

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: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/20/2015 8:17 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/20/2015	Time: 8:17 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE UNITED SAMARI TANS MEDICAL C (140093) 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	77,341	-9,251	54,487	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	77,341	-9,251	54,487	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: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:14 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 812 NORTH LOGAN AVENUE			PO Box:						1.00	
2.00	City: DANVILLE			State: IL	Zip Code: 61821	County: VERMILION				2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		PRESENCE UNITED SAMARI TANS MEDICAL C	140093	19180	1	07/01/1966	0	P	0	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
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014	12/31/2014		20.00		
21.00	Type of Control (see instructions)					1		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2		N		23.00	
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		2,969	872	0	0	89	1,252		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid 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.		0	0	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:14 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)					0 71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)					0 76.00	
						1.00	
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	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.	Y			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
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	170,000	2,055,181	118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
DO NOT USE THIS LINE					
119.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:14 am	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148003			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PRESENCE PRV HEALTH	Contractor's Name: NATIONAL GOVERNMENT SVCS		Contractor's Number: 0131		141.00	
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:				142.00	
143.00	City: CHI CAGO	State: IL		Zip Code: 60606		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145.00	
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
						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	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.75	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:14 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		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. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 8:14 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	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.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 8:14 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE		LITTLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-813-3721		ANNE.LITTLE@PRESENCEHEALTH.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/30/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140093

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 8:14 am

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	160	58,400	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)		160	58,400	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						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)		172	62,780	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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		172				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)		5	1,825			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: 140093

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 8:14 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,338	3,469	18,524			1.00
2.00 HMO and other (see instructions)	3,513	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,338	3,469	18,524			7.00
8.00 INTENSIVE CARE UNIT	1,315	314	2,623			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		966	1,075			13.00
14.00 Total (see instructions)	10,653	4,749	22,222	0.00	534.09	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	48			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	534.09	27.00
28.00 Observation Bed Days		1,195	4,304			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			122			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	4	433	598			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			174			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140093

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 8:14 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,550	1,990	6,056	1.00
2.00 HMO and other (see instructions)			824	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,550	1,990	6,056	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/20/2015 8:14 am	
	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	32,520,175	-1,366,216	31,153,959	1,110,910.28	28.04	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,772,058	-1,455,180	1,316,878	41,109.69	32.03	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		2,802,850	0	2,802,850	89,581.29	31.29	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		170,759	0	170,759	1,662.00	102.74	13.00
14.00	Home office salaries & wage-related costs		7,092,253	0	7,092,253	158,448.00	44.76	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		9,153,963	0	9,153,963			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		363,876	0	363,876			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	84,953	0	84,953	871.79	97.45	26.00
27.00	Administrative & General	5.00	3,519,805	-259,989	3,259,816	125,139.25	26.05	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	985,578	1,461	987,039	35,364.95	27.91	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	51,133	51,133	6,584.58	7.77	31.00
32.00	Housekeeping	9.00	988,011	-48,522	939,489	56,648.90	16.58	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	678,435	-534,105	144,330	10,789.51	13.38	34.00
35.00	Dietary under contract (see instructions)		425,551	0	425,551	12,680.00	33.56	35.00
36.00	Cafeteria	11.00	0	535,056	535,056	40,334.11	13.27	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,293,733	-177,416	1,116,317	44,072.91	25.33	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	1,017,673	102,393	1,120,066	27,658.64	40.50	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140093

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

Worksheet S-3
Part II
Date/Time Prepared:
5/20/2015 8:14 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 863,822	30,882	894,704	35,944.64	24.89	41.00
42.00	Social Service	17.00 492,332	53,103	545,435	13,557.01	40.23	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140093

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

Worksheet S-3
Part III
Date/Time Prepared:
5/20/2015 8:14 am

	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)	32,945,726	-1,366,216	31,579,510	1,123,590.28	28.11	1.00
2.00	Excluded area salaries (see instructions)	2,772,058	-1,455,180	1,316,878	41,109.69	32.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,173,668	88,964	30,262,632	1,082,480.59	27.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,065,862	0	10,065,862	249,691.29	40.31	4.00
5.00	Subtotal wage-related costs (see inst.)	9,153,963	0	9,153,963	0.00	30.25	5.00
6.00	Total (sum of lines 3 thru 5)	49,393,493	88,964	49,482,457	1,332,171.88	37.14	6.00
7.00	Total overhead cost (see instructions)	10,349,893	-246,004	10,103,889	409,646.29	24.66	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/20/2015 8:14 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,188,265	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,886,190	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)	3,348,689	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	80,176	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	18,389	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	224,782	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	422,766	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	2,215,646	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	67,022	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	65,914	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,517,839	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: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/20/2015 8:14 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		2,802,850	0
2.00	Hospital		2,802,850	0
3.00	Subprovider - IPF			0
4.00	Subprovider - IRF			0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			0
9.00	Hospital-Based NF			0
10.00	Hospital-Based OLTC			0
11.00	Hospital-Based HHA			0
12.00	Separately Certified ASC			0
13.00	Hospital-Based Hospice			0
14.00	Hospital-Based Health Clinic RHC			0
15.00	Hospital-Based Health Clinic FQHC			0
16.00	Hospital-Based-CMHC			0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/20/2015 8:14 am	
				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)			0.167013	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			14,080,114	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			128,682,722	6.00
7.00	Medicaid cost (line 1 times line 6)			21,491,687	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			7,411,573	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			7,411,573	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	19,083,939	1,310,530	20,394,469	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,187,266	218,876	3,406,142	21.00
22.00	Partial payment by patients approved for charity care	65,235	24,274	89,509	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,122,031	194,602	3,316,633	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			5,178,741	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			657,641	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			4,521,100	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			755,082	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,071,715	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,483,288	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Date/Time Prepared: 5/20/2015 8:14 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		3,537,862	3,537,862	-1,911,381	1,626,481	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,598,352	3,598,352	2.00
3.00 00300	OTHER CAP REL COSTS		56,991	56,991	-56,991	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	84,953	7,316,859	7,401,812	1,896	7,403,708	4.00
5.01 00540	NONPATIENT TELEPHONES	232,773	224,349	457,122	0	457,122	5.01
5.02 00550	DATA PROCESSING	17,625	103,843	121,468	2,570,156	2,691,624	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	2,019	31,984	34,003	0	34,003	5.03
5.04 00570	ADMINITTING	634,460	24,821	659,281	45,451	704,732	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	-3,605	-3,605	1,532,782	1,529,177	5.05
5.06 00561	OTHER ADMINISTRATIVE AND GENERAL	2,632,928	21,926,234	24,559,162	-4,930,693	19,628,469	5.06
6.00 00600	MAINTENANCE & REPAIRS	985,578	2,490,989	3,476,567	-1,040,141	2,436,426	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	1,162,925	1,162,925	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	283,708	283,708	51,133	334,841	8.00
9.00 00900	HOUSEKEEPING	988,011	228,048	1,216,059	-169,845	1,046,214	9.00
10.00 01000	DIETARY	678,435	939,595	1,618,030	-1,274,091	343,939	10.00
11.00 01100	CAFETERIA	0	0	0	1,275,042	1,275,042	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,293,733	84,456	1,378,189	-177,416	1,200,773	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	771,177	771,177	0	771,177	14.00
15.00 01500	PHARMACY	1,017,673	6,971,450	7,989,123	-6,575,420	1,413,703	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	863,822	397,345	1,261,167	30,882	1,292,049	16.00
17.00 01700	SOCIAL SERVICE	492,332	13,399	505,731	53,103	558,834	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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	6,990,822	325,513	7,316,335	51,183	7,367,518	30.00
31.00 03100	INTENSIVE CARE UNIT	1,522,463	87,934	1,610,397	450,481	2,060,878	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00 04300	NURSERY	338,718	182,981	521,699	5,625	527,324	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	1,024,447	3,042,346	4,066,793	-2,135,494	1,931,299	50.00
50.01 03330	ENDOSCOPY	990,420	65,509	1,055,929	-1,819	1,054,110	50.01
51.00 05100	RECOVERY ROOM	241,831	7,851	249,682	0	249,682	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	973,651	43,393	1,017,044	-10,514	1,006,530	52.00
53.00 05300	ANESTHESIOLOGY	60,757	3,318,822	3,379,579	-26,034	3,353,545	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,068,062	67,830	1,135,892	-161,733	974,159	54.00
54.01 03630	ULTRASOUND	181,381	59,932	241,313	35,711	277,024	54.01
54.02 03440	MAMMOGRAPHY	114,771	68,838	183,609	22,858	206,467	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	500,630	43,177	543,807	11,899	555,706	55.00
55.01 03480	ONCOLOGY	609,703	123,019	732,722	40,673	773,395	55.01
56.00 05600	RADIOISOTOPE	160,250	117,310	277,560	32,019	309,579	56.00
57.00 05700	CT SCAN	404,708	130,480	535,188	88,563	623,751	57.00
58.00 05800	MRI	154,534	40,656	195,190	33,544	228,734	58.00
59.00 05900	CARDIAC CATHETERIZATION	34,839	75,692	110,531	-65,134	45,397	59.00
60.00 06000	LABORATORY	0	4,155,366	4,155,366	0	4,155,366	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	349,105	349,105	0	349,105	63.00
65.00 06500	RESPIRATORY THERAPY	1,033,755	287,818	1,321,573	-107,070	1,214,503	65.00
66.00 06600	PHYSICAL THERAPY	0	428,670	428,670	0	428,670	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	280,400	280,400	0	280,400	67.00
68.00 06800	SPEECH PATHOLOGY	0	86,487	86,487	0	86,487	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	205,523	205,523	69.00
69.01 03140	CARDIOLOGY	488,131	452,870	941,001	10,094	951,095	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,699,747	1,699,747	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,117,531	1,117,531	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,940,034	6,940,034	73.00
74.00 07400	RENAL DIALYSIS	0	196,271	196,271	0	196,271	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698	HYPERBARIIC 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							
91.00 09100	EMERGENCY	2,929,902	818,803	3,748,705	-488,205	3,260,500	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE		1,632,857	1,632,857	-1,632,857	0	113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	29,748,117	61,889,435	91,637,552	302,369	91,939,921	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,981	73,896	130,877	0	130,877	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140093

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

Worksheet A
Date/Time Prepared:
5/20/2015 8:14 am

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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,882,850	248,674	2,131,524	-7,281	2,124,243	192.00
192.01	19201	APOTHECARY	187,620	1,529,831	1,717,451	-310,504	1,406,947	192.01
192.02	19202	REAL ESTATE	0	157,489	157,489	0	157,489	192.02
192.03	19203	FOUNDATION	225,303	97,164	322,467	0	322,467	192.03
192.04	19204	OUTREACH PROGRAMS	419,304	316,164	735,468	15,416	750,884	192.04
192.05	19205	UNASSIGNED	0	181,553	181,553	0	181,553	192.05
200.00		TOTAL (SUM OF LINES 118-199)	32,520,175	64,494,206	97,014,381	0	97,014,381	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140093

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

Worksheet A
Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-67,745	1,558,736	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-871	3,597,481	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,356,084	9,759,792	4.00
5.01	00540	NONPATIENT TELEPHONES	-5,431	451,691	5.01
5.02	00550	DATA PROCESSING	1,010,327	3,701,951	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-55	33,948	5.03
5.04	00570	ADMINITTING	0	704,732	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-226,197	1,302,980	5.05
5.06	00561	OTHER ADMINISTRATIVE AND GENERAL	-4,930,751	14,697,718	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,436,426	6.00
7.00	00700	OPERATION OF PLANT	0	1,162,925	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	334,841	8.00
9.00	00900	HOUSEKEEPING	0	1,046,214	9.00
10.00	01000	DIETARY	0	343,939	10.00
11.00	01100	CAFETERIA	-486,388	788,654	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-542	1,200,231	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	771,177	14.00
15.00	01500	PHARMACY	0	1,413,703	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,659	1,289,390	16.00
17.00	01700	SOCIAL SERVICE	0	558,834	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	7,367,518	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,060,878	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
43.00	04300	NURSERY	-166,972	360,352	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-8,119	1,923,180	50.00
50.01	03330	ENDOSCOPY	0	1,054,110	50.01
51.00	05100	RECOVERY ROOM	0	249,682	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,006,530	52.00
53.00	05300	ANESTHESIOLOGY	-3,284,904	68,641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,668	971,491	54.00
54.01	03630	ULTRASOUND	0	277,024	54.01
54.02	03440	MAMMOGRAPHY	0	206,467	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	555,706	55.00
55.01	03480	ONCOLOGY	-3,335	770,060	55.01
56.00	05600	RADIOISOTOPE	0	309,579	56.00
57.00	05700	CT SCAN	0	623,751	57.00
58.00	05800	MRI	0	228,734	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	45,397	59.00
60.00	06000	LABORATORY	-19,166	4,136,200	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	349,105	63.00
65.00	06500	RESPIRATORY THERAPY	-12,978	1,201,525	65.00
66.00	06600	PHYSICAL THERAPY	0	428,670	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	280,400	67.00
68.00	06800	SPEECH PATHOLOGY	0	86,487	68.00
69.00	06900	ELECTROCARDIOLOGY	0	205,523	69.00
69.01	03140	CARDIOLOGY	-365,122	585,973	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,699,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,117,531	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,940,034	73.00
74.00	07400	RENAL DIALYSIS	0	196,271	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-238,813	3,021,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-6,456,305	85,483,616	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	130,877	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,124,243	192.00
192.01	19201	APOTHECARY	0	1,406,947	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/20/2015 8:14 am
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.02	19202	REAL ESTATE	0	157,489	192.02
192.03	19203	FOUNDATION	0	322,467	192.03
192.04	19204	OUTREACH PROGRAMS	0	750,884	192.04
192.05	19205	UNASSIGNED	0	181,553	192.05
200.00		TOTAL (SUM OF LINES 118-199)	-6,456,305	90,558,076	200.00

RECLASSIFICATIONS

Provider CCN: 140093

Period:
From 01/01/2014
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Worksheet A-6
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,575,532	1.00
	TOTALS		0	2,575,532	
B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	632,465	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	997,515	2.00
3.00	MRI	58.00	0	2,877	3.00
	TOTALS		0	1,632,857	
C - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	1,041,602	1.00
2.00	OPERATION OF PLANT	7.00	0	121,323	2.00
	TOTALS		0	1,162,925	
D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,683,545	1.00
	TOTALS		0	6,683,545	
E - REGIONAL ADMINISTRATION					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	15,189	0	1.00
2.00	OUTREACH PROGRAMS	192.04	2,000	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	12,769	0	3.00
4.00	OPERATING ROOM	50.00	1,994	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	11,899	0	5.00
6.00	ONCOLOGY	55.01	18,203	0	6.00
7.00	RESPIRATORY THERAPY	65.00	3,965	0	7.00
8.00	NURSING ADMINISTRATION	13.00	23,397	0	8.00
9.00	HOUSEKEEPING	9.00	1,437	0	9.00
10.00	MAINTENANCE & REPAIRS	6.00	804	0	10.00
11.00	OUTREACH PROGRAMS	192.04	13,416	0	11.00
12.00	SOCIAL SERVICE	17.00	53,103	0	12.00
13.00	ADMINISTRATIVE	5.04	45,451	0	13.00
14.00	NURSING ADMINISTRATION	13.00	391	0	14.00
15.00	DIETARY	10.00	951	0	15.00
16.00	HOUSEKEEPING	9.00	1,174	0	16.00
17.00	MAINTENANCE & REPAIRS	6.00	657	0	17.00
18.00	PHARMACY	15.00	48,461	0	18.00
19.00	PHARMACY	15.00	5,649	0	19.00
20.00	NURSING ADMINISTRATION	13.00	20,287	0	20.00
21.00	MEDICAL RECORDS & LIBRARY	16.00	30,882	0	21.00
	TOTALS		312,079	0	
F - CORPORATE ADMIN FEE					
1.00	DATA PROCESSING	5.02	0	2,570,156	1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,532,782	2.00
	TOTALS		0	4,102,938	
G - EICU					
1.00	INTENSIVE CARE UNIT	31.00	0	450,481	1.00
	TOTALS		0	450,481	
H - RADIOLOGY DIRECTOR					
1.00	ULTRASOUND	54.01	5,169	0	1.00
2.00	MAMMOGRAPHY	54.02	3,271	0	2.00
3.00	RADIOISOTOPE	56.00	4,567	0	3.00
4.00	CT SCAN	57.00	12,717	0	4.00
5.00	MRI	58.00	4,404	0	5.00
6.00	CARDIOLOGY	69.01	13,910	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	993	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	19,616	0	8.00
	TOTALS		64,647	0	
L - MULTI DEPT DIRECTORS					
1.00	ADULTS & PEDIATRICS	30.00	116,095	0	1.00
2.00	NURSERY	43.00	5,625	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	16,169	0	3.00
4.00	OPERATING ROOM	50.00	83,602	0	4.00
5.00	APOTHECARY	192.01	8,423	0	5.00
	TOTALS		229,914	0	
M - APOTHECARY					
1.00	PHARMACY	15.00	56,706	5,732	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	256,489	2.00
	TOTALS		56,706	262,221	
N - DIETARY/CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	535,056	739,986	1.00
	TOTALS		535,056	739,986	
O - DISTRIBUTION OF LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	51,133	0	1.00
	TOTALS		51,133	0	

