,634,764	711,822,650				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 3:24 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.02	03202 SURGICAL HEART UNIT			32.02
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.160406		50.00
50.01	05001 AMBULATORY PRE/POST OP	0.000000		50.01
50.02	03340 OP GI LAB	0.087955		50.02
50.03	05002 WOUND CARE CENTER	0.274473		50.03
51.00	05100 RECOVERY ROOM	0.231545		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.276902		52.00
53.00	05300 ANESTHESIOLOGY	0.049817		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110627		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.338138		55.00
56.00	05600 RADIOISOTOPE	0.145841		56.00
58.00	05800 MRI	0.069082		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.077909		59.00
60.00	06000 LABORATORY	0.121178		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.219642		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400 INTRAVENOUS THERAPY	1.318352		64.00
65.00	06500 RESPIRATORY THERAPY	0.087000		65.00
66.00	06600 PHYSICAL THERAPY	0.326141		66.00
69.00	06900 ELECTROCARDIOLOGY	0.063624		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.345824		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.337324		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.261274		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.107081		73.00
73.02	07302 INPT RENAL DIALYSIS	0.290871		73.02
76.97	07697 CARDIAC REHABILITATION	1.139907		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.01	09001 OPD	0.209922		90.01
91.00	09100 EMERGENCY	0.096300		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.355619		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY			99.40
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 3:24 pm
			Title XIX	Hospital	Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		25,844,601	0	25,844,601
31.00	03100 INTENSIVE CARE UNIT		5,871,020	0	5,871,020
32.02	03202 SURGICAL HEART UNIT		3,980,805	0	3,980,805
43.00	04300 NURSERY		1,548,967	0	1,548,967
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		10,061,400	0	10,061,400
50.01	05001 AMBULATORY PRE/POST OP		0	0	0
50.02	03340 OP GI LAB		1,021,903	0	1,021,903
50.03	05002 WOUND CARE CENTER		1,440,011	0	1,440,011
51.00	05100 RECOVERY ROOM		3,799,383	0	3,799,383
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,833,921	0	2,833,921
53.00	05300 ANESTHESIOLOGY		811,494	0	811,494
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,539,987	0	6,539,987
55.00	05500 RADIOLOGY-THERAPEUTIC		780,449	0	780,449
56.00	05600 RADIOISOTOPE		716,925	0	716,925
58.00	05800 MRI		701,080	0	701,080
59.00	05900 CARDIAC CATHETERIZATION		2,114,681	0	2,114,681
60.00	06000 LABORATORY		9,596,487	0	9,596,487
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		1,001,036	0	1,001,036
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
64.00	06400 INTRAVENOUS THERAPY		430,479	0	430,479
65.00	06500 RESPIRATORY THERAPY	0	2,219,251	0	2,219,251
66.00	06600 PHYSICAL THERAPY	0	2,334,728	0	2,334,728
69.00	06900 ELECTROCARDIOLOGY		1,498,661	0	1,498,661
70.00	07000 ELECTROENCEPHALOGRAPHY		113,510	0	113,510
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,564,503	0	10,564,503
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,151,929	0	5,151,929
73.00	07300 DRUGS CHARGED TO PATIENTS		10,838,456	0	10,838,456
73.02	07302 INPT RENAL DIALYSIS		573,876	0	573,876
76.97	07697 CARDIAC REHABILITATION		289,306	0	289,306
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OPD		1,486,052	0	1,486,052
91.00	09100 EMERGENCY		7,506,914	0	7,506,914
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,042,517	0	4,042,517
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF	0	0	0	0
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)		125,714,332	0	125,714,332
201.00	Less Observation Beds		4,042,517	0	4,042,517
202.00	Total (see instructions)		121,671,815	0	121,671,815