RECLASSIFICATIONS

Provider CCN: 140093

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
P - RADIOLOGY SUPPORT SVC					
1.00	ULTRASOUND	54.01	30,344	509	1.00
2.00	MAMMOGRAPHY	54.02	19,200	387	2.00
3.00	RADIOISOTOPE	56.00	26,809	643	3.00
4.00	CT SCAN	57.00	74,658	1,188	4.00
5.00	MRI	58.00	25,852	411	5.00
	TOTALS		176,863	3,138	
Q - MED SUPPLIES CHG TO PAT					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,683	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	43,711	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	111,035	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	364,949	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,963	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,123,372	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,034	7.00
8.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	22,416	8.00
9.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,049	9.00
10.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	311	10.00
11.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,093,755	11.00
	TOTALS		0	2,817,278	
S - EKG RECLASSIFICATION					
1.00	ELECTROCARDIOLOGY	69.00	77,681	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	3,816	0	2.00
3.00	ELECTROCARDIOLOGY	69.00	122,207	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	1,819	0	4.00
	TOTALS		205,523	0	
T - OTHER RECLASSIFICATIONS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	54,317	0	1.00
2.00	ONCOLOGY	55.01	0	22,470	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,437,502	3.00
4.00	DATA PROCESSING	5.02	7,774	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	9,195	0	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,348	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	548	7.00
	TOTALS		71,286	1,461,868	
500.00	Grand Total: Increases		1,703,207	21,892,769	500.00

RECLASSIFICATIONS

Provider CCN: 140093

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

Worksheet A-6
Date/Time Prepared:
5/20/2015 8:14 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,575,532	9	1.00
	TOTALS		0	2,575,532		
B - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	632,465	11	1.00
2.00	INTEREST EXPENSE	113.00	0	997,515	11	2.00
3.00	INTEREST EXPENSE	113.00	0	2,877	0	3.00
	TOTALS		0	1,632,857		
C - UTILITIES						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,041,602	0	1.00
2.00	HOUSEKEEPING	9.00	0	121,323	0	2.00
	TOTALS		0	1,162,925		
D - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	6,683,545	0	1.00
	TOTALS		0	6,683,545		
E - REGIONAL ADMINISTRATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	15,189	0	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,000	0	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	12,769	0	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,994	0	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	11,899	0	0	5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	18,203	0	0	6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,965	0	0	7.00
8.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	23,397	0	0	8.00
9.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,437	0	0	9.00
10.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	804	0	0	10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	13,416	0	0	11.00
12.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	53,103	0	0	12.00
13.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	45,451	0	0	13.00
14.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	391	0	0	14.00
15.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	951	0	0	15.00
16.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,174	0	0	16.00
17.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	657	0	0	17.00
18.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	48,461	0	0	18.00
19.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	5,649	0	0	19.00
20.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	20,287	0	0	20.00
21.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	30,882	0	0	21.00
	TOTALS		312,079	0		
F - CORPORATE ADMIN FEE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,570,156	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,532,782	0	2.00
	TOTALS		0	4,102,938		
G - EICU						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	450,481	0	1.00
	TOTALS		0	450,481		
H - RADIOLOGY DIRECTOR						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	5,169	0	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,271	0	0	2.00

RECLASSIFICATIONS

Provider CCN: 140093

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

Worksheet A-6
Date/Time Prepared:
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		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
3.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	4,567	0	0		3.00
4.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	12,717	0	0		4.00
5.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	4,404	0	0		5.00
6.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	13,910	0	0		6.00
7.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	993	0	0		7.00
8.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	19,616	0	0		8.00
	TOTALS		64,647	0	0		
L - MULTI DEPT DIRECTORS							
1.00	NURSING ADMIN STRATION	13.00	116,095	0	0		1.00
2.00	NURSING ADMIN STRATION	13.00	5,625	0	0		2.00
3.00	NURSING ADMIN STRATION	13.00	16,169	0	0		3.00
4.00	NURSING ADMIN STRATION	13.00	83,602	0	0		4.00
5.00	PHARMACY	15.00	8,423	0	0		5.00
	TOTALS		229,914	0	0		
M - APOTHECARY							
1.00	APOTHECARY	192.01	56,706	5,732	0		1.00
2.00	APOTHECARY	192.01	0	256,489	0		2.00
	TOTALS		56,706	262,221	0		
N - DIETARY/CAFETERIA RECLASS							
1.00	DIETARY	10.00	535,056	739,986	0		1.00
	TOTALS		535,056	739,986	0		
O - DISTRIBUTION OF LINEN							
1.00	HOUSEKEEPING	9.00	51,133	0	0		1.00
	TOTALS		51,133	0	0		
P - RADIOLOGY SUPPORT SVC							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	30,344	509	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	19,200	387	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	26,809	643	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	74,658	1,188	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	25,852	411	0		5.00
	TOTALS		176,863	3,138	0		
Q - MED SUPPLIES CHG TO PAT							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26,683	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	43,711	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	111,035	0		3.00
4.00	EMERGENCY	91.00	0	364,949	0		4.00
5.00	OPERATING ROOM	50.00	0	3,963	0		5.00
6.00	OPERATING ROOM	50.00	0	1,123,372	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	26,034	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	22,416	0		8.00
9.00	EMERGENCY	91.00	0	1,049	0		9.00
10.00	ULTRASOUND	54.01	0	311	0		10.00
11.00	OPERATING ROOM	50.00	0	1,093,755	0		11.00
	TOTALS		0	2,817,278	0		
S - EKG RECLASSIFICATION							
1.00	ADULTS & PEDIATRICS	30.00	77,681	0	0		1.00
2.00	CARDIOLOGY	69.01	3,816	0	0		2.00
3.00	EMERGENCY	91.00	122,207	0	0		3.00
4.00	ENDOSCOPY	50.01	1,819	0	0		4.00
	TOTALS		205,523	0	0		
T - OTHER RECLASSIFICATIONS							
1.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	54,317	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	22,470	0		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,437,502	0	0		3.00
4.00	DATA PROCESSING	5.02	0	7,774	0		4.00
5.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	9,195	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,348	0		6.00
7.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	548	0		7.00
	TOTALS		1,437,502	95,652	0		
500.00	Grand Total: Decreases		3,069,423	20,526,553			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140093

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

Worksheet A-7
Part I
Date/Time Prepared:
5/20/2015 8:14 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,237,638	0	0	0	1.00
2.00	Land Improvements	1,465,739	31,554	0	31,554	2.00
3.00	Buildings and Fixtures	26,670,320	1,693,519	0	1,693,519	3.00
4.00	Building Improvements	729,496	56,724	0	56,724	4.00
5.00	Fixed Equipment	10,023,583	159,705	0	159,705	5.00
6.00	Movable Equipment	31,352,366	1,513,888	0	1,513,888	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	72,479,142	3,455,390	0	3,455,390	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	72,479,142	3,455,390	0	3,455,390	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,237,638	0			1.00
2.00	Land Improvements	793,174	411,717			2.00
3.00	Buildings and Fixtures	27,299,147	3,255,004			3.00
4.00	Building Improvements	786,220	0			4.00
5.00	Fixed Equipment	7,046,189	2,586,607			5.00
6.00	Movable Equipment	28,690,882	15,838,929			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	66,853,250	22,092,257			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	66,853,250	22,092,257			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140093

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

Worksheet A-7
Part II
Date/Time Prepared:
5/20/2015 8:14 am

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	3,537,862	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)	3,537,862	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	3,537,862				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,537,862				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140093

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

Worksheet A-7
Part III
Date/Time Prepared:
5/20/2015 8:14 am

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	35,924,728	0	35,924,728	0.555976	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	28,690,882	0	28,690,882	0.444024	0	2.00
3.00	Total (sum of lines 1-2)	64,615,610	0	64,615,610	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	31,686	31,686	962,330	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	25,305	25,305	2,695,734	0	2.00
3.00	Total (sum of lines 1-2)	0	56,991	56,991	3,658,064	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	564,720	0	0	31,686	1,558,736	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	876,442	0	0	25,305	3,597,481	2.00
3.00	Total (sum of lines 1-2)	1,441,162	0	0	56,991	5,156,217	3.00

Provider CCN: 140093

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

Worksheet A-8
Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-14,227	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-36,665	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		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)	B	-5,431	NONPATIENT TELEPHONES		5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-25,263	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,530,137				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-55	PURCHASING RECEIVING AND STORES		5.03	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,351,419				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-486,388	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	-2,481	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	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	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00		0			0.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140093

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

Worksheet A-8

Date/Time Prepared:
5/20/2015 8:14 am

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		
34.00 VCSC MANAGEMENT FEE	B	-45,183	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.00
35.00		0		0.00	0	35.00
36.00 HIM INSURANCE AUDITS	B	-178	MEDICAL RECORDS & LIBRARY	16.00	0	36.00
37.00 CLINICAL ED REVENUE	B	-542	NURSING ADMINISTRATION	13.00	0	37.00
38.00 NURSERY PHOTOS	B	-1,353	NURSERY	43.00	0	38.00
39.00 MISC REVENUE	B	-6,803	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.00
40.00		0		0.00	0	40.00
41.00		0		0.00	0	41.00
42.00 WELLNESS REVENUE	B	-23,309	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.00
43.00 ADMIN OTHER REVENUE	B	-183,189	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00 FEDERAL & STATE INCOME TAX	A	-25,943	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00 PHYSICIAN RECRUITMENT	A	-91,855	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
46.00		0		0.00	0	46.00
48.00 NON ALLOW EXPENSE	A	-277	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	48.00
49.00 DONATIONS, SPECIAL EVENTS	A	-5,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	49.00
49.01		0		0.00	0	49.01
49.02		0		0.00	0	49.02
49.03		0		0.00	0	49.03
49.04 PENSION FUNDING	A	2,379,393	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,456,305				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: 140093
 Period: From 01/01/2014 To 12/31/2014
 Worksheet A-8-1
 Date/Time Prepared: 5/20/2015 8:14 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN	CORPORATE MANAGEMENT FEE	0	3,021,777 1.00
2.00	5.05	CASHIERING/ACCOUNTS RECEIVAB	CORPORATE MANAGEMENT FEE	1,306,585	1,532,782 2.00
3.00	5.02	DATA PROCESSING	CORPORATE MANAGEMENT FEE	3,580,483	2,570,156 3.00
3.01	5.06	OTHER ADMINISTRATIVE AND GEN	CORPORATE MANAGMENT FEE	3,403,865	3,499,913 3.01
3.02	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	578,947	632,465 3.02
3.03	2.00	CAP REL COSTS-MVBLE EQUIP	INTEREST	913,107	997,515 3.03
3.04	31.00	INTENSIVE CARE UNIT	EICU	450,481	450,481 3.04
3.05	60.00	LABORATORY	ALVERNO FEES	4,016,436	4,016,436 3.05
3.06	2.00	CAP REL COSTS-MVBLE EQUIP	CORPORATE ALLOCATION	1,480,272	1,360,070 3.06
3.07	5.06	OTHER ADMINISTRATIVE AND GEN	SELF INSURANCE TRUST	3,567,359	3,567,359 3.07
3.08	5.06	OTHER ADMINISTRATIVE AND GEN	OTHER INSURANCE	38,498	38,498 3.08
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	WORKMAN' S COMPENSATION	466,236	466,236 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,802,269	22,153,688 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	0.00	PRESENCE PRV HEALTH	100.00	6.00
7.00	C	0.00	APHL LABS	66.67	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: 140093

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

Worksheet A-8-1

Date/Time Prepared:
5/20/2015 8:14 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-3,021,777	0		1.00
2.00	-226,197	0		2.00
3.00	1,010,327	0		3.00
3.01	-96,048	0		3.01
3.02	-53,518	11		3.02
3.03	-84,408	11		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	120,202	9		3.06
3.07	0	0		3.07
3.08	0	0		3.08
4.00	0	0		4.00
5.00	-2,351,419			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HEALTH CARE		6.00
7.00	HEALTH CARE		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: 140093

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

Worksheet A-8-2

Date/Time Prepared:
5/20/2015 8:14 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	43.00	NURSERY	165,619	165,619	0	171,400	0	1.00
2.00	69.01	CARDIOLOGY	365,122	365,122	0	171,400	0	2.00
3.00	65.00	RESPIRATORY THERAPY	38,688	0	38,688	171,400	312	3.00
4.00	91.00	EMERGENCY	238,813	238,813	0	171,400	0	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,484,522	1,408,089	76,433	231,100	496	5.00
6.00	55.01	ONCOLOGY	30,000	0	30,000	231,100	240	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	24,000	0	24,000	231,100	192	7.00
8.00	60.00	LABORATORY	51,880	9,380	42,500	219,500	310	8.00
9.00	50.00	OPERATING ROOM	17,348	0	17,348	171,400	112	9.00
10.00	53.00	ANESTHESIOLOGY	3,284,904	3,284,904	0	200,300	0	10.00
200.00			5,700,896	5,471,927	228,969		1,662	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	43.00	NURSERY	0	0	0	0	0	1.00
2.00	69.01	CARDIOLOGY	0	0	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	25,710	1,286	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	55,109	2,755	0	0	0	5.00
6.00	55.01	ONCOLOGY	26,665	1,333	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	21,332	1,067	0	0	0	7.00
8.00	60.00	LABORATORY	32,714	1,636	0	0	0	8.00
9.00	50.00	OPERATING ROOM	9,229	461	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	10.00
200.00			170,759	8,538	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	43.00	NURSERY	0	0	0	165,619		1.00
2.00	69.01	CARDIOLOGY	0	0	0	365,122		2.00
3.00	65.00	RESPIRATORY THERAPY	0	25,710	12,978	12,978		3.00
4.00	91.00	EMERGENCY	0	0	0	238,813		4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	55,109	21,324	1,429,413		5.00
6.00	55.01	ONCOLOGY	0	26,665	3,335	3,335		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	21,332	2,668	2,668		7.00
8.00	60.00	LABORATORY	0	32,714	9,786	19,166		8.00
9.00	50.00	OPERATING ROOM	0	9,229	8,119	8,119		9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	3,284,904		10.00
200.00			0	170,759	58,210	5,530,137		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,558,736	1,558,736			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,597,481		3,597,481		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,759,792	28,942	2,845	9,791,579	4.00
5.01 00540	NONPATIENT TELEPHONES	451,691	5,366	81,107	73,360	611,524 5.01
5.02 00550	DATA PROCESSING	3,701,951	11,624	334,757	8,005	12,338 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	33,948	6,774	0	636	3,856 5.03
5.04 00570	ADMINISTRATIVE	704,732	8,387	3,033	214,278	13,881 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,302,980	12,356	1,049	0	18,508 5.05
5.06 00561	OTHER ADMINISTRATIVE AND GENERAL	14,697,718	99,386	142,854	731,072	69,402 5.06
6.00 00600	MAINTENANCE & REPAIRS	2,436,426	243,557	745,317	311,071	40,871 6.00
7.00 00700	OPERATION OF PLANT	1,162,925	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	334,841	4,606	0	16,115	0 8.00
9.00 00900	HOUSEKEEPING	1,046,214	21,325	24,606	296,086	6,169 9.00
10.00 01000	DIETARY	343,939	20,920	9,143	45,486	3,856 10.00
11.00 01100	CAFETERIA	788,654	57,091	33,899	168,626	15,423 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,200,231	9,163	423,509	351,814	23,906 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	771,177	30,111	392,715	0	8,483 14.00
15.00 01500	PHARMACY	1,413,703	19,568	11,431	352,996	20,050 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,289,390	26,735	13,563	281,971	33,931 16.00
17.00 01700	SOCIAL SERVICE	558,834	3,160	0	171,897	8,483 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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,367,518	280,907	46,486	2,219,322	35,473 30.00
31.00 03100	INTENSIVE CARE UNIT	2,060,878	28,792	6,769	479,813	11,567 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
43.00 04300	NURSERY	360,352	13,049	11,262	108,522	771 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,923,180	82,656	284,780	349,837	41,642 50.00
50.01 03330	ENDOSCOPY	1,054,110	51,514	70,802	311,564	19,279 50.01
51.00 05100	RECOVERY ROOM	249,682	7,611	1,290	76,214	4,627 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,006,530	35,267	69,537	311,948	2,313 52.00
53.00 05300	ANESTHESIOLOGY	68,641	12,905	18,078	19,148	6,940 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	971,491	74,014	169,325	287,049	20,050 54.00
54.01 03630	ULTRASOUND	277,024	5,710	53,506	68,355	5,398 54.01
54.02 03440	MAMMOGRAPHY	206,467	3,564	39,057	43,253	3,085 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	555,706	21,697	31,001	161,527	10,796 55.00
55.01 03480	ONCOLOGY	770,060	33,864	71,050	197,888	10,796 55.01
56.00 05600	RADIOISOTOPE	309,579	9,019	1,130	60,392	4,627 56.00
57.00 05700	CT SCAN	623,751	8,337	186,888	155,083	13,110 57.00
58.00 05800	MRI	228,734	15,139	11,695	58,238	4,627 58.00
59.00 05900	CARDIAC CATHETERIZATION	45,397	3,304	2,323	11,293	771 59.00
60.00 06000	LABORATORY	4,136,200	55,062	7,231	0	35,473 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	349,105	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	1,201,525	18,637	57,267	327,044	3,085 65.00
66.00 06600	PHYSICAL THERAPY	428,670	9,967	0	0	3,856 66.00
67.00 06700	OCCUPATIONAL THERAPY	280,400	9,457	0	0	3,856 67.00
68.00 06800	SPEECH PATHOLOGY	86,487	1,026	0	0	771 68.00
69.00 06900	ELECTROCARDIOLOGY	205,523	0	0	64,772	0 69.00
69.01 03140	CARDIOLOGY	585,973	4,479	113,436	157,019	14,652 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,699,747	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,117,531	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,940,034	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	196,271	3,653	1,849	0	1,542 74.00
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						
91.00 09100	EMERGENCY	3,021,687	76,764	98,814	884,862	37,786 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	85,483,616	1,475,465	3,573,404	9,376,556	576,050 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	130,877	9,318	0	17,958	3,856	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,124,243	7,262	9,450	145,141	13,110	192.00
192.01 19201	APOTHECARY	1,406,947	7,755	794	43,913	6,169	192.01
192.02 19202	REAL ESTATE	157,489	49,435	0	0	0	192.02
192.03 19203	FOUNDATION	322,467	0	10,819	71,006	7,712	192.03
192.04 19204	OUTREACH PROGRAMS	750,884	9,501	3,014	137,005	4,627	192.04
192.05 19205	UNASSIGNED	181,553	0	0	0	0	192.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	90,558,076	1,558,736	3,597,481	9,791,579	611,524	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	4,068,675					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	45,214				5.03
5.04	00570	ADMINITTING	0	168	944,479			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,334,893		5.05
5.06	00561	OTHER ADMINISTRATIVE AND GENERAL	0	300	0	0	15,740,732	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,431	0	0	3,778,673	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	1,162,925	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	515	0	0	356,077	8.00
9.00	00900	HOUSEKEEPING	0	675	0	0	1,395,075	9.00
10.00	01000	DIETARY	0	78	0	0	423,422	10.00
11.00	01100	CAFETERIA	0	290	0	0	1,063,983	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	157	0	0	2,008,780	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26	0	0	1,202,512	14.00
15.00	01500	PHARMACY	0	369	0	0	1,818,117	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	244	0	0	1,645,834	16.00
17.00	01700	SOCIAL SERVICE	0	8	0	0	742,382	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	358,452	1,922	157,176	117,599	10,584,855	30.00
31.00	03100	INTENSIVE CARE UNIT	81,263	569	44,036	26,660	2,740,347	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	13,916	122	7,541	4,566	520,101	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	141,697	1,848	29,473	46,487	2,901,600	50.00
50.01	03330	ENDOSCOPY	30,560	389	7,912	10,026	1,556,156	50.01
51.00	05100	RECOVERY ROOM	21,887	60	4,283	7,181	372,835	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,965	87	18,141	13,768	1,499,556	52.00
53.00	05300	ANESTHESIOLOGY	43,320	57	11,435	14,212	194,736	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	106,594	241	13,540	34,971	1,677,275	54.00
54.01	03630	ULTRASOUND	36,422	459	3,292	11,949	462,115	54.01
54.02	03440	MAMMOGRAPHY	11,654	457	186	3,823	311,546	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	95,849	92	339	31,445	908,452	55.00
55.01	03480	ONCOLOGY	48,746	561	233	15,992	1,149,190	55.01
56.00	05600	RADIOISOTOPE	30,901	726	4,418	10,138	430,930	56.00
57.00	05700	CT SCAN	352,083	926	43,125	115,509	1,498,812	57.00
58.00	05800	MRI	99,821	293	10,258	32,749	461,554	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,023	19	1,187	2,632	74,949	59.00
60.00	06000	LABORATORY	587,489	0	136,527	192,739	5,150,721	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,233	2,705	7,061	6,966	387,070	63.00
65.00	06500	RESPIRATORY THERAPY	111,571	178	39,941	36,604	1,795,852	65.00
66.00	06600	PHYSICAL THERAPY	20,504	56	4,099	6,727	473,879	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,004	30	3,057	3,938	312,742	67.00
68.00	06800	SPEECH PATHOLOGY	4,069	9	745	1,335	94,442	68.00
69.00	06900	ELECTROCARDIOLOGY	29,452	0	6,395	9,662	315,804	69.00
69.01	03140	CARDIOLOGY	100,987	396	22,812	33,131	1,032,885	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	155,832	17,931	46,361	51,124	1,970,995	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,432	8,714	17,726	14,905	1,204,308	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	837,021	0	235,313	274,673	8,287,041	73.00
74.00	07400	RENAL DIALYSIS	5,236	17	2,625	1,718	212,911	74.00
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								
91.00	09100	EMERGENCY	614,692	769	65,242	201,664	5,002,280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,068,675	43,894	944,479	1,334,893	84,924,451	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	565	0	0	162,574	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	40	0	0	2,299,246	192.00
192.01	19201	APOTHECARY	0	64	0	0	1,465,642	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

Period:
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.02	19202	REAL ESTATE	0	0	0	0	206,924	192.02
192.03	19203	FOUNDATION	0	37	0	0	412,041	192.03
192.04	19204	OUTREACH PROGRAMS	0	614	0	0	905,645	192.04
192.05	19205	UNASSIGNED	0	0	0	0	181,553	192.05
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)	4,068,675	45,214	944,479	1,334,893	90,558,076	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

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Cost Center Description			OTHER ADMINISTRATIVE AND 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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00561	OTHER ADMINISTRATIVE AND GENERAL	15,740,732					5.06
6.00	00600	MAINTENANCE & REPAIRS	794,991	4,573,664				6.00
7.00	00700	OPERATION OF PLANT	244,667	0	1,407,592			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	74,915	18,443	5,676	455,111		8.00
9.00	00900	HOUSEKEEPING	293,508	85,381	26,277	0	1,800,241	9.00
10.00	01000	DIETARY	89,083	83,760	25,778	0	5,786	10.00
11.00	01100	CAFETERIA	223,850	228,577	70,347	0	21,475	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	422,625	36,687	11,291	2,375	7,011	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	252,995	120,558	37,103	0	0	14.00
15.00	01500	PHARMACY	382,512	78,345	24,111	0	9,565	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	346,265	107,042	32,943	0	8,236	16.00
17.00	01700	SOCIAL SERVICE	156,189	12,651	3,893	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,226,922	1,124,682	346,136	209,199	880,028	30.00
31.00	03100	INTENSIVE CARE UNIT	576,539	115,276	35,477	24,240	107,508	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	109,424	52,245	16,079	15,721	8,679	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	610,465	330,936	101,849	36,336	73,757	50.00
50.01	03330	ENDOSCOPY	327,398	206,249	63,475	15,731	74,278	50.01
51.00	05100	RECOVERY ROOM	78,440	30,472	9,378	13,013	7,636	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	315,490	141,199	43,455	13,488	78,370	52.00
53.00	05300	ANESTHESIOLOGY	40,970	51,668	15,901	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	352,880	296,335	91,200	11,452	44,749	54.00
54.01	03630	ULTRASOUND	97,224	22,860	7,035	3,018	104	54.01
54.02	03440	MAMMOGRAPHY	65,546	14,271	4,392	1,909	29,372	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	191,128	86,868	26,734	3,551	27,678	55.00
55.01	03480	ONCOLOGY	241,777	135,584	41,727	2,510	27,704	55.01
56.00	05600	RADIOISOTOPE	90,663	36,110	11,113	2,666	4,222	56.00
57.00	05700	CT SCAN	315,334	33,380	10,273	7,424	9,513	57.00
58.00	05800	MRI	97,106	60,612	18,654	2,571	8,105	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,768	13,228	4,071	580	0	59.00
60.00	06000	LABORATORY	1,083,655	220,454	67,847	0	26,062	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	81,435	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	377,828	74,616	22,964	2,499	23,300	65.00
66.00	06600	PHYSICAL THERAPY	99,699	39,905	12,281	4,046	10,451	66.00
67.00	06700	OCCUPATIONAL THERAPY	65,797	37,863	11,653	0	3,284	67.00
68.00	06800	SPEECH PATHOLOGY	19,870	4,106	1,264	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	66,442	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	217,308	17,933	5,519	8,121	7,819	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	414,676	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	253,373	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,743,502	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	44,794	14,626	4,501	0	4,118	74.00
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								
91.00	09100	EMERGENCY	1,052,425	307,343	94,588	74,661	200,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,555,478	4,240,265	1,304,985	455,111	1,709,074	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,204	37,308	11,482	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	483,736	29,074	8,948	0	4,535	192.00
192.01	19201	APOTHECARY	308,355	31,049	9,556	0	7,011	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.02	19202	REAL ESTATE	43,535	197,927	60,914	0	78,683	192.02
192.03	19203	FOUNDATION	86,689	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	190,538	38,041	11,707	0	938	192.04
192.05	19205	UNASSIGNED	38,197	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	15,740,732	4,573,664	1,407,592	455,111	1,800,241	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/20/2015 8:14 am	
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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00561	OTHER ADMINISTRATIVE AND 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	627,829					10.00
11.00	01100	CAFETERIA	0	1,608,232				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	84,437	0	2,573,206		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,613,168	14.00
15.00	01500	PHARMACY	0	52,887	0	101,225	14,320	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	68,940	0	0	607	16.00
17.00	01700	SOCIAL SERVICE	0	25,907	0	0	184	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	552,300	481,430	0	921,364	92,898	30.00
31.00	03100	INTENSIVE CARE UNIT	75,529	93,576	0	179,102	29,024	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	17,404	0	33,311	5,270	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	76,092	0	145,639	54,402	50.00
50.01	03330	ENDOSCOPY	0	53,205	0	101,833	9,895	50.01
51.00	05100	RECOVERY ROOM	0	11,245	0	21,523	3,279	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,450	0	111,872	2,109	52.00
53.00	05300	ANESTHESIOLOGY	0	4,570	0	8,746	121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,814	0	99,171	4,165	54.00
54.01	03630	ULTRASOUND	0	14,066	0	26,922	4,749	54.01
54.02	03440	MAMMOGRAPHY	0	7,629	0	14,602	1,347	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	24,119	0	46,163	178	55.00
55.01	03480	ONCOLOGY	0	37,391	0	71,565	31,436	55.01
56.00	05600	RADIOISOTOPE	0	8,781	0	16,807	890	56.00
57.00	05700	CT SCAN	0	31,708	0	60,689	28,802	57.00
58.00	05800	MRI	0	10,291	0	19,697	837	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,424	0	4,639	429	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	72,397	0	138,566	928	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	122	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	187	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	122	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,960	0	22,892	0	69.00
69.01	03140	CARDIOLOGY	0	34,490	0	66,013	1,949	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	862,212	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	449,319	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	968	74.00
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								
91.00	09100	EMERGENCY	0	186,397	0	360,865	10,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	627,829	1,521,610	0	2,573,206	1,610,768	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,358	0	0	3	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	34,450	0	0	523	192.00
192.01	19201	APOTHECARY	0	6,278	0	0	1,126	192.01

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			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	10,172	0	0	390	192.03
192.04	19204	OUTREACH PROGRAMS	0	29,364	0	0	358	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	627,829	1,608,232	0	2,573,206	1,613,168	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/20/2015 8:14 am	
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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00561	OTHER ADMINISTRATIVE AND 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	2,481,082					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,209,867				16.00
17.00	01700	SOCIAL SERVICE	0	0	941,206			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,097	1,027,029	741,576	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	323	132,549	101,368	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	71	3,035	41,790	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,706	215,801	0	0	0	50.00
50.01	03330	ENDOSCOPY	232	87,519	0	0	0	50.01
51.00	05100	RECOVERY ROOM	7	122	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	103	43,015	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	69	9,333	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24	16,033	0	0	0	54.00
54.01	03630	ULTRASOUND	11	2,445	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	11	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,943	0	0	0	55.00
55.01	03480	ONCOLOGY	1,981	2,045	0	0	0	55.01
56.00	05600	RADIOISOTOPE	418	643	0	0	0	56.00
57.00	05700	CT SCAN	3,199	7,409	0	0	0	57.00
58.00	05800	MRI	309	1,435	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	126	11,821	0	0	0	59.00
60.00	06000	LABORATORY	0	147,373	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	209	8,129	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,941	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,287	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,480	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	137	6,758	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	445	12,194	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	2,451,665	26,130	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	12	146	0	0	0	74.00
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								
91.00	09100	EMERGENCY	1,919	423,252	56,472	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,481,074	2,209,867	941,206	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

Period:
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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	
192.02	19202 REAL ESTATE	0	0	0	0	0	192.02
192.03	19203 FOUNDATION	0	0	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205 UNASSIGNED	0	0	0	0	0	192.05
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)	2,481,082	2,209,867	941,206	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	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 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00561	OTHER ADMINISTRATIVE AND 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	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	19,191,516	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	4,210,858	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
43.00 04300	NURSERY	0	0	0	823,130	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	4,563,583	0 50.00
50.01 03330	ENDOSCOPY	0	0	0	2,495,971	0 50.01
51.00 05100	RECOVERY ROOM	0	0	0	547,950	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,307,107	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	326,114	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,645,098	0 54.00
54.01 03630	ULTRASOUND	0	0	0	640,549	0 54.01
54.02 03440	MAMMOGRAPHY	0	0	0	450,625	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,317,814	0 55.00
55.01 03480	ONCOLOGY	0	0	0	1,742,910	0 55.01
56.00 05600	RADIOISOTOPE	0	0	0	603,243	0 56.00
57.00 05700	CT SCAN	0	0	0	2,006,543	0 57.00
58.00 05800	MRI	0	0	0	681,171	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	128,035	0 59.00
60.00 06000	LABORATORY	0	0	0	6,696,112	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	468,505	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,517,288	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	653,324	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	439,813	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	121,284	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	417,098	0 69.00
69.01 03140	CARDIOLOGY	0	0	0	1,398,932	0 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,260,522	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,907,000	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,508,338	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	282,076	0 74.00
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						
91.00 09100	EMERGENCY	0	0	0	7,770,485	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	83,122,994	0 118.00