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 3:24 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,097,000		60,097,000			30.00
31.00	03100	INTENSIVE CARE UNIT	17,520,176		17,520,176			31.00
32.02	03202	SURGICAL HEART UNIT	10,409,258		10,409,258			32.02
43.00	04300	NURSERY	6,131,598		6,131,598			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,557,342	28,167,376	62,724,718	0.160406	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000	50.01
50.02	03340	OP GI LAB	2,182,251	9,436,249	11,618,500	0.087955	0.000000	50.02
50.03	05002	WOUND CARE CENTER	20,645	5,225,815	5,246,460	0.274473	0.000000	50.03
51.00	05100	RECOVERY ROOM	5,797,944	10,610,889	16,408,833	0.231545	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,079,317	1,155,049	10,234,366	0.276902	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	8,323,076	7,966,471	16,289,547	0.049817	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,615,999	34,501,672	59,117,671	0.110627	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	193,066	2,115,013	2,308,079	0.338138	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,644,686	3,271,124	4,915,810	0.145841	0.000000	56.00
58.00	05800	MRI	3,603,359	6,545,099	10,148,458	0.069082	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,636,952	13,505,957	27,142,909	0.077909	0.000000	59.00
60.00	06000	LABORATORY	51,298,263	27,895,224	79,193,487	0.121178	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,792,574	765,008	4,557,582	0.219642	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	326,528	326,528	1.318352	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	24,065,148	1,443,617	25,508,765	0.087000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,067,620	3,091,029	7,158,649	0.326141	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	12,149,537	11,405,490	23,555,027	0.063624	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179,353	148,878	328,231	0.345824	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,465,942	9,852,650	31,318,592	0.337324	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,829,047	6,889,477	19,718,524	0.261274	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,381,140	30,836,245	101,217,385	0.107081	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	1,913,500	59,458	1,972,958	0.290871	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	253,798	253,798	1.139907	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	404,522	6,674,542	7,079,064	0.209922	0.000000	90.01
91.00	09100	EMERGENCY	22,695,937	55,257,204	77,953,141	0.096300	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,132,634	9,234,902	11,367,536	0.355619	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	425,187,886	286,634,764	711,822,650			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	425,187,886	286,634,764	711,822,650			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 3:24 pm
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
32.02	03202 SURGICAL HEART UNIT			32.02
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 AMBULATORY PRE/POST OP	0.000000		50.01
50.02	03340 OP GI LAB	0.000000		50.02
50.03	05002 WOUND CARE CENTER	0.000000		50.03
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.02	07302 INPT RENAL DIALYSIS	0.000000		73.02
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.01	09001 OPD	0.000000		90.01
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
99.20	09920 OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY			99.40
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/20/2015 3:24 pm		
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	2,892,223	0	2,892,223	30,438	95.02	30.00	
31.00	INTENSIVE CARE UNIT	417,777		417,777	4,444	94.01	31.00	
32.02	SURGICAL HEART UNIT	356,196		356,196	2,669	133.46	32.02	
43.00	NURSERY	94,056		94,056	2,735	34.39	43.00	
200.00	Total (Lines 30-199)	3,760,252		3,760,252	40,286		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	12,395	1,177,773					30.00
31.00	INTENSIVE CARE UNIT	2,394	225,060					31.00
32.02	SURGICAL HEART UNIT	1,133	151,210					32.02
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	15,922	1,554,043					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 3:24 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,471,229	62,724,718	0.023455	13,176,424	309,053	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0.000000	0	0	50.01
50.02	03340 OP GI LAB	96,678	11,618,500	0.008321	1,167,265	9,713	50.02
50.03	05002 WOUND CARE CENTER	109,941	5,246,460	0.020955	7,091	149	50.03
51.00	05100 RECOVERY ROOM	382,860	16,408,833	0.023333	2,220,945	51,821	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	218,032	10,234,366	0.021304	26,873	573	52.00
53.00	05300 ANESTHESIOLOGY	86,017	16,289,547	0.005281	2,958,596	15,624	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	807,219	59,117,671	0.013654	11,795,081	161,050	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	169,820	2,308,079	0.073576	85,727	6,307	55.00
56.00	05600 RADIOISOTOPE	73,702	4,915,810	0.014993	801,856	12,022	56.00
58.00	05800 MRI	124,515	10,148,458	0.012269	1,606,991	19,716	58.00
59.00	05900 CARDIAC CATHETERIZATION	452,512	27,142,909	0.016671	6,086,332	101,465	59.00
60.00	06000 LABORATORY	680,294	79,193,487	0.008590	25,309,489	217,409	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	46,243	4,557,582	0.010146	1,695,646	17,204	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	79,468	326,528	0.243373	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	193,821	25,508,765	0.007598	12,280,179	93,305	65.00
66.00	06600 PHYSICAL THERAPY	156,631	7,158,649	0.021880	2,316,172	50,678	66.00
69.00	06900 ELECTROCARDIOLOGY	174,371	23,555,027	0.007403	6,449,029	47,742	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	28,609	328,231	0.087161	98,213	8,560	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	561,551	31,318,592	0.017930	9,388,219	168,331	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	167,279	19,718,524	0.008483	5,963,113	50,585	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	552,975	101,217,385	0.005463	32,577,671	177,972	73.00
73.02	07302 INPT RENAL DIALYSIS	31,267	1,972,958	0.015848	1,007,063	15,960	73.02
76.97	07697 CARDIAC REHABILITATION	45,790	253,798	0.180419	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OPD	225,835	7,079,064	0.031902	607	19	90.01
91.00	09100 EMERGENCY	626,904	77,953,141	0.008042	10,474,772	84,238	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	452,390	11,367,536	0.039797	941,788	37,480	92.00
200.00	Total (lines 50-199)	8,015,953	617,664,618		148,435,142	1,656,976	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 3:24 pm	
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
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
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	30,438	0.00	12,395	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,444	0.00	2,394	0		31.00
32.02	03202	SURGICAL HEART UNIT	2,669	0.00	1,133	0		32.02
43.00	04300	NURSERY	2,735	0.00	0	0		43.00
200.00		Total (lines 30-199)	40,286		15,922	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 3:24 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0 50.01
50.02	03340	OP GI LAB	0	0	0	0	0 50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0 50.03
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	570,144	0	570,144 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0 73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	0	0	0	0	0 90.01