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	251,929	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,860,520	0	192.00
192.01	19201	APOTHECARY	0	0	0	1,829,017	0	192.01
192.02	19202	REAL ESTATE	0	0	0	587,983	0	192.02
192.03	19203	FOUNDATION	0	0	0	509,292	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	1,176,591	0	192.04
192.05	19205	UNASSIGNED	0	0	0	219,750	0	192.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	90,558,076	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00561 OTHER ADMINISTRATIVE AND 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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	19,191,516	30.00
31.00	03100 INTENSIVE CARE UNIT	4,210,858	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
43.00	04300 NURSERY	823,130	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,563,583	50.00
50.01	03330 ENDOSCOPY	2,495,971	50.01
51.00	05100 RECOVERY ROOM	547,950	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,307,107	52.00
53.00	05300 ANESTHESIOLOGY	326,114	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,645,098	54.00
54.01	03630 ULTRASOUND	640,549	54.01
54.02	03440 MAMMOGRAPHY	450,625	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,317,814	55.00
55.01	03480 ONCOLOGY	1,742,910	55.01
56.00	05600 RADIOISOTOPE	603,243	56.00
57.00	05700 CT SCAN	2,006,543	57.00
58.00	05800 MRI	681,171	58.00
59.00	05900 CARDIAC CATHETERIZATION	128,035	59.00
60.00	06000 LABORATORY	6,696,112	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	468,505	63.00
65.00	06500 RESPIRATORY THERAPY	2,517,288	65.00
66.00	06600 PHYSICAL THERAPY	653,324	66.00
67.00	06700 OCCUPATIONAL THERAPY	439,813	67.00
68.00	06800 SPEECH PATHOLOGY	121,284	68.00
69.00	06900 ELECTROCARDIOLOGY	417,098	69.00
69.01	03140 CARDIOLOGY	1,398,932	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,260,522	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,907,000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,508,338	73.00
74.00	07400 RENAL DIALYSIS	282,076	74.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	7,770,485	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	83,122,994	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	251,929	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,860,520	192.00
192.01	19201 APOTHECARY	1,829,017	192.01
192.02	19202 REAL ESTATE	587,983	192.02
192.03	19203 FOUNDATION	509,292	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
192.04	19204 OUTREACH PROGRAMS	1,176,591	192.04
192.05	19205 UNASSIGNED	219,750	192.05
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	90,558,076	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 8:14 am
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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			
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	28,942	2,845	31,787	4.00
5.01 00540	NONPATIENT TELEPHONES	3,712	5,366	81,107	90,185	5.01
5.02 00550	DATA PROCESSING	1,333,304	11,624	334,757	1,679,685	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	8,097	6,774	0	14,871	5.03
5.04 00570	ADMITTING	0	8,387	3,033	11,420	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	77,548	12,356	1,049	90,953	5.05
5.06 00561	OTHER ADMINISTRATIVE AND GENERAL	537,662	99,386	142,854	779,902	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	243,557	745,317	988,874	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	4,606	0	4,606	8.00
9.00 00900	HOUSEKEEPING	0	21,325	24,606	45,931	9.00
10.00 01000	DIETARY	2,521	20,920	9,143	32,584	10.00
11.00 01100	CAFETERIA	0	57,091	33,899	90,990	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	9,163	423,509	432,672	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	135,848	30,111	392,715	558,674	14.00
15.00 01500	PHARMACY	260,549	19,568	11,431	291,548	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	26,735	13,563	40,298	16.00
17.00 01700	SOCIAL SERVICE	0	3,160	0	3,160	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	0	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	10,722	280,907	46,486	338,115	30.00
31.00 03100	INTENSIVE CARE UNIT	14,406	28,792	6,769	49,967	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
43.00 04300	NURSERY	0	13,049	11,262	24,311	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	433,761	82,656	284,780	801,197	50.00
50.01 03330	ENDOSCOPY	0	51,514	70,802	122,316	50.01
51.00 05100	RECOVERY ROOM	0	7,611	1,290	8,901	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	35,267	69,537	104,804	52.00
53.00 05300	ANESTHESIOLOGY	0	12,905	18,078	30,983	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	74,014	169,325	243,339	54.00
54.01 03630	ULTRASOUND	0	5,710	53,506	59,216	54.01
54.02 03440	MAMMOGRAPHY	0	3,564	39,057	42,621	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	132	21,697	31,001	52,830	55.00
55.01 03480	ONCOLOGY	154	33,864	71,050	105,068	55.01
56.00 05600	RADIOISOTOPE	0	9,019	1,130	10,149	56.00
57.00 05700	CT SCAN	0	8,337	186,888	195,225	57.00
58.00 05800	MRI	0	15,139	11,695	26,834	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	3,304	2,323	5,627	59.00
60.00 06000	LABORATORY	77,463	55,062	7,231	139,756	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	74,175	18,637	57,267	150,079	65.00
66.00 06600	PHYSICAL THERAPY	0	9,967	0	9,967	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,457	0	9,457	67.00
68.00 06800	SPEECH PATHOLOGY	0	1,026	0	1,026	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03140	CARDIOLOGY	0	4,479	113,436	117,915	69.01
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
74.00 07400	RENAL DIALYSIS	0	3,653	1,849	5,502	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	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						
91.00 09100	EMERGENCY	0	76,764	98,814	175,578	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,970,054	1,475,465	3,573,404	8,018,923	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140093

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

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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	
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	50	9,318	0	9,368	58 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	32,782	7,262	9,450	49,494	471 192.00
192.01 19201	APOTHECARY	4,531	7,755	794	13,080	143 192.01
192.02 19202	REAL ESTATE	41,849	49,435	0	91,284	0 192.02
192.03 19203	FOUNDATION	0	0	10,819	10,819	230 192.03
192.04 19204	OUTREACH PROGRAMS	27,272	9,501	3,014	39,787	445 192.04
192.05 19205	UNASSIGNED	0	0	0	0	0 192.05
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	3,076,538	1,558,736	3,597,481	8,232,755	31,787 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	90,423					5.01
5.02	00550	DATA PROCESSING	1,824	1,681,535				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	570	0	15,443			5.03
5.04	00570	ADMINISTRATIVE	2,052	0	57	14,225		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,737	0	0	0	93,690	5.05
5.06	00561	OTHER ADMINISTRATIVE AND GENERAL	10,268	0	102	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	6,043	0	489	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	176	0	0	8.00
9.00	00900	HOUSEKEEPING	912	0	230	0	0	9.00
10.00	01000	DIETARY	570	0	27	0	0	10.00
11.00	01100	CAFETERIA	2,281	0	99	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,535	0	54	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,254	0	9	0	0	14.00
15.00	01500	PHARMACY	2,965	0	126	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,017	0	83	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,254	0	3	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,245	148,160	657	2,377	8,243	30.00
31.00	03100	INTENSIVE CARE UNIT	1,710	33,589	195	666	1,869	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	114	5,752	42	114	320	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,157	58,568	631	446	3,259	50.00
50.01	03330	ENDOSCOPY	2,851	12,631	133	120	703	50.01
51.00	05100	RECOVERY ROOM	684	9,047	21	65	503	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	342	17,346	30	274	965	52.00
53.00	05300	ANESTHESIOLOGY	1,026	17,906	20	173	996	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,965	44,059	82	205	2,451	54.00
54.01	03630	ULTRASOUND	798	15,055	157	50	838	54.01
54.02	03440	MAMMOGRAPHY	456	4,817	156	3	268	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,596	39,618	31	5	2,204	55.00
55.01	03480	ONCOLOGY	1,596	20,148	192	4	1,121	55.01
56.00	05600	RADIOISOTOPE	684	12,773	248	67	711	56.00
57.00	05700	CT SCAN	1,938	145,528	316	652	8,097	57.00
58.00	05800	MRI	684	41,259	100	155	2,296	58.00
59.00	05900	CARDIAC CATHETERIZATION	114	3,316	6	18	185	59.00
60.00	06000	LABORATORY	5,245	242,829	0	2,065	13,510	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,776	924	107	488	63.00
65.00	06500	RESPIRATORY THERAPY	456	46,116	61	604	2,566	65.00
66.00	06600	PHYSICAL THERAPY	570	8,475	19	62	472	66.00
67.00	06700	OCCUPATIONAL THERAPY	570	4,962	10	46	276	67.00
68.00	06800	SPEECH PATHOLOGY	114	1,682	3	11	94	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,174	0	97	677	69.00
69.01	03140	CARDIOLOGY	2,167	41,741	135	345	2,322	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	64,410	6,121	701	3,584	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,779	2,977	268	1,045	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	345,782	0	3,498	19,371	73.00
74.00	07400	RENAL DIALYSIS	228	2,164	6	40	120	74.00
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								
91.00	09100	EMERGENCY	5,587	254,073	263	987	14,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	85,179	1,681,535	14,991	14,225	93,690	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	570	0	193	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,938	0	14	0	0	192.00
192.01	19201	APOTHECARY	912	0	22	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140093

Period:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	1,140	0	13	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	684	0	210	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	90,423	1,681,535	15,443	14,225	93,690	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 8:14 am		
Cost Center Description		OTHER ADMINISTRATIVE AND 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	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMINITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00561	OTHER ADMINISTRATIVE AND GENERAL	792,645			5.06
6.00	00600	MAINTENANCE & REPAIRS	40,031	1,036,447		6.00
7.00	00700	OPERATION OF PLANT	12,320	0	12,320	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,772	4,179	50	12,835
9.00	00900	HOUSEKEEPING	14,779	19,348	230	0
10.00	01000	DIETARY	4,486	18,981	226	0
11.00	01100	CAFETERIA	11,272	51,798	616	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	21,281	8,314	99	67
14.00	01400	CENTRAL SERVICES & SUPPLY	12,739	27,320	325	0
15.00	01500	PHARMACY	19,261	17,754	211	0
16.00	01600	MEDICAL RECORDS & LIBRARY	17,436	24,257	288	0
17.00	01700	SOCIAL SERVICE	7,865	2,867	34	0
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	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	112,167	254,869	3,031	5,901
31.00	03100	INTENSIVE CARE UNIT	29,031	26,123	311	684
32.00	03200	CORONARY CARE UNIT	0	0	0	0
43.00	04300	NURSERY	5,510	11,839	141	443
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,740	74,994	891	1,025
50.01	03330	ENDOSCOPY	16,486	46,739	556	444
51.00	05100	RECOVERY ROOM	3,950	6,905	82	367
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,886	31,997	380	380
53.00	05300	ANESTHESIOLOGY	2,063	11,709	139	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,769	67,153	798	323
54.01	03630	ULTRASOUND	4,896	5,180	62	85
54.02	03440	MAMMOGRAPHY	3,301	3,234	38	54
55.00	05500	RADIOLOGY-THERAPEUTIC	9,624	19,685	234	100
55.01	03480	ONCOLOGY	12,175	30,725	365	71
56.00	05600	RADIOISOTOPE	4,565	8,183	97	75
57.00	05700	CT SCAN	15,878	7,564	90	209
58.00	05800	MRI	4,890	13,735	163	72
59.00	05900	CARDIAC CATHETERIZATION	794	2,998	36	16
60.00	06000	LABORATORY	54,567	49,957	594	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,101	0	0	0
65.00	06500	RESPIRATORY THERAPY	19,025	16,909	201	70
66.00	06600	PHYSICAL THERAPY	5,020	9,043	107	114
67.00	06700	OCCUPATIONAL THERAPY	3,313	8,580	102	0
68.00	06800	SPEECH PATHOLOGY	1,001	930	11	0
69.00	06900	ELECTROCARDIOLOGY	3,346	0	0	0
69.01	03140	CARDIOLOGY	10,942	4,064	48	229
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,881	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,758	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	87,793	0	0	0
74.00	07400	RENAL DIALYSIS	2,256	3,314	39	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	52,994	69,648	828	2,106
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	732,964	960,895	11,423	12,835
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,722	8,454	100	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,358	6,589	78	0
192.01	19201	APOTHECARY	15,527	7,036	84	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
192.02	19202	REAL ESTATE	2,192	44,853	533	0	3,601	192.02
192.03	19203	FOUNDATION	4,365	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	9,594	8,620	102	0	43	192.04
192.05	19205	UNASSIGNED	1,923	0	0	0	0	192.05
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)	792,645	1,036,447	12,320	12,835	82,391	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description		DI ETARY	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	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00561	OTHER ADMINISTRATIVE AND 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	57,287				10.00
11.00	01100	CAFETERIA	0	158,586			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	8,326	0	475,811	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	5,215	0	18,717	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,798	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,555	0	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	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,395	47,475	0	170,371	30.00
31.00	03100	INTENSIVE CARE UNIT	6,892	9,227	0	33,118	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
43.00	04300	NURSERY	0	1,716	0	6,159	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	7,503	0	26,930	50.00
50.01	03330	ENDOSCOPY	0	5,246	0	18,830	50.01
51.00	05100	RECOVERY ROOM	0	1,109	0	3,980	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,764	0	20,686	52.00
53.00	05300	ANESTHESIOLOGY	0	451	0	1,617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,109	0	18,338	54.00
54.01	03630	ULTRASOUND	0	1,387	0	4,978	54.01
54.02	03440	MAMMOGRAPHY	0	752	0	2,700	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,378	0	8,536	55.00
55.01	03480	ONCOLOGY	0	3,687	0	13,233	55.01
56.00	05600	RADIOISOTOPE	0	866	0	3,108	56.00
57.00	05700	CT SCAN	0	3,127	0	11,222	57.00
58.00	05800	MRI	0	1,015	0	3,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	239	0	858	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,139	0	25,622	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,179	0	4,233	69.00
69.01	03140	CARDIOLOGY	0	3,401	0	12,206	69.01
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	18,380	0	66,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,287	150,044	0	475,811	599,428
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	627	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,397	0	0	192.00
192.01	19201	APOTHECARY	0	619	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 8:14 am		
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
			10.00	11.00	12.00	13.00	14.00		
192.02	19202	REAL ESTATE	0	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	1,003	0	0	0	145	192.03
192.04	19204	OUTREACH PROGRAMS	0	2,896	0	0	0	133	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	57,287	158,586	0	475,811	600,321		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 8:14 am	
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	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00561						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	362,710					15.00
16.00	01600	0	95,695				16.00
17.00	01700	0	0	18,365			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		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	453	44,473	14,470			30.00
31.00	03100	47	5,740	1,978			31.00
32.00	03200	0	0	0			32.00
43.00	04300	10	131	815			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,442	9,345	0			50.00
50.01	03330	34	3,790	0			50.01
51.00	05100	1	5	0			51.00
52.00	05200	15	1,863	0			52.00
53.00	05300	10	404	0			53.00
54.00	05400	3	694	0			54.00
54.01	03630	2	106	0			54.01
54.02	03440	2	0	0			54.02
55.00	05500	0	127	0			55.00
55.01	03480	290	89	0			55.01
56.00	05600	61	28	0			56.00
57.00	05700	468	321	0			57.00
58.00	05800	45	62	0			58.00
59.00	05900	18	512	0			59.00
60.00	06000	0	6,382	0			60.00
62.30	06250	0	0	0			62.30
63.00	06300	0	0	0			63.00
65.00	06500	31	352	0			65.00
66.00	06600	0	560	0			66.00
67.00	06700	0	359	0			67.00
68.00	06800	0	64	0			68.00
69.00	06900	0	0	0			69.00
69.01	03140	20	293	0			69.01
71.00	07100	65	528	0			71.00
72.00	07200	0	0	0			72.00
73.00	07300	358,409	1,132	0			73.00
74.00	07400	2	6	0			74.00
76.97	07697	0	0	0			76.97
76.98	07698	0	0	0			76.98
76.99	07699	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	281	18,329	1,102			91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		362,709	95,695	18,365	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0			190.00
192.00	19200	1	0	0			192.00
192.01	19201	0	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140093

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.02	19202 REAL ESTATE	0	0	0			192.02
192.03	19203 FOUNDATION	0	0	0			192.03
192.04	19204 OUTREACH PROGRAMS	0	0	0			192.04
192.05	19205 UNASSIGNED	0	0	0			192.05
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)	362,710	95,695	18,365	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 8:14 am
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	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 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00561	OTHER ADMINISTRATIVE AND 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	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			1,288,459	0	30.00
31.00 03100	INTENSIVE CARE UNIT			218,425	0	31.00
32.00 03200	CORONARY CARE UNIT			0	0	32.00
43.00 04300	NURSERY			60,127	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			1,048,885	0	50.00
50.01 03330	ENDOSCOPY			238,971	0	50.01
51.00 05100	RECOVERY ROOM			37,436	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			206,117	0	52.00
53.00 05300	ANESTHESIOLOGY			67,604	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			407,818	0	54.00
54.01 03630	ULTRASOUND			94,804	0	54.01
54.02 03440	MAMMOGRAPHY			60,387	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC			138,825	0	55.00
55.01 03480	ONCOLOGY			202,373	0	55.01
56.00 05600	RADIOISOTOPE			42,335	0	56.00
57.00 05700	CT SCAN			402,291	0	57.00
58.00 05800	MRI			95,824	0	58.00
59.00 05900	CARDIAC CATHETERIZATION			14,934	0	59.00
60.00 06000	LABORATORY			516,098	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			14,396	0	63.00
65.00 06500	RESPIRATORY THERAPY			271,704	0	65.00
66.00 06600	PHYSICAL THERAPY			34,932	0	66.00
67.00 06700	OCCUPATIONAL THERAPY			27,895	0	67.00
68.00 06800	SPEECH PATHOLOGY			4,981	0	68.00
69.00 06900	ELECTROCARDIOLOGY			21,916	0	69.00
69.01 03140	CARDIOLOGY			197,421	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			417,152	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			203,036	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			815,985	0	73.00
74.00 07400	RENAL DIALYSIS			14,225	0	74.00
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						
91.00 09100	EMERGENCY			696,785	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	7,862,141	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140093

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

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Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			21,093	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			86,743	0
192.01	19201	APOTHECARY			38,163	0
192.02	19202	REAL ESTATE			142,463	0
192.03	19203	FOUNDATION			17,715	0
192.04	19204	OUTREACH PROGRAMS			62,514	0
192.05	19205	UNASSIGNED			1,923	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	8,232,755	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 8:14 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	00540			5.01
5.02	00550			5.02
5.03	00560			5.03
5.04	00570			5.04
5.05	00580			5.05
5.06	00561			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			16.00
17.00	01700			17.00
19.00	01900			19.00
20.00	02000			20.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	1,288,459		30.00
31.00	03100	218,425		31.00
32.00	03200	0		32.00
43.00	04300	60,127		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	1,048,885		50.00
50.01	03330	238,971		50.01
51.00	05100	37,436		51.00
52.00	05200	206,117		52.00
53.00	05300	67,604		53.00
54.00	05400	407,818		54.00
54.01	03630	94,804		54.01
54.02	03440	60,387		54.02
55.00	05500	138,825		55.00
55.01	03480	202,373		55.01
56.00	05600	42,335		56.00
57.00	05700	402,291		57.00
58.00	05800	95,824		58.00
59.00	05900	14,934		59.00
60.00	06000	516,098		60.00
62.30	06250	0		62.30
63.00	06300	14,396		63.00
65.00	06500	271,704		65.00
66.00	06600	34,932		66.00
67.00	06700	27,895		67.00
68.00	06800	4,981		68.00
69.00	06900	21,916		69.00
69.01	03140	197,421		69.01
71.00	07100	417,152		71.00
72.00	07200	203,036		72.00
73.00	07300	815,985		73.00
74.00	07400	14,225		74.00
76.97	07697	0		76.97
76.98	07698	0		76.98
76.99	07699	0		76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	696,785		91.00
92.00	09200			92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300			113.00
118.00		7,862,141		118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	21,093		190.00
192.00	19200	86,743		192.00
192.01	19201	38,163		192.01
192.02	19202	142,463		192.02
192.03	19203	17,715		192.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 8:14 am
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Cost Center Description		Total	
		26.00	
192.04	19204	OUTREACH PROGRAMS	62,514
192.05	19205	UNASSIGNED	1,923
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	8,232,755

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	281,192				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,145,819			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,221	906	31,069,006		4.00
5.01 00540	NONPATIENT TELEPHONES	968	25,833	232,773	793	5.01
5.02 00550	DATA PROCESSING	2,097	106,622	25,399	16	497,705,019
5.03 00560	PURCHASING RECEIVING AND STORES	1,222	0	2,019	5	0
5.04 00570	ADMINISTRATIVE	1,513	966	679,911	18	0
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,229	334	0	24	0
5.06 00561	OTHER ADMINISTRATIVE AND GENERAL	17,929	45,500	2,319,714	90	0
6.00 00600	MAINTENANCE & REPAIRS	43,937	237,387	987,039	53	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	831	0	51,133	0	0
9.00 00900	HOUSEKEEPING	3,847	7,837	939,489	8	0
10.00 01000	DIETARY	3,774	2,912	144,330	5	0
11.00 01100	CAFETERIA	10,299	10,797	535,056	20	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,653	134,890	1,116,317	31	0
14.00 01400	CENTRAL SERVICES & SUPPLY	5,432	125,082	0	11	0
15.00 01500	PHARMACY	3,530	3,641	1,120,066	26	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,823	4,320	894,704	44	0
17.00 01700	SOCIAL SERVICE	570	0	545,435	11	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	0	0	0	0
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	50,675	14,806	7,042,005	46	43,847,394
31.00 03100	INTENSIVE CARE UNIT	5,194	2,156	1,522,463	15	9,940,461
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
43.00 04300	NURSERY	2,354	3,587	344,343	1	1,702,281
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,911	90,704	1,110,043	54	17,332,969
50.01 03330	ENDOSCOPY	9,293	22,551	988,601	25	3,738,183
51.00 05100	RECOVERY ROOM	1,373	411	241,831	6	2,677,365
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,362	22,148	989,820	3	5,133,384
53.00 05300	ANESTHESIOLOGY	2,328	5,758	60,757	9	5,299,137
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,352	53,931	910,815	26	13,039,043
54.01 03630	ULTRASOUND	1,030	17,042	216,894	7	4,455,340
54.02 03440	MAMMOGRAPHY	643	12,440	137,242	4	1,425,522
55.00 05500	RADIOLOGY-THERAPEUTIC	3,914	9,874	512,529	14	11,724,631
55.01 03480	ONCOLOGY	6,109	22,630	627,906	14	5,962,812
56.00 05600	RADIOISOTOPE	1,627	360	191,626	6	3,779,995
57.00 05700	CT SCAN	1,504	59,525	492,083	17	43,068,311
58.00 05800	MRI	2,731	3,725	184,790	6	12,210,565
59.00 05900	CARDIAC CATHETERIZATION	596	740	35,832	1	981,459
60.00 06000	LABORATORY	9,933	2,303	0	46	71,864,093
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,597,346
65.00 06500	RESPIRATORY THERAPY	3,362	18,240	1,037,720	4	13,647,887
66.00 06600	PHYSICAL THERAPY	1,798	0	0	5	2,508,183
67.00 06700	OCCUPATIONAL THERAPY	1,706	0	0	5	1,468,377
68.00 06800	SPEECH PATHOLOGY	185	0	0	1	497,742
69.00 06900	ELECTROCARDIOLOGY	0	0	205,523	0	3,602,719
69.01 03140	CARDIOLOGY	808	36,130	498,225	19	12,353,098
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	19,061,970
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,557,466
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	102,395,100
74.00 07400	RENAL DIALYSIS	659	589	0	2	640,453
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	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						
91.00 09100	EMERGENCY	13,848	31,473	2,807,695	49	75,191,733
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	266,170	1,138,150	29,752,128	747	497,705,019

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVENUE)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,681	0	56,981	5	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,310	3,010	460,537	17	0	192.00
192.01	19201	APOTHECARY	1,399	253	139,337	8	0	192.01
192.02	19202	REAL ESTATE	8,918	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	3,446	225,303	10	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,714	960	434,720	6	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	1,558,736	3,597,481	9,791,579	611,524	4,068,675	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.543316	3.139659	0.315156	771.152585	0.008175	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			31,787	90,423	1,681,535	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001023	114.026482	0.003379	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet B-1		
Date/Time Prepared: 5/20/2015 8:14 am								
Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND 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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,835,110					5.03
5.04	00570	ADMITTING	21,685	213,208,530				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	497,705,019			5.05
5.06	00561	OTHER ADMINISTRATIVE AND GENERAL	38,687	0	0	-15,740,732	74,817,344	5.06
6.00	00600	MAINTENANCE & REPAIRS	184,625	0	0	0	3,778,673	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	1,162,925	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	66,495	0	0	0	356,077	8.00
9.00	00900	HOUSEKEEPING	87,078	0	0	0	1,395,075	9.00
10.00	01000	DIETARY	10,081	0	0	0	423,422	10.00
11.00	01100	CAFETERIA	37,370	0	0	0	1,063,983	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	20,317	0	0	0	2,008,780	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,295	0	0	0	1,202,512	14.00
15.00	01500	PHARMACY	47,555	0	0	0	1,818,117	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,463	0	0	0	1,645,834	16.00
17.00	01700	SOCIAL SERVICE	982	0	0	0	742,382	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	248,094	35,479,947	43,847,394	0	10,584,855	30.00
31.00	03100	INTENSIVE CARE UNIT	73,483	9,940,461	9,940,461	0	2,740,347	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	15,751	1,702,281	1,702,281	0	520,101	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	238,527	6,652,955	17,332,969	0	2,901,600	50.00
50.01	03330	ENDOSCOPY	50,226	1,785,930	3,738,183	0	1,556,156	50.01
51.00	05100	RECOVERY ROOM	7,768	966,737	2,677,365	0	372,835	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,224	4,094,992	5,133,384	0	1,499,556	52.00
53.00	05300	ANESTHESIOLOGY	7,415	2,581,180	5,299,137	0	194,736	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,139	3,056,519	13,039,043	0	1,677,275	54.00
54.01	03630	ULTRASOUND	59,237	743,055	4,455,340	0	462,115	54.01
54.02	03440	MAMMOGRAPHY	59,023	41,923	1,425,522	0	311,546	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	11,888	76,510	11,724,631	0	908,452	55.00
55.01	03480	ONCOLOGY	72,455	52,666	5,962,812	0	1,149,190	55.01
56.00	05600	RADIOISOTOPE	93,625	997,386	3,779,995	0	430,930	56.00
57.00	05700	CT SCAN	119,477	9,734,861	43,068,311	0	1,498,812	57.00
58.00	05800	MRI	37,807	2,315,562	12,210,565	0	461,554	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,440	267,922	981,459	0	74,949	59.00
60.00	06000	LABORATORY	0	30,818,642	71,864,093	0	5,150,721	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	349,105	1,593,847	2,597,346	0	387,070	63.00
65.00	06500	RESPIRATORY THERAPY	22,935	9,016,041	13,647,887	0	1,795,852	65.00
66.00	06600	PHYSICAL THERAPY	7,190	925,294	2,508,183	0	473,879	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,854	690,028	1,468,377	0	312,742	67.00
68.00	06800	SPEECH PATHOLOGY	1,203	168,110	497,742	0	94,442	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,443,671	3,602,719	0	315,804	69.00
69.01	03140	CARDIOLOGY	51,122	5,149,421	12,353,098	0	1,032,885	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,314,146	10,465,216	19,061,970	0	1,970,995	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,124,571	4,001,404	5,557,466	0	1,204,308	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	53,126,005	102,395,100	0	8,287,041	73.00
74.00	07400	RENAL DIALYSIS	2,173	592,584	640,453	0	212,911	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	99,281	14,727,380	75,191,733	0	5,002,280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,664,792	213,208,530	497,705,019	-15,740,732	69,183,719	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,944	0	0	0	162,574	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,116	0	0	0	2,299,246	192.00
192.01	19201	APOTHECARY	8,251	0	0	0	1,465,642	192.01
192.02	19202	REAL ESTATE	0	0	0	0	206,924	192.02
192.03	19203	FOUNDATION	4,752	0	0	0	412,041	192.03
192.04	19204	OUTREACH PROGRAMS	79,255	0	0	0	905,645	192.04
192.05	19205	UNASSIGNED	0	0	0	0	181,553	192.05
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)	45,214	944,479	1,334,893		15,740,732	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.007749	0.004430	0.002682		0.210389	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	15,443	14,225	93,690		792,645	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002647	0.000067	0.000188		0.010594	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 8:14 am