91.00	09100	EMERGENCY	0	0	376,684	0	376,684 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	946,828	0	946,828 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 3:24 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	62,724,718	0.000000	0.000000	13,176,424	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0.000000	0.000000	0	50.01
50.02	03340 OP GI LAB	0	11,618,500	0.000000	0.000000	1,167,265	50.02
50.03	05002 WOUND CARE CENTER	0	5,246,460	0.000000	0.000000	7,091	50.03
51.00	05100 RECOVERY ROOM	0	16,408,833	0.000000	0.000000	2,220,945	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	10,234,366	0.000000	0.000000	26,873	52.00
53.00	05300 ANESTHESIOLOGY	0	16,289,547	0.000000	0.000000	2,958,596	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	570,144	59,117,671	0.009644	0.009644	11,795,081	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	2,308,079	0.000000	0.000000	85,727	55.00
56.00	05600 RADIOISOTOPE	0	4,915,810	0.000000	0.000000	801,856	56.00
58.00	05800 MRI	0	10,148,458	0.000000	0.000000	1,606,991	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	27,142,909	0.000000	0.000000	6,086,332	59.00
60.00	06000 LABORATORY	0	79,193,487	0.000000	0.000000	25,309,489	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,557,582	0.000000	0.000000	1,695,646	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00	06400 INTRAVENOUS THERAPY	0	326,528	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	25,508,765	0.000000	0.000000	12,280,179	65.00
66.00	06600 PHYSICAL THERAPY	0	7,158,649	0.000000	0.000000	2,316,172	66.00
69.00	06900 ELECTROCARDIOLOGY	0	23,555,027	0.000000	0.000000	6,449,029	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	328,231	0.000000	0.000000	98,213	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	31,318,592	0.000000	0.000000	9,388,219	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,718,524	0.000000	0.000000	5,963,113	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	101,217,385	0.000000	0.000000	32,577,671	73.00
73.02	07302 INPT RENAL DIALYSIS	0	1,972,958	0.000000	0.000000	1,007,063	73.02
76.97	07697 CARDIAC REHABILITATION	0	253,798	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OPD	0	7,079,064	0.000000	0.000000	607	90.01
91.00	09100 EMERGENCY	376,684	77,953,141	0.004832	0.004832	10,474,772	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,367,536	0.000000	0.000000	941,788	92.00
200.00	Total (lines 50-199)	946,828	617,664,618			148,435,142	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 3:24 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	7,863,524	0	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0	50.01
50.02	03340 OP GI LAB	0	3,631,002	0	50.02
50.03	05002 WOUND CARE CENTER	0	1,818,783	0	50.03
51.00	05100 RECOVERY ROOM	0	2,967,598	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,307	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,333,746	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	113,752	9,735,834	93,892	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	812,026	0	55.00
56.00	05600 RADIOISOTOPE	0	1,905,990	0	56.00
58.00	05800 MRI	0	1,899,016	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,546,753	0	59.00
60.00	06000 LABORATORY	0	5,353,928	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	291,011	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	0	133,886	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	427,501	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,780	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	6,682,740	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	32,515	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,429,013	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,410,944	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,402,350	0	73.00
73.02	07302 INPT RENAL DIALYSIS	0	38,282	0	73.02
76.97	07697 CARDIAC REHABILITATION	0	123,875	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OPD	0	543,525	0	90.01
91.00	09100 EMERGENCY	50,614	8,348,746	40,341	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,523,235	0	92.00
200.00	Total (lines 50-199)	164,366	78,262,910	134,233	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 3:24 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.160406	7,863,524	0	0	1,261,356	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01
50.02	03340	OP GI LAB	0.087955	3,631,002	0	0	319,365	50.02
50.03	05002	WOUND CARE CENTER	0.274473	1,818,783	0	0	499,207	50.03
51.00	05100	RECOVERY ROOM	0.231545	2,967,598	0	0	687,132	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.276902	5,307	0	0	1,470	52.00
53.00	05300	ANESTHESIOLOGY	0.049817	2,333,746	0	0	116,260	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.110627	9,735,834	0	0	1,077,046	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.338138	812,026	0	0	274,577	55.00
56.00	05600	RADIOISOTOPE	0.145841	1,905,990	0	0	277,971	56.00
58.00	05800	MRI	0.069082	1,899,016	0	0	131,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.077909	4,546,753	0	0	354,233	59.00
60.00	06000	LABORATORY	0.121178	5,353,928	42	0	648,778	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.219642	291,011	0	0	63,918	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1.318352	133,886	0	0	176,509	64.00
65.00	06500	RESPIRATORY THERAPY	0.087000	427,501	0	0	37,193	65.00
66.00	06600	PHYSICAL THERAPY	0.326141	1,780	0	0	581	66.00
69.00	06900	ELECTROCARDIOLOGY	0.063624	6,682,740	0	0	425,183	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.345824	32,515	0	0	11,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.337324	3,429,013	4,323	0	1,156,688	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261274	3,410,944	13,100	0	891,191	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.107081	9,402,350	780	316,060	1,006,813	73.00
73.02	07302	INPT RENAL DIALYSIS	0.290871	38,282	0	0	11,135	73.02
76.97	07697	CARDIAC REHABILITATION	1.139907	123,875	0	0	141,206	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0.209922	543,525	0	0	114,098	90.01
91.00	09100	EMERGENCY	0.096300	8,348,746	3	0	803,984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.355619	2,523,235	0	0	897,310	92.00
200.00		Subtotal (see instructions)		78,262,910	18,248	316,060	11,385,636	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		78,262,910	18,248	316,060	11,385,636	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 3:24 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	OP GI LAB	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	5	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,458	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,423	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84	33,844	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0	0	90.01
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)	4,970	33,844	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	4,970	33,844	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 3:24 pm
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Cost Center Description	Title XIX				Hospital		Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	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
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
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	570,144	0	570,144	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	376,684	0	376,684	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	946,828	0	946,828	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140080

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

Worksheet D
Part IV
Date/Time Prepared:
5/20/2015 3:24 pm

Cost Center Description		Title XIX			Hospital		Inpatient Program Charges	
		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)	Cost		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	62,724,718	0.000000	0.000000	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0.000000	0.000000	0	50.01
50.02	03340	OP GI LAB	0	11,618,500	0.000000	0.000000	0	50.02
50.03	05002	WOUND CARE CENTER	0	5,246,460	0.000000	0.000000	0	50.03
51.00	05100	RECOVERY ROOM	0	16,408,833	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,234,366	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	16,289,547	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	570,144	59,117,671	0.009644	0.009644	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,308,079	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,915,810	0.000000	0.000000	0	56.00
58.00	05800	MRI	0	10,148,458	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,142,909	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	79,193,487	0.000000	0.000000	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,557,582	0.000000	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	326,528	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	25,508,765	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,158,649	0.000000	0.000000	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,555,027	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	328,231	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	31,318,592	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,718,524	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	101,217,385	0.000000	0.000000	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	1,972,958	0.000000	0.000000	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	253,798	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	7,079,064	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	376,684	77,953,141	0.004832	0.004832	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,367,536	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	946,828	617,664,618			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 3:24 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0		50.01
50.02	03340 OP GI LAB	0	0	0		50.02
50.03	05002 WOUND CARE CENTER	0	0	0		50.03
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
73.02	07302 INPT RENAL DIALYSIS	0	0	0		73.02
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OPD	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/20/2015 3:24 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		30,438	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,438	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.		24,728	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		949	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)		12,395	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)		25,844,601	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)		25,844,601	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		59,436,897	28.00
29.00	Private room charges (excluding swing-bed charges)		57,372,559	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,064,338	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.434824	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,320.15	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,175.28	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		144.87	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		62.99	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,557,617	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		24,286,984	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)		849.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,524,471	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)		10,524,471	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,871,020	4,444	1,321.11	2,394	3,162,737	43.00
44.00	CORONARY CARE UNIT						44.00
44.02	SURGICAL HEART UNIT	3,980,805	2,669	1,491.50	1,133	1,689,870	44.02
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,480,706	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					35,857,784	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)					1,554,043	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,821,342	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,375,385	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					32,482,399	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)					4,761	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					849.09	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,042,517	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 3:24 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,892,223	25,844,601	0.111908	4,042,517	452,390	90.00
91.00	Nursing School cost	0	25,844,601	0.000000	4,042,517	0	91.00
92.00	Allied health cost	0	25,844,601	0.000000	4,042,517	0	92.00
93.00	All other Medical Education	0	25,844,601	0.000000	4,042,517	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/20/2015 3:24 pm
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)		30,438	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,438	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.		16,888	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,789	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)		6,110	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)		2,735	15.00
16.00	Nursery days (title V or XIX only)		2,221	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)		25,844,601	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)		25,844,601	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		57,580,750	28.00
29.00	Private room charges (excluding swing-bed charges)		37,870,557	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		19,710,193	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.448841	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,242.45	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,242.60	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)		25,844,601	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)		849.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,187,940	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)		5,187,940	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		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)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,548,967	2,735	566.35	2,221	1,257,863	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,871,020	4,444	1,321.11	986	1,302,614	43.00
44.00	CORONARY CARE UNIT						44.00
44.02	SURGICAL HEART UNIT	3,980,805	2,669	1,491.50	642	957,543	44.02
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,705,960	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)					4,761	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					849.09	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,042,517	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 3:24 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,892,223	25,844,601	0.111908	4,042,517	452,390	90.00
91.00	Nursing School cost	0	25,844,601	0.000000	4,042,517	0	91.00
92.00	Allied health cost	0	25,844,601	0.000000	4,042,517	0	92.00
93.00	All other Medical Education	0	25,844,601	0.000000	4,042,517	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/20/2015 3:24 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		30,452,671	30.00