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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00561						5.06
6.00	00600	206,076					6.00
7.00	00700	0	206,076				7.00
8.00	00800	831	831	1,048,796			8.00
9.00	00900	3,847	3,847	0	69,074		9.00
10.00	01000	3,774	3,774	0	222	77,114	10.00
11.00	01100	10,299	10,299	0	824	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,653	1,653	5,472	269	0	13.00
14.00	01400	5,432	5,432	0	0	0	14.00
15.00	01500	3,530	3,530	0	367	0	15.00
16.00	01600	4,823	4,823	0	316	0	16.00
17.00	01700	570	570	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	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	50,675	50,675	482,098	33,766	67,837	30.00
31.00	03100	5,194	5,194	55,860	4,125	9,277	31.00
32.00	03200	0	0	0	0	0	32.00
43.00	04300	2,354	2,354	36,228	333	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,911	14,911	83,736	2,830	0	50.00
50.01	03330	9,293	9,293	36,252	2,850	0	50.01
51.00	05100	1,373	1,373	29,988	293	0	51.00
52.00	05200	6,362	6,362	31,083	3,007	0	52.00
53.00	05300	2,328	2,328	0	0	0	53.00
54.00	05400	13,352	13,352	26,390	1,717	0	54.00
54.01	03630	1,030	1,030	6,954	4	0	54.01
54.02	03440	643	643	4,400	1,127	0	54.02
55.00	05500	3,914	3,914	8,184	1,062	0	55.00
55.01	03480	6,109	6,109	5,784	1,063	0	55.01
56.00	05600	1,627	1,627	6,144	162	0	56.00
57.00	05700	1,504	1,504	17,109	365	0	57.00
58.00	05800	2,731	2,731	5,924	311	0	58.00
59.00	05900	596	596	1,336	0	0	59.00
60.00	06000	9,933	9,933	0	1,000	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	3,362	3,362	5,760	894	0	65.00
66.00	06600	1,798	1,798	9,324	401	0	66.00
67.00	06700	1,706	1,706	0	126	0	67.00
68.00	06800	185	185	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	808	808	18,714	300	0	69.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	659	659	0	158	0	74.00
76.97	07697	0	0	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							
91.00	09100	13,848	13,848	172,056	7,684	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		191,054	191,054	1,048,796	65,576	77,114	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,681	1,681	0	0	0	190.00
192.00	19200	1,310	1,310	0	174	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description			MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
192.01	19201	APOTHECARY	1,399	1,399	0	269	0	192.01
192.02	19202	REAL ESTATE	8,918	8,918	0	3,019	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,714	1,714	0	36	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,573,664	1,407,592	455,111	1,800,241	627,829	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.194064	6.830451	0.433937	26.062498	8.141570	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,036,447	12,320	12,835	82,391	57,287	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.029441	0.059784	0.012238	1.192793	0.742887	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	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	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00561						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	40,474					11.00
12.00	01200	0	0				12.00
13.00	01300	2,125	0	33,835			13.00
14.00	01400	0	0	0	3,678,987		14.00
15.00	01500	1,331	0	1,331	32,659	7,549,029	15.00
16.00	01600	1,735	0	0	1,385	0	16.00
17.00	01700	652	0	0	420	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	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	12,116	0	12,115	211,862	9,422	30.00
31.00	03100	2,355	0	2,355	66,193	984	31.00
32.00	03200	0	0	0	0	0	32.00
43.00	04300	438	0	438	12,019	217	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,915	0	1,915	124,070	50,829	50.00
50.01	03330	1,339	0	1,339	22,566	705	50.01
51.00	05100	283	0	283	7,478	22	51.00
52.00	05200	1,471	0	1,471	4,809	314	52.00
53.00	05300	115	0	115	276	211	53.00
54.00	05400	1,304	0	1,304	9,498	72	54.00
54.01	03630	354	0	354	10,830	34	54.01
54.02	03440	192	0	192	3,073	33	54.02
55.00	05500	607	0	607	405	0	55.00
55.01	03480	941	0	941	71,693	6,026	55.01
56.00	05600	221	0	221	2,029	1,271	56.00
57.00	05700	798	0	798	65,685	9,733	57.00
58.00	05800	259	0	259	1,909	941	58.00
59.00	05900	61	0	61	978	384	59.00
60.00	06000	0	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	1,822	0	1,822	2,116	637	65.00
66.00	06600	0	0	0	278	0	66.00
67.00	06700	0	0	0	427	0	67.00
68.00	06800	0	0	0	278	0	68.00
69.00	06900	301	0	301	0	0	69.00
69.01	03140	868	0	868	4,446	416	69.01
71.00	07100	0	0	0	1,966,359	1,353	71.00
72.00	07200	0	0	0	1,024,715	0	72.00
73.00	07300	0	0	0	0	7,459,525	73.00
74.00	07400	0	0	0	2,208	35	74.00
76.97	07697	0	0	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							
91.00	09100	4,691	0	4,745	22,850	5,840	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		38,294	0	33,835	3,673,514	7,549,004	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	160	0	0	6	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	867	0	0	1,193	25	192.00
192.01	19201	APOTHECARY	158	0	0	2,568	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	256	0	0	889	0	192.03
192.04	19204	OUTREACH PROGRAMS	739	0	0	817	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	1,608,232	0	2,573,206	1,613,168	2,481,082	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	39.734941	0.000000	76.051603	0.438482	0.328662	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	158,586	0	475,811	600,321	362,710	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.918219	0.000000	14.062687	0.163176	0.048047	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	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 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00561 OTHER ADMINISTRATIVE AND 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	7,907,538					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			0	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,675,000	7,879		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	474,300	1,077		0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0		0	0	32.00
43.00 04300 NURSERY	10,860	444		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	772,200	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	313,170	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	436	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	153,920	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	33,396	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	57,370	0	0	0	0	54.00
54.01 03630 ULTRASOUND	8,748	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	10,532	0	0	0	0	55.00
55.01 03480 ONCOLOGY	7,317	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	2,300	0	0	0	0	56.00
57.00 05700 CT SCAN	26,512	0	0	0	0	57.00
58.00 05800 MRI	5,134	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	42,300	0	0	0	0	59.00
60.00 06000 LABORATORY	527,342	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	29,089	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	46,305	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	29,652	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	5,295	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	24,183	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	43,633	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	93,500	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	524	0	0	0	0	74.00
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 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	1,514,520	600	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,907,538	10,000	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	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		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	192.05
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)	2,209,867	941,206	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.279463	94.120600	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	95,695	18,365	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012102	1.836500	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00			
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00	
5.01 00540 NONPATIENT TELEPHONES			5.01	
5.02 00550 DATA PROCESSING			5.02	
5.03 00560 PURCHASING RECEIVING AND STORES			5.03	
5.04 00570 ADMINITTING			5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05	
5.06 00561 OTHER ADMINISTRATIVE AND 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	0		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00	
23.00 02300 PARAMEDICAL EDUCATION PROGRAM		0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	32.00	
43.00 04300 NURSERY	0	0	43.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	50.00	
50.01 03330 ENDOSCOPY	0	0	50.01	
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	
54.01 03630 ULTRASOUND	0	0	54.01	
54.02 03440 MAMMOGRAPHY	0	0	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
55.01 03480 ONCOLOGY	0	0	55.01	
56.00 05600 RADIOISOTOPE	0	0	56.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MRI	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	0	0	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
69.01 03140 RADIOLOGY	0	0	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
76.97 07697 CARDIAC REHABILITATION	0	0	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				
91.00 09100 EMERGENCY	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00	
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE			113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00			
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 19201	APOTHECARY	0	0	192.01
192.02 19202	REAL ESTATE	0	0	192.02
192.03 19203	FOUNDATION	0	0	192.03
192.04 19204	OUTREACH PROGRAMS	0	0	192.04
192.05 19205	UNASSIGNED	0	0	192.05
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 8:14 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	19,191,516		19,191,516	0	19,191,516	30.00
31.00	03100 INTENSIVE CARE UNIT	4,210,858		4,210,858	0	4,210,858	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
43.00	04300 NURSERY	823,130		823,130	0	823,130	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,563,583		4,563,583	8,119	4,571,702	50.00
50.01	03330 ENDOSCOPY	2,495,971		2,495,971	0	2,495,971	50.01
51.00	05100 RECOVERY ROOM	547,950		547,950	0	547,950	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,307,107		2,307,107	0	2,307,107	52.00
53.00	05300 ANESTHESIOLOGY	326,114		326,114	0	326,114	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,645,098		2,645,098	2,668	2,647,766	54.00
54.01	03630 ULTRASOUND	640,549		640,549	0	640,549	54.01
54.02	03440 MAMMOGRAPHY	450,625		450,625	0	450,625	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,317,814		1,317,814	0	1,317,814	55.00
55.01	03480 ONCOLOGY	1,742,910		1,742,910	3,335	1,746,245	55.01
56.00	05600 RADIOISOTOPE	603,243		603,243	0	603,243	56.00
57.00	05700 CT SCAN	2,006,543		2,006,543	0	2,006,543	57.00
58.00	05800 MRI	681,171		681,171	0	681,171	58.00
59.00	05900 CARDIAC CATHETERIZATION	128,035		128,035	0	128,035	59.00
60.00	06000 LABORATORY	6,696,112		6,696,112	9,786	6,705,898	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	468,505		468,505	0	468,505	63.00
65.00	06500 RESPIRATORY THERAPY	2,517,288	0	2,517,288	12,978	2,530,266	65.00
66.00	06600 PHYSICAL THERAPY	653,324	0	653,324	0	653,324	66.00
67.00	06700 OCCUPATIONAL THERAPY	439,813	0	439,813	0	439,813	67.00
68.00	06800 SPEECH PATHOLOGY	121,284	0	121,284	0	121,284	68.00
69.00	06900 ELECTROCARDIOLOGY	417,098		417,098	0	417,098	69.00
69.01	03140 RADIOLOGY	1,398,932		1,398,932	0	1,398,932	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,260,522		3,260,522	0	3,260,522	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,907,000		1,907,000	0	1,907,000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,508,338		12,508,338	0	12,508,338	73.00
74.00	07400 RENAL DIALYSIS	282,076		282,076	0	282,076	74.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	7,770,485		7,770,485	0	7,770,485	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,618,373		3,618,373	0	3,618,373	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	86,741,367	0	86,741,367	36,886	86,778,253	200.00
201.00	Less Observation Beds	3,618,373		3,618,373		3,618,373	201.00
202.00	Total (see instructions)	83,122,994	0	83,122,994	36,886	83,159,880	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 8:14 am	
			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	35,479,947		35,479,947			30.00
31.00	03100	INTENSIVE CARE UNIT	9,940,461		9,940,461			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
43.00	04300	NURSERY	1,702,281		1,702,281			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,652,955	10,680,014	17,332,969	0.263289	0.000000	50.00
50.01	03330	ENDOSCOPY	1,785,930	1,952,253	3,738,183	0.667696	0.000000	50.01
51.00	05100	RECOVERY ROOM	966,737	1,710,628	2,677,365	0.204660	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,094,992	1,038,392	5,133,384	0.449432	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,581,180	2,717,957	5,299,137	0.061541	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,056,519	9,982,524	13,039,043	0.202860	0.000000	54.00
54.01	03630	ULTRASOUND	743,055	3,712,285	4,455,340	0.143771	0.000000	54.01
54.02	03440	MAMMOGRAPHY	41,923	1,383,599	1,425,522	0.316112	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	76,510	11,648,121	11,724,631	0.112397	0.000000	55.00
55.01	03480	ONCOLOGY	52,666	5,910,146	5,962,812	0.292297	0.000000	55.01
56.00	05600	RADIOISOTOPE	997,386	2,782,609	3,779,995	0.159588	0.000000	56.00
57.00	05700	CT SCAN	9,734,861	33,333,450	43,068,311	0.046590	0.000000	57.00
58.00	05800	MRI	2,315,562	9,895,003	12,210,565	0.055785	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	267,922	713,537	981,459	0.130454	0.000000	59.00
60.00	06000	LABORATORY	30,818,642	41,045,451	71,864,093	0.093177	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,593,847	1,003,499	2,597,346	0.180378	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,016,041	4,631,846	13,647,887	0.184445	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	925,294	1,582,889	2,508,183	0.260477	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	690,028	778,349	1,468,377	0.299523	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	168,110	329,632	497,742	0.243668	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,443,671	2,159,048	3,602,719	0.115773	0.000000	69.00
69.01	03140	CARDIOLOGY	5,149,421	7,203,677	12,353,098	0.113245	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,465,216	8,596,754	19,061,970	0.171049	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,001,404	1,556,062	5,557,466	0.343142	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,126,005	49,269,095	102,395,100	0.122158	0.000000	73.00
74.00	07400	RENAL DIALYSIS	592,584	47,869	640,453	0.440432	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	14,727,380	60,464,353	75,191,733	0.103342	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,178,275	7,189,172	8,367,447	0.432435	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	214,386,805	283,318,214	497,705,019			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	214,386,805	283,318,214	497,705,019			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 8:14 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.263758		50.00
50.01	03330 ENDOSCOPY	0.667696		50.01
51.00	05100 RECOVERY ROOM	0.204660		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.449432		52.00
53.00	05300 ANESTHESIOLOGY	0.061541		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203064		54.00
54.01	03630 ULTRASOUND	0.143771		54.01
54.02	03440 MAMMOGRAPHY	0.316112		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.112397		55.00
55.01	03480 ONCOLOGY	0.292856		55.01
56.00	05600 RADIOISOTOPE	0.159588		56.00
57.00	05700 CT SCAN	0.046590		57.00
58.00	05800 MRI	0.055785		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.130454		59.00
60.00	06000 LABORATORY	0.093314		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.180378		63.00
65.00	06500 RESPIRATORY THERAPY	0.185396		65.00
66.00	06600 PHYSICAL THERAPY	0.260477		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.299523		67.00
68.00	06800 SPEECH PATHOLOGY	0.243668		68.00
69.00	06900 ELECTROCARDIOLOGY	0.115773		69.00
69.01	03140 RADIOLOGY	0.113245		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.171049		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.343142		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.122158		73.00
74.00	07400 RENAL DIALYSIS	0.440432		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.103342		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.432435		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 8:14 am	
			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		19,191,516	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		4,210,858	0	0	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
43.00	04300 NURSERY		823,130	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,563,583	0	0	50.00
50.01	03330 ENDOSCOPY		2,495,971	0	0	50.01
51.00	05100 RECOVERY ROOM		547,950	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,307,107	0	0	52.00
53.00	05300 ANESTHESIOLOGY		326,114	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,645,098	0	0	54.00
54.01	03630 ULTRASOUND		640,549	0	0	54.01
54.02	03440 MAMMOGRAPHY		450,625	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		1,317,814	0	0	55.00
55.01	03480 ONCOLOGY		1,742,910	0	0	55.01
56.00	05600 RADIOISOTOPE		603,243	0	0	56.00
57.00	05700 CT SCAN		2,006,543	0	0	57.00
58.00	05800 MRI		681,171	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		128,035	0	0	59.00
60.00	06000 LABORATORY		6,696,112	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		468,505	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,517,288	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	653,324	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	439,813	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	121,284	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		417,098	0	0	69.00
69.01	03140 RADIOLOGY		1,398,932	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		3,260,522	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,907,000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		12,508,338	0	0	73.00
74.00	07400 RENAL DIALYSIS		282,076	0	0	74.00
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						
91.00	09100 EMERGENCY		7,770,485	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,618,373	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	0	86,741,367	0	0	200.00
201.00	Less Observation Beds		3,618,373			201.00
202.00	Total (see instructions)	0	83,122,994	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 8:14 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,479,947		35,479,947			30.00
31.00	03100	INTENSIVE CARE UNIT	9,940,461		9,940,461			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
43.00	04300	NURSERY	1,702,281		1,702,281			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,652,955	10,680,014	17,332,969	0.263289	0.000000	50.00
50.01	03330	ENDOSCOPY	1,785,930	1,952,253	3,738,183	0.667696	0.000000	50.01
51.00	05100	RECOVERY ROOM	966,737	1,710,628	2,677,365	0.204660	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,094,992	1,038,392	5,133,384	0.449432	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,581,180	2,717,957	5,299,137	0.061541	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,056,519	9,982,524	13,039,043	0.202860	0.000000	54.00
54.01	03630	ULTRASOUND	743,055	3,712,285	4,455,340	0.143771	0.000000	54.01
54.02	03440	MAMMOGRAPHY	41,923	1,383,599	1,425,522	0.316112	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	76,510	11,648,121	11,724,631	0.112397	0.000000	55.00
55.01	03480	ONCOLOGY	52,666	5,910,146	5,962,812	0.292297	0.000000	55.01
56.00	05600	RADIOISOTOPE	997,386	2,782,609	3,779,995	0.159588	0.000000	56.00
57.00	05700	CT SCAN	9,734,861	33,333,450	43,068,311	0.046590	0.000000	57.00
58.00	05800	MRI	2,315,562	9,895,003	12,210,565	0.055785	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	267,922	713,537	981,459	0.130454	0.000000	59.00
60.00	06000	LABORATORY	30,818,642	41,045,451	71,864,093	0.093177	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,593,847	1,003,499	2,597,346	0.180378	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,016,041	4,631,846	13,647,887	0.184445	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	925,294	1,582,889	2,508,183	0.260477	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	690,028	778,349	1,468,377	0.299523	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	168,110	329,632	497,742	0.243668	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,443,671	2,159,048	3,602,719	0.115773	0.000000	69.00
69.01	03140	CARDIOLOGY	5,149,421	7,203,677	12,353,098	0.113245	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,465,216	8,596,754	19,061,970	0.171049	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,001,404	1,556,062	5,557,466	0.343142	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,126,005	49,269,095	102,395,100	0.122158	0.000000	73.00
74.00	07400	RENAL DIALYSIS	592,584	47,869	640,453	0.440432	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	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								
91.00	09100	EMERGENCY	14,727,380	60,464,353	75,191,733	0.103342	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,178,275	7,189,172	8,367,447	0.432435	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	214,386,805	283,318,214	497,705,019			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	214,386,805	283,318,214	497,705,019			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 8:14 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 ENDOSCOPY	0.000000		50.01
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
54.01	03630 ULTRASOUND	0.000000		54.01
54.02	03440 MAMMOGRAPHY	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140 RADIOLOGY	0.000000		69.01
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
74.00	07400 RENAL DIALYSIS	0.000000		74.00
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				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140093

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

Worksheet C
Part I
Date/Time Prepared:
5/20/2015 8:14 am

		Title V		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,191,516		19,191,516	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,210,858		4,210,858	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
43.00	04300	NURSERY	823,130		823,130	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,563,583		4,563,583	0	0	50.00
50.01	03330	ENDOSCOPY	2,495,971		2,495,971	0	0	50.01
51.00	05100	RECOVERY ROOM	547,950		547,950	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,307,107		2,307,107	0	0	52.00
53.00	05300	ANESTHESIOLOGY	326,114		326,114	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,645,098		2,645,098	0	0	54.00
54.01	03630	ULTRASOUND	640,549		640,549	0	0	54.01
54.02	03440	MAMMOGRAPHY	450,625		450,625	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,317,814		1,317,814	0	0	55.00
55.01	03480	ONCOLOGY	1,742,910		1,742,910	0	0	55.01
56.00	05600	RADIOISOTOPE	603,243		603,243	0	0	56.00
57.00	05700	CT SCAN	2,006,543		2,006,543	0	0	57.00
58.00	05800	MRI	681,171		681,171	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	128,035		128,035	0	0	59.00
60.00	06000	LABORATORY	6,696,112		6,696,112	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	468,505		468,505	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,517,288	0	2,517,288	0	0	65.00
66.00	06600	PHYSICAL THERAPY	653,324	0	653,324	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	439,813	0	439,813	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	121,284	0	121,284	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	417,098		417,098	0	0	69.00
69.01	03140	CARDIOLOGY	1,398,932		1,398,932	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,260,522		3,260,522	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,907,000		1,907,000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,508,338		12,508,338	0	0	73.00
74.00	07400	RENAL DIALYSIS	282,076		282,076	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	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								
91.00	09100	EMERGENCY	7,770,485		7,770,485	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,618,373		3,618,373	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	86,741,367	0	86,741,367	0	0	200.00
201.00		Less Observation Beds	3,618,373		3,618,373			201.00
202.00		Total (see instructions)	83,122,994	0	83,122,994	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 8:14 am	
			Title V		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	35,479,947		35,479,947			30.00
31.00	03100	INTENSIVE CARE UNIT	9,940,461		9,940,461			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
43.00	04300	NURSERY	1,702,281		1,702,281			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,652,955	10,680,014	17,332,969	0.263289	0.000000	50.00
50.01	03330	ENDOSCOPY	1,785,930	1,952,253	3,738,183	0.667696	0.000000	50.01
51.00	05100	RECOVERY ROOM	966,737	1,710,628	2,677,365	0.204660	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,094,992	1,038,392	5,133,384	0.449432	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,581,180	2,717,957	5,299,137	0.061541	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,056,519	9,982,524	13,039,043	0.202860	0.000000	54.00
54.01	03630	ULTRASOUND	743,055	3,712,285	4,455,340	0.143771	0.000000	54.01
54.02	03440	MAMMOGRAPHY	41,923	1,383,599	1,425,522	0.316112	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	76,510	11,648,121	11,724,631	0.112397	0.000000	55.00
55.01	03480	ONCOLOGY	52,666	5,910,146	5,962,812	0.292297	0.000000	55.01
56.00	05600	RADIOISOTOPE	997,386	2,782,609	3,779,995	0.159588	0.000000	56.00
57.00	05700	CT SCAN	9,734,861	33,333,450	43,068,311	0.046590	0.000000	57.00
58.00	05800	MRI	2,315,562	9,895,003	12,210,565	0.055785	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	267,922	713,537	981,459	0.130454	0.000000	59.00
60.00	06000	LABORATORY	30,818,642	41,045,451	71,864,093	0.093177	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,593,847	1,003,499	2,597,346	0.180378	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,016,041	4,631,846	13,647,887	0.184445	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	925,294	1,582,889	2,508,183	0.260477	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	690,028	778,349	1,468,377	0.299523	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	168,110	329,632	497,742	0.243668	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,443,671	2,159,048	3,602,719	0.115773	0.000000	69.00
69.01	03140	CARDIOLOGY	5,149,421	7,203,677	12,353,098	0.113245	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,465,216	8,596,754	19,061,970	0.171049	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,001,404	1,556,062	5,557,466	0.343142	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,126,005	49,269,095	102,395,100	0.122158	0.000000	73.00
74.00	07400	RENAL DIALYSIS	592,584	47,869	640,453	0.440432	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	14,727,380	60,464,353	75,191,733	0.103342	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,178,275	7,189,172	8,367,447	0.432435	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	214,386,805	283,318,214	497,705,019			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	214,386,805	283,318,214	497,705,019			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 8:14 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 ENDOSCOPY	0.000000		50.01
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
54.01	03630 ULTRASOUND	0.000000		54.01
54.02	03440 MAMMOGRAPHY	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140 RADIOLOGY	0.000000		69.01
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
74.00	07400 RENAL DIALYSIS	0.000000		74.00
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				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,288,459	0	1,288,459	22,828	56.44	30.00
31.00	INTENSIVE CARE UNIT	218,425		218,425	2,623	83.27	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	60,127		60,127	1,075	55.93	43.00
200.00	Total (Lines 30-199)	1,567,011		1,567,011	26,526		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	9,338	527,037				
31.00	INTENSIVE CARE UNIT	1,315	109,500				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	10,653	636,537				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 8:14 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,048,885	17,332,969	0.060514	2,200,980	133,190	50.00
50.01	03330 ENDOSCOPY	238,971	3,738,183	0.063927	931,101	59,522	50.01
51.00	05100 RECOVERY ROOM	37,436	2,677,365	0.013982	355,700	4,973	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	206,117	5,133,384	0.040152	27,519	1,105	52.00
53.00	05300 ANESTHESIOLOGY	67,604	5,299,137	0.012758	521,995	6,660	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	407,818	13,039,043	0.031277	1,719,347	53,776	54.00
54.01	03630 ULTRASOUND	94,804	4,455,340	0.021279	84,906	1,807	54.01
54.02	03440 MAMMOGRAPHY	60,387	1,425,522	0.042361	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	138,825	11,724,631	0.011840	29,709	352	55.00
55.01	03480 ONCOLOGY	202,373	5,962,812	0.033939	47,136	1,600	55.01
56.00	05600 RADIOISOTOPE	42,335	3,779,995	0.011200	491,114	5,500	56.00
57.00	05700 CT SCAN	402,291	43,068,311	0.009341	5,435,374	50,772	57.00
58.00	05800 MRI	95,824	12,210,565	0.007848	1,064,057	8,351	58.00
59.00	05900 CARDIAC CATHETERIZATION	14,934	981,459	0.015216	137,644	2,094	59.00
60.00	06000 LABORATORY	516,098	71,864,093	0.007182	15,178,771	109,014	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	14,396	2,597,346	0.005543	756,875	4,195	63.00
65.00	06500 RESPIRATORY THERAPY	271,704	13,647,887	0.019908	4,821,264	95,982	65.00
66.00	06600 PHYSICAL THERAPY	34,932	2,508,183	0.013927	509,920	7,102	66.00
67.00	06700 OCCUPATIONAL THERAPY	27,895	1,468,377	0.018997	398,732	7,575	67.00
68.00	06800 SPEECH PATHOLOGY	4,981	497,742	0.010007	90,629	907	68.00
69.00	06900 ELECTROCARDIOLOGY	21,916	3,602,719	0.006083	858,601	5,223	69.00
69.01	03140 RADIOLOGY	197,421	12,353,098	0.015981	2,899,056	46,330	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	417,152	19,061,970	0.021884	4,580,219	100,234	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	203,036	5,557,466	0.036534	1,700,095	62,111	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	815,985	102,395,100	0.007969	26,644,716	212,332	73.00
74.00	07400 RENAL DIALYSIS	14,225	640,453	0.022211	427,441	9,494	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	696,785	75,191,733	0.009267	7,312,155	67,762	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	242,927	8,367,447	0.029032	607,202	17,628	92.00
200.00	Total (Lines 50-199)	6,538,057	450,582,330		79,832,258	1,075,591	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
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	22,828	0.00	9,338	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,623	0.00	1,315	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
43.00	04300	NURSERY	1,075	0.00	0	0		43.00
200.00		Total (lines 30-199)	26,526		10,653	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:14 am
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Cost Center Description	Title XVIII				Hospital	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 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
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:14 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital 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	17,332,969	0.000000	0.000000	2,200,980	50.00
50.01	03330 ENDOSCOPY	0	3,738,183	0.000000	0.000000	931,101	50.01
51.00	05100 RECOVERY ROOM	0	2,677,365	0.000000	0.000000	355,700	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,133,384	0.000000	0.000000	27,519	52.00
53.00	05300 ANESTHESIOLOGY	0	5,299,137	0.000000	0.000000	521,995	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,039,043	0.000000	0.000000	1,719,347	54.00
54.01	03630 ULTRASOUND	0	4,455,340	0.000000	0.000000	84,906	54.01
54.02	03440 MAMMOGRAPHY	0	1,425,522	0.000000	0.000000	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,724,631	0.000000	0.000000	29,709	55.00
55.01	03480 ONCOLOGY	0	5,962,812	0.000000	0.000000	47,136	55.01
56.00	05600 RADIOISOTOPE	0	3,779,995	0.000000	0.000000	491,114	56.00
57.00	05700 CT SCAN	0	43,068,311	0.000000	0.000000	5,435,374	57.00
58.00	05800 MRI	0	12,210,565	0.000000	0.000000	1,064,057	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	981,459	0.000000	0.000000	137,644	59.00
60.00	06000 LABORATORY	0	71,864,093	0.000000	0.000000	15,178,771	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,597,346	0.000000	0.000000	756,875	63.00
65.00	06500 RESPIRATORY THERAPY	0	13,647,887	0.000000	0.000000	4,821,264	65.00
66.00	06600 PHYSICAL THERAPY	0	2,508,183	0.000000	0.000000	509,920	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,468,377	0.000000	0.000000	398,732	67.00
68.00	06800 SPEECH PATHOLOGY	0	497,742	0.000000	0.000000	90,629	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,602,719	0.000000	0.000000	858,601	69.00
69.01	03140 RADIOLOGY	0	12,353,098	0.000000	0.000000	2,899,056	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,061,970	0.000000	0.000000	4,580,219	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,557,466	0.000000	0.000000	1,700,095	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	102,395,100	0.000000	0.000000	26,644,716	73.00
74.00	07400 RENAL DIALYSIS	0	640,453	0.000000	0.000000	427,441	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	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							
91.00	09100 EMERGENCY	0	75,191,733	0.000000	0.000000	7,312,155	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,367,447	0.000000	0.000000	607,202	92.00
200.00	Total (Lines 50-199)	0	450,582,330			79,832,258	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:14 am
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	2,390,156	0	50.00
50.01	03330 ENDOSCOPY	0	223,161	0	50.01
51.00	05100 RECOVERY ROOM	0	282,267	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	10,460	0	52.00
53.00	05300 ANESTHESIOLOGY	0	402,754	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,889,849	0	54.00
54.01	03630 ULTRASOUND	0	339,499	0	54.01
54.02	03440 MAMMOGRAPHY	0	6,135	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,097,228	0	55.00
55.01	03480 ONCOLOGY	0	2,423,527	0	55.01
56.00	05600 RADIOISOTOPE	0	819,059	0	56.00
57.00	05700 CT SCAN	0	7,221,826	0	57.00
58.00	05800 MRI	0	2,777,651	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	287,394	0	59.00
60.00	06000 LABORATORY	0	7,044,162	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	339,393	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,337,746	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	636,307	0	69.00
69.01	03140 RADIOLOGY	0	1,839,025	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,778,856	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	359,279	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,854,780	0	73.00
74.00	07400 RENAL DIALYSIS	0	27,914	0	74.00
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 THOTRIpsy	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	9,508,228	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,733,317	0	92.00
200.00	Total (Lines 50-199)	0	64,629,973	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 8:14 am		
		Title XVIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.263289	2,390,156	0	629,302	50.00
50.01	03330 ENDOSCOPY	0.667696	223,161	0	149,004	50.01
51.00	05100 RECOVERY ROOM	0.204660	282,267	0	57,769	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.449432	10,460	0	4,701	52.00
53.00	05300 ANESTHESIOLOGY	0.061541	402,754	0	24,786	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.202860	1,889,849	0	383,375	54.00
54.01	03630 ULTRASOUND	0.143771	339,499	0	48,810	54.01
54.02	03440 MAMMOGRAPHY	0.316112	6,135	0	1,939	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.112397	5,097,228	0	572,913	55.00
55.01	03480 ONCOLOGY	0.292297	2,423,527	0	708,390	55.01
56.00	05600 RADIOLOGY-SOTOPE	0.159588	819,059	0	130,712	56.00
57.00	05700 CT SCAN	0.046590	7,221,826	0	336,465	57.00
58.00	05800 MRI	0.055785	2,777,651	0	154,951	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.130454	287,394	0	37,492	59.00
60.00	06000 LABORATORY	0.093177	7,044,162	0	656,354	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.180378	339,393	0	61,219	63.00
65.00	06500 RESPIRATORY THERAPY	0.184445	1,337,746	0	246,741	65.00
66.00	06600 PHYSICAL THERAPY	0.260477	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.299523	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.243668	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115773	636,307	0	73,667	69.00
69.01	03140 RADIOLOGY	0.113245	1,839,025	0	208,260	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.171049	1,778,856	601	304,272	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.343142	359,279	0	123,284	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.122158	15,854,780	0	1,936,788	73.00
74.00	07400 RENAL DIALYSIS	0.440432	27,914	0	12,294	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.103342	9,508,228	0	982,599	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.432435	1,733,317	0	749,547	92.00
200.00	Subtotal (see instructions)		64,629,973	601	8,595,634	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		64,629,973	601	8,595,634	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part V Date/Time Prepared: 5/20/2015 8:14 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
50.01	03330	ENDOSCOPY	0	0			50.01
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
54.01	03630	ULTRASOUND	0	0			54.01
54.02	03440	MAMMOGRAPHY	0	0			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
55.01	03480	ONCOLOGY	0	0			55.01
56.00	05600	RADIOISOTOPE	0	0			56.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	0	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
69.01	03140	CARDIOLOGY	0	0			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	103	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,059			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
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							
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)	103	22,059			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	103	22,059			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,288,459	0	1,288,459	22,828	56.44	30.00
31.00	INTENSIVE CARE UNIT	218,425		218,425	2,623	83.27	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	60,127		60,127	1,075	55.93	43.00
200.00	Total (Lines 30-199)	1,567,011		1,567,011	26,526		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,469	195,790				
31.00	INTENSIVE CARE UNIT	314	26,147				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	966	54,028				
200.00	Total (Lines 30-199)	4,749	275,965				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 8:14 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,048,885	17,332,969	0.060514	0	0	50.00
50.01	03330 ENDOSCOPY	238,971	3,738,183	0.063927	0	0	50.01
51.00	05100 RECOVERY ROOM	37,436	2,677,365	0.013982	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	206,117	5,133,384	0.040152	0	0	52.00
53.00	05300 ANESTHESIOLOGY	67,604	5,299,137	0.012758	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	407,818	13,039,043	0.031277	0	0	54.00
54.01	03630 ULTRASOUND	94,804	4,455,340	0.021279	0	0	54.01
54.02	03440 MAMMOGRAPHY	60,387	1,425,522	0.042361	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	138,825	11,724,631	0.011840	0	0	55.00
55.01	03480 ONCOLOGY	202,373	5,962,812	0.033939	0	0	55.01
56.00	05600 RADIOISOTOPE	42,335	3,779,995	0.011200	0	0	56.00
57.00	05700 CT SCAN	402,291	43,068,311	0.009341	0	0	57.00
58.00	05800 MRI	95,824	12,210,565	0.007848	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	14,934	981,459	0.015216	0	0	59.00
60.00	06000 LABORATORY	516,098	71,864,093	0.007182	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	14,396	2,597,346	0.005543	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	271,704	13,647,887	0.019908	0	0	65.00
66.00	06600 PHYSICAL THERAPY	34,932	2,508,183	0.013927	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	27,895	1,468,377	0.018997	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	4,981	497,742	0.010007	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	21,916	3,602,719	0.006083	0	0	69.00
69.01	03140 RADIOLOGY	197,421	12,353,098	0.015981	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	417,152	19,061,970	0.021884	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	203,036	5,557,466	0.036534	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	815,985	102,395,100	0.007969	0	0	73.00
74.00	07400 RENAL DIALYSIS	14,225	640,453	0.022211	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	696,785	75,191,733	0.009267	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	242,927	8,367,447	0.029032	0	0	92.00
200.00	Total (Lines 50-199)	6,538,057	450,582,330		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	Cost	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,828	0.00	3,469	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,623	0.00	314	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
43.00	04300	NURSERY	1,075	0.00	966	0	0	43.00
200.00		Total (lines 30-199)	26,526		4,749	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:14 am
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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 03330 ENDOSCOPY	0	0	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0		54.00
54.01 03630 ULTRASOUND	0	0	0	0	0		54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
55.01 03480 ONCOLOGY	0	0	0	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 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
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0		69.00
69.01 03140 RADIOLOGY	0	0	0	0	0		69.01
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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0		74.00
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 LI THOTRI PSY	0	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0		92.00
200.00 Total (lines 50-199)	0	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140093