31.00	03100	INTENSIVE CARE UNIT		9,429,401	31.00
32.02	03202	SURGICAL HEART UNIT		4,407,652	32.02
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.160406	13,176,424	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	50.01
50.02	03340	OP GI LAB	0.087955	1,167,265	50.02
50.03	05002	WOUND CARE CENTER	0.274473	7,091	50.03
51.00	05100	RECOVERY ROOM	0.231545	2,220,945	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.276902	26,873	52.00
53.00	05300	ANESTHESIOLOGY	0.049817	2,958,596	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.110627	11,795,081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.338138	85,727	55.00
56.00	05600	RADIOISOTOPE	0.145841	801,856	56.00
58.00	05800	MRI	0.069082	1,606,991	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.077909	6,086,332	59.00
60.00	06000	LABORATORY	0.121178	25,309,489	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.219642	1,695,646	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1.318352	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.087000	12,280,179	65.00
66.00	06600	PHYSICAL THERAPY	0.326141	2,316,172	66.00
69.00	06900	ELECTROCARDIOLOGY	0.063624	6,449,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.345824	98,213	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.337324	9,388,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261274	5,963,113	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.107081	32,577,671	73.00
73.02	07302	INPT RENAL DIALYSIS	0.290871	1,007,063	73.02
76.97	07697	CARDIAC REHABILITATION	1.139907	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0.209922	607	90.01
91.00	09100	EMERGENCY	0.096300	10,474,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.355619	941,788	92.00
200.00		Total (sum of lines 50-94 and 96-98)		148,435,142	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)		148,435,142	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 3:24 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		20,818,129	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,841,196	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)		204,715	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		4,107,525	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		179.54	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)		100.42	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)		12.07	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)		9.31	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.		0.72	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).		-6.01	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)		96.45	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		95.06	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)		95.06	12.00
13.00	Total allowable FTE count for the prior year.		93.79	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.		94.82	14.00
15.00	Sum of lines 12 through 14 divided by 3.		94.56	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		94.56	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.526679	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.512234	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.512234	21.00
22.00	IME payment adjustment (see instructions)		7,820,077	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)		-1.39	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)		7,820,077	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)		8.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)		32.39	31.00
32.00	Sum of lines 30 and 31		40.90	32.00
33.00	Allowable disproportionate share percentage (see instructions)		22.96	33.00
34.00	Disproportionate share adjustment (see instructions)		1,587,646	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 3:24 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,649,923	35.00
35.01	Factor 3 (see instructions)		0.000343510	0.000337457	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,107,526	2,580,753	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,324,259	650,492	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,974,751		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)		40,246,514		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)		40,246,514		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,191,687		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).		3,977,689		52.00
53.00	Nursing and Allied Health Managed Care payment		24,539		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)		164,366		58.00
59.00	Total (sum of amounts on lines 49 through 58)		47,604,795		59.00
60.00	Primary payer payments		18,303		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,586,492		61.00
62.00	Deductibles billed to program beneficiaries		2,574,784		62.00
63.00	Coinurance billed to program beneficiaries		117,296		63.00
64.00	Allowable bad debts (see instructions)		1,007,969		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		655,180		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		947,573		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		45,549,592		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)		-64,523		70.93
70.94	HRR adjustment amount (see instructions)		-165,720		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 3:24 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,319,349		71.00
71.01	Sequestration adjustment (see instructions)		906,387		71.01
72.00	Interim payments		43,561,970		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)		850,992		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)		91,967		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: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/20/2015 3:24 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		38,814	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,251,403	2.00
3.00	PPS payments		11,007,411	3.00
4.00	Outlier payment (see instructions)		25,755	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		134,233	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		38,814	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		334,308	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)		334,308	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)		334,308	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		295,494	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)		38,814	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)		11,167,399	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,484	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,362,137	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)		8,840,592	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,267,943	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)		10,108,535	30.00
31.00	Primary payer payments		158	31.00
32.00	Subtotal (line 30 minus line 31)		10,108,377	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)		706,766	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		459,398	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		670,920	36.00
37.00	Subtotal (see instructions)		10,567,775	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)		10,567,775	40.00
40.01	Sequestration adjustment (see instructions)		211,356	40.01
41.00	Interim payments		10,564,430	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-208,011	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: 140080

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

Worksheet E-1
Part I
Date/Time Prepared:
5/20/2015 3:24 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		43,095,264		10,181,365	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	09/03/2014	230,748	09/03/2014	299,925	3.01	
3.02		12/19/2014	235,958	12/19/2014	83,140	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)		466,706		383,065	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)		43,561,970		10,564,430	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		850,992		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		208,011	6.02	
7.00	Total Medicare program liability (see instructions)		44,412,962		10,356,419	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: 140080

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

Worksheet E-1
Part II
Date/Time Prepared:
5/20/2015 3:24 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			7,615 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			15,922 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,261 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			32,790 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			711,822,650 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			11,159,173 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,391,542 8.00
9.00	Sequestration adjustment amount (see instructions)			27,831 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,363,711 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,367,337 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)			-3,626 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/20/2015 3:24 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		8,705,960		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		8,705,960	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		8,705,960	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		8,705,960	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		8,705,960	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/20/2015 3:24 pm	
		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.			100.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			12.07	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.15	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)			1.36	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))			-7.25	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)			92.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			95.06	6.00
7.00	Enter the lesser of line 5 or line 6			92.73	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.	58.30	35.87	94.17	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.	56.87	34.99	91.86	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	56.87	34.99		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	57.64	35.91		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.98	35.17		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.83	35.36		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	57.83	35.36		17.00
18.00	Per resident amount	105,448.48	99,850.42		18.00
19.00	Approved amount for resident costs	6,098,086	3,530,711	9,628,797	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)			2.33	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)			9,628,797	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	15,922	2,261		26.00
27.00	Total Inpatient Days (see instructions)	32,790	32,790		27.00
28.00	Ratio of inpatient days to total inpatient days	0.485575	0.068954		28.00
29.00	Program direct GME amount	4,675,503	663,944		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		93,815		30.00
31.00	Net Program direct GME amount			5,245,632	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/20/2015 3:24 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		35,857,784	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)		18,303	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		35,839,481	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		11,424,450	42.00
43.00	Primary payer payments (see instructions)		158	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		11,424,292	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		47,263,773	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.758286	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.241714	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		5,245,632	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,977,689	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,267,943	50.00

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

Provider CCN: 140080

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

Worksheet G

Date/Time Prepared:
5/20/2015 3:24 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	626,303	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	111,033,422	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-85,697,908	0	0	0	6.00
7.00	Inventory	4,072,318	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,389,355	0	0	0	9.00
10.00	Due from other funds	132,770,961	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	165,194,451	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,716,880	0	0	0	12.00
13.00	Land improvements	1,560,766	0	0	0	13.00
14.00	Accumulated depreciation	-1,391,726	0	0	0	14.00
15.00	Buildings	103,645,806	0	0	0	15.00
16.00	Accumulated depreciation	-66,798,520	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	77,498,986	0	0	0	23.00
24.00	Accumulated depreciation	-63,409,957	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)	59,822,235	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	225,016,686	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,765,801	0	0	0	37.00
38.00	Salaries, wages, and fees payable	115,081	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	9,122,642	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,003,524	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	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	23,073,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	23,073,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	43,076,524	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	181,940,162	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	181,940,162	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	225,016,686	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140080

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

Worksheet G-1

Date/Time Prepared:
5/20/2015 3:24 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		176,786,293		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,819,998			2.00
3.00	Total (sum of line 1 and line 2)		181,606,291		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TRANSFER FROM AFFILIATES	333,871		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)		333,871		0	10.00
11.00	Subtotal (line 3 plus line 10)		181,940,162		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFERS TO AFFILIATES	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)		181,940,162		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	TRANSFER FROM AFFILIATES		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	TRANSFERS TO AFFILIATES		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: 140080

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/20/2015 3:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	72,430,226		72,430,226	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	72,430,226		72,430,226	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,423,799		19,423,799	11.00
12.00	CORONARY CARE UNIT				12.00
12.02	SURGICAL HEART UNIT	11,240,658		11,240,658	12.02
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,664,457		30,664,457	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	103,094,683		103,094,683	17.00
18.00	Ancillary services	322,093,203	286,634,764	608,727,967	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	425,187,886	286,634,764	711,822,650	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		145,802,744		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	CHILD CARE CENTER EXPENSES	966,621			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)		966,621		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		144,836,123		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140080

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

Worksheet G-3

Date/Time Prepared:
5/20/2015 3:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	711,822,650	1.00
2.00	Less contractual allowances and discounts on patients' accounts	565,873,543	2.00
3.00	Net patient revenues (line 1 minus line 2)	145,949,107	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	144,836,123	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,112,984	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	458,780	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	15,428	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	783,766	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	8,403	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	23,178	21.00
22.00	Rental of hospital space	180,791	22.00
23.00	Governmental appropriations	0	23.00
24.00	CHILD CARE CENTER	1,302,293	24.00
24.02	GRANTS	31,862	24.02
24.04	MISCELLANEOUS REVENUE	130,075	24.04
24.05	REFERENCE LAB	32,348	24.05
24.07	INTEREST-3RD PARTY PAYMENTS	115,802	24.07
24.08	EMS REVENUE	161,600	24.08
24.09	MEDICAID EHR REVENUE	200,245	24.09
24.10	MEDICARE EHR REVENUE	734,190	24.10
24.11	BLUE CROSS BONUS	494,874	24.11
25.00	Total other income (sum of lines 6-24)	4,673,635	25.00
26.00	Total (line 5 plus line 25)	5,786,619	26.00
27.00	CHILD CARE CENTER	966,621	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	966,621	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,819,998	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140080	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/20/2015 3:24 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,210,581	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		25,693	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)		89.84	3.00
4.00	Number of interns & residents (see instructions)		94.56	4.00
5.00	Indirect medical education percentage (see instructions)		34.59	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		764,640	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.51	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.39	8.00
9.00	Sum of lines 7 and 8		40.90	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.63	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		190,773	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,191,687	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