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

Worksheet D
Part IV
Date/Time Prepared:
5/20/2015 8:14 am

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)	Hospital		Inpatient Program Charges	Cost	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)				
		6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	17,332,969	0.000000	0.000000		0	50.00
50.01	03330	ENDOSCOPY	0	3,738,183	0.000000	0.000000		0	50.01
51.00	05100	RECOVERY ROOM	0	2,677,365	0.000000	0.000000		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,133,384	0.000000	0.000000		0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,299,137	0.000000	0.000000		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,039,043	0.000000	0.000000		0	54.00
54.01	03630	ULTRASOUND	0	4,455,340	0.000000	0.000000		0	54.01
54.02	03440	MAMMOGRAPHY	0	1,425,522	0.000000	0.000000		0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,724,631	0.000000	0.000000		0	55.00
55.01	03480	ONCOLOGY	0	5,962,812	0.000000	0.000000		0	55.01
56.00	05600	RADIOISOTOPE	0	3,779,995	0.000000	0.000000		0	56.00
57.00	05700	CT SCAN	0	43,068,311	0.000000	0.000000		0	57.00
58.00	05800	MRI	0	12,210,565	0.000000	0.000000		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	981,459	0.000000	0.000000		0	59.00
60.00	06000	LABORATORY	0	71,864,093	0.000000	0.000000		0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,597,346	0.000000	0.000000		0	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,647,887	0.000000	0.000000		0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,508,183	0.000000	0.000000		0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,468,377	0.000000	0.000000		0	67.00
68.00	06800	SPEECH PATHOLOGY	0	497,742	0.000000	0.000000		0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,602,719	0.000000	0.000000		0	69.00
69.01	03140	CARDIOLOGY	0	12,353,098	0.000000	0.000000		0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,061,970	0.000000	0.000000		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,557,466	0.000000	0.000000		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	102,395,100	0.000000	0.000000		0	73.00
74.00	07400	RENAL DIALYSIS	0	640,453	0.000000	0.000000		0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	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	LITHOTRIPSY	0	0	0.000000	0.000000		0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	75,191,733	0.000000	0.000000		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,367,447	0.000000	0.000000		0	92.00
200.00		Total (Lines 50-199)	0	450,582,330				0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:14 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	03330 ENDOSCOPY	0	0	0		50.01
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
54.01	03630 ULTRASOUND	0	0	0		54.01
54.02	03440 MAMMOGRAPHY	0	0	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	03480 ONCOLOGY	0	0	0		55.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140 RADIOLOGY	0	0	0		69.01
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
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
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 THOTRIpsy	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/20/2015 8:14 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,288,459	0	1,288,459	22,828	56.44	30.00
31.00	INTENSIVE CARE UNIT	218,425		218,425	2,623	83.27	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	60,127		60,127	1,075	55.93	43.00
200.00	Total (Lines 30-199)	1,567,011		1,567,011	26,526		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	0	0				
31.00	INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	0	0				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 8:14 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,048,885	17,332,969	0.060514	0	0	50.00
50.01	03330 ENDOSCOPY	238,971	3,738,183	0.063927	0	0	50.01
51.00	05100 RECOVERY ROOM	37,436	2,677,365	0.013982	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	206,117	5,133,384	0.040152	0	0	52.00
53.00	05300 ANESTHESIOLOGY	67,604	5,299,137	0.012758	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	407,818	13,039,043	0.031277	0	0	54.00
54.01	03630 ULTRASOUND	94,804	4,455,340	0.021279	0	0	54.01
54.02	03440 MAMMOGRAPHY	60,387	1,425,522	0.042361	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	138,825	11,724,631	0.011840	0	0	55.00
55.01	03480 ONCOLOGY	202,373	5,962,812	0.033939	0	0	55.01
56.00	05600 RADIOISOTOPE	42,335	3,779,995	0.011200	0	0	56.00
57.00	05700 CT SCAN	402,291	43,068,311	0.009341	0	0	57.00
58.00	05800 MRI	95,824	12,210,565	0.007848	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	14,934	981,459	0.015216	0	0	59.00
60.00	06000 LABORATORY	516,098	71,864,093	0.007182	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	14,396	2,597,346	0.005543	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	271,704	13,647,887	0.019908	0	0	65.00
66.00	06600 PHYSICAL THERAPY	34,932	2,508,183	0.013927	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	27,895	1,468,377	0.018997	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	4,981	497,742	0.010007	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	21,916	3,602,719	0.006083	0	0	69.00
69.01	03140 RADIOLOGY	197,421	12,353,098	0.015981	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	417,152	19,061,970	0.021884	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	203,036	5,557,466	0.036534	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	815,985	102,395,100	0.007969	0	0	73.00
74.00	07400 RENAL DIALYSIS	14,225	640,453	0.022211	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	696,785	75,191,733	0.009267	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	242,927	8,367,447	0.029032	0	0	92.00
200.00	Total (Lines 50-199)	6,538,057	450,582,330		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	Cost	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			4.00	5.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
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	22,828	0.00	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,623	0.00	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
43.00	04300	NURSERY	1,075	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	26,526		0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:14 am
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Cost Center Description	Title V				Hospital	Cost
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 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
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140093

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

Worksheet D
Part IV
Date/Time Prepared:
5/20/2015 8:14 am

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)	Hospital		Inpatient Program Charges		
					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	17,332,969	0.000000	0.000000		0	50.00
50.01	03330	ENDOSCOPY	0	3,738,183	0.000000	0.000000		0	50.01
51.00	05100	RECOVERY ROOM	0	2,677,365	0.000000	0.000000		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,133,384	0.000000	0.000000		0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,299,137	0.000000	0.000000		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,039,043	0.000000	0.000000		0	54.00
54.01	03630	ULTRASOUND	0	4,455,340	0.000000	0.000000		0	54.01
54.02	03440	MAMMOGRAPHY	0	1,425,522	0.000000	0.000000		0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,724,631	0.000000	0.000000		0	55.00
55.01	03480	ONCOLOGY	0	5,962,812	0.000000	0.000000		0	55.01
56.00	05600	RADIOISOTOPE	0	3,779,995	0.000000	0.000000		0	56.00
57.00	05700	CT SCAN	0	43,068,311	0.000000	0.000000		0	57.00
58.00	05800	MRI	0	12,210,565	0.000000	0.000000		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	981,459	0.000000	0.000000		0	59.00
60.00	06000	LABORATORY	0	71,864,093	0.000000	0.000000		0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,597,346	0.000000	0.000000		0	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,647,887	0.000000	0.000000		0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,508,183	0.000000	0.000000		0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,468,377	0.000000	0.000000		0	67.00
68.00	06800	SPEECH PATHOLOGY	0	497,742	0.000000	0.000000		0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,602,719	0.000000	0.000000		0	69.00
69.01	03140	CARDIOLOGY	0	12,353,098	0.000000	0.000000		0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,061,970	0.000000	0.000000		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,557,466	0.000000	0.000000		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	102,395,100	0.000000	0.000000		0	73.00
74.00	07400	RENAL DIALYSIS	0	640,453	0.000000	0.000000		0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	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	LITHOTRIPSY	0	0	0.000000	0.000000		0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	75,191,733	0.000000	0.000000		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,367,447	0.000000	0.000000		0	92.00
200.00		Total (Lines 50-199)	0	450,582,330				0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:14 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	03330 ENDOSCOPY	0	0	0		50.01
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
54.01	03630 ULTRASOUND	0	0	0		54.01
54.02	03440 MAMMOGRAPHY	0	0	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	03480 ONCOLOGY	0	0	0		55.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140 RADIOLOGY	0	0	0		69.01
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
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
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: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/20/2015 8:14 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			22,828 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			22,828 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			18,524 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)			9,338 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)			19,191,516 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)			19,191,516 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			19,191,516 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)			840.70 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,850,457 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)			7,850,457 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Hospital PPS 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	4,210,858	2,623	1,605.36	1,315	2,111,048	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,083,887	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,045,392	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)					636,537	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,075,591	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,712,128	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					19,333,264	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)					4,304	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					840.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,618,373	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,288,459	19,191,516	0.067137	3,618,373	242,927	90.00
91.00	Nursing School cost	0	19,191,516	0.000000	3,618,373	0	91.00
92.00	Allied health cost	0	19,191,516	0.000000	3,618,373	0	92.00
93.00	All other Medical Education	0	19,191,516	0.000000	3,618,373	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/20/2015 8:14 am
		Hospital		Cost
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,828	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,828	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		18,524	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)		3,469	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)		1,075	15.00
16.00	Nursery days (title V or XIX only)		966	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)		19,191,516	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)		19,191,516	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		19,191,516	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)		840.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,916,388	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)		2,916,388	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/20/2015 8:14 am		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	823,130	1,075	765.70	966	739,666	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,210,858	2,623	1,605.36	314	504,083	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,160,137	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)					4,304	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					840.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,618,373	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140093

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

Worksheet D-1
Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description	Cost	Title XIX		Hospital	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	1,288,459	19,191,516	0.067137	3,618,373	242,927	90.00
91.00 Nursing School cost	0	19,191,516	0.000000	3,618,373	0	91.00
92.00 Allied health cost	0	19,191,516	0.000000	3,618,373	0	92.00
93.00 All other Medical Education	0	19,191,516	0.000000	3,618,373	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/20/2015 8:14 am
Cost Center Description		Title V	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,828	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,828	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		18,524	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)		0	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)		1,075	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)		19,191,516	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)		19,191,516	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		19,191,516	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)		840.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/20/2015 8:14 am		
Cost Center Description			Title V	Hospital	Cost		
	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)	823,130	1,075	765.70	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,210,858	2,623	1,605.36	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	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)					4,304	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					840.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,618,373	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140093		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,288,459	19,191,516	0.067137	3,618,373	242,927	90.00
91.00	Nursing School cost	0	19,191,516	0.000000	3,618,373	0	91.00
92.00	Allied health cost	0	19,191,516	0.000000	3,618,373	0	92.00
93.00	All other Medical Education	0	19,191,516	0.000000	3,618,373	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/20/2015 8:14 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,581,042	30.00
31.00	03100	INTENSIVE CARE UNIT		4,888,806	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.263758	2,200,980	50.00
50.01	03330	ENDOSCOPY	0.667696	931,101	50.01
51.00	05100	RECOVERY ROOM	0.204660	355,700	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.449432	27,519	52.00
53.00	05300	ANESTHESIOLOGY	0.061541	521,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203064	1,719,347	54.00
54.01	03630	ULTRASOUND	0.143771	84,906	54.01
54.02	03440	MAMMOGRAPHY	0.316112	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.112397	29,709	55.00
55.01	03480	ONCOLOGY	0.292856	47,136	55.01
56.00	05600	RADIOISOTOPE	0.159588	491,114	56.00
57.00	05700	CT SCAN	0.046590	5,435,374	57.00
58.00	05800	MRI	0.055785	1,064,057	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.130454	137,644	59.00
60.00	06000	LABORATORY	0.093314	15,178,771	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.180378	756,875	63.00
65.00	06500	RESPIRATORY THERAPY	0.185396	4,821,264	65.00
66.00	06600	PHYSICAL THERAPY	0.260477	509,920	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.299523	398,732	67.00
68.00	06800	SPEECH PATHOLOGY	0.243668	90,629	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115773	858,601	69.00
69.01	03140	CARDIOLOGY	0.113245	2,899,056	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.171049	4,580,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.343142	1,700,095	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122158	26,644,716	73.00
74.00	07400	RENAL DIALYSIS	0.440432	427,441	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.103342	7,312,155	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.432435	607,202	92.00
200.00		Total (sum of lines 50-94 and 96-98)		79,832,258	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)		79,832,258	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 8:14 am
		Title XVII	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)		12,923,675	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,865,647	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)		160,181	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		164.60	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.98	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.59	31.00
32.00	Sum of lines 30 and 31		27.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.96	33.00
34.00	Disproportionate share adjustment (see instructions)		502,001	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 8:14 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	9,046,380,143	35.00
35.01	Factor 3 (see instructions)		0.000152430	0.000152430	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,378,940	1,378,940	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,031,371	347,569	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,378,940		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)		18,830,444		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)		18,830,444		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,431,408		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,261,852		59.00
60.00	Primary payer payments		7,329		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,254,523		61.00
62.00	Deductibles billed to program beneficiaries		1,956,064		62.00
63.00	Coinurance billed to program beneficiaries		44,080		63.00
64.00	Allowable bad debts (see instructions)		556,779		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		361,906		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		532,496		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,616,285		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)		35,056		70.93
70.94	HRR adjustment amount (see instructions)		-279,210		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 8:14 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,372,131		71.00
71.01	Sequestration adjustment (see instructions)		367,443		71.01
72.00	Interim payments		17,927,347		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)		77,341		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)		595,552		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140093

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/20/2015 8:14 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,923,675	0	12,923,675	0	12,923,675	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,865,647	0	0	3,865,647	3,865,647	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	160,181	0	89,669	70,512	160,181	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1196	0.1196	0.1196	0.1196		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	502,001	0	386,418	115,583	502,001	11.00
11.01	Uncompensated care payments	36.00	1,378,940	0	1,031,371	347,569	1,378,940	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	18,830,444	0	14,431,133	4,399,311	18,830,444	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,830,444	0	14,431,133	4,399,311	18,830,444	15.00
16.00	Payment for inpatient program capital	50.00	1,431,408	0	1,096,569	334,839	1,431,408	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140093

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/20/2015 8:14 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	15,527,702	4,734,150	20,261,852	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,338,277	0	1,029,500	308,777	1,338,277	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	16,314	0	7,976	8,338	16,314	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0574	0.0574	0.0574	0.0574		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	76,817	0	59,093	17,724	76,817	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,431,408	0	1,096,569	334,839	1,431,408	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/20/2015 8:14 am
		Title XVIII	Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,923,675	12,923,675		12,923,675 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,865,647		3,865,647	3,865,647 1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0 1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0 1.04
2.00	Outlier payments for discharges (see instructions)	2.00	160,181	89,669	70,512	160,181 2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0 2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0 3.00
4.00	Managed care simulated payments	3.00	0	0	0	0 4.00
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0 6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0 6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0 8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0 8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0 9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0 9.01
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1196	0.1196	0.1196	
11.00	Disproportionate share adjustment (see instructions)	34.00	502,001	386,418	115,583	502,001 11.00
11.01	Uncompensated care payments	36.00	1,378,940	1,031,371	347,569	1,378,940 11.01
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0 12.00
13.00	Subtotal (see instructions)	47.00	18,830,444	14,431,133	4,399,311	18,830,444 13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0 14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,830,444	14,431,133	4,399,311	18,830,444 15.00
16.00	Payment for inpatient program capital	50.00	1,431,408	1,096,569	334,839	1,431,408 16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0 17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0 17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0 17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0 18.00
19.00	SUBTOTAL			15,527,702	4,734,150	20,261,852 19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140093

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/20/2015 8:14 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,338,277	1,029,500	308,777	1,338,277	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	16,314	7,976	8,338	16,314	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0574	0.0574	0.0574		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	76,817	59,093	17,724	76,817	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,431,408	1,096,569	334,839	1,431,408	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	35,056	27,297	7,759	35,056	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-279,210	-211,947	-67,263	-279,210	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/20/2015 8:14 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,162	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,595,634	2.00
3.00	PPS payments		8,812,730	3.00
4.00	Outlier payment (see instructions)		3,271	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,162	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		181,175	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)		181,175	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)		181,175	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		159,013	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)		22,162	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)		8,816,001	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		120	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,916,671	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)		6,921,372	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		6,921,372	30.00
31.00	Primary payer payments		160	31.00
32.00	Subtotal (line 30 minus line 31)		6,921,212	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)		454,977	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		295,735	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		418,763	36.00
37.00	Subtotal (see instructions)		7,216,947	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)		7,216,947	40.00
40.01	Sequestration adjustment (see instructions)		144,339	40.01
41.00	Interim payments		7,081,859	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-9,251	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: 140093

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

Worksheet E-1
Part I
Date/Time Prepared:
5/20/2015 8:14 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		17,613,613		7,030,282	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	07/14/2014	313,734	07/14/2014	51,577	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		313,734		51,577	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)		17,927,347		7,081,859	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		77,341		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		9,251	6.02
7.00	Total Medicare program liability (see instructions)		18,004,688		7,072,608	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: 140093

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

Worksheet E-1
Part II
Date/Time Prepared:
5/20/2015 8:14 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	6,056	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	10,653	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,513	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	21,147	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	497,705,019	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	20,394,469	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)	1,561,881	8.00
9.00	Sequestration adjustment amount (see instructions)	31,238	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,530,643	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	1,476,156	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)	54,487	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/20/2015 8:14 am	
		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		4,160,137		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)		4,160,137	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)		4,160,137	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)		4,160,137	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)		4,160,137	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

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

Provider CCN: 140093

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

Worksheet G

Date/Time Prepared:
5/20/2015 8:14 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,489,728	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	23,960,601	0	0	0	4.00
5.00	Other receivable	3,506,557	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,295,750	0	0	0	6.00
7.00	Inventory	2,403,006	0	0	0	7.00
8.00	Prepaid expenses	377,404	0	0	0	8.00
9.00	Other current assets	914,531	0	0	0	9.00
10.00	Due from other funds	82,473	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	24,438,550	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,237,638	0	0	0	12.00
13.00	Land improvements	793,174	0	0	0	13.00
14.00	Accumulated depreciation	-565,267	0	0	0	14.00
15.00	Buildings	27,299,146	0	0	0	15.00
16.00	Accumulated depreciation	-14,370,703	0	0	0	16.00
17.00	Leasehold improvements	786,220	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	7,046,189	0	0	0	19.00
20.00	Accumulated depreciation	-5,138,083	0	0	0	20.00
21.00	Automobiles and trucks	231,120	0	0	0	21.00
22.00	Accumulated depreciation	-196,759	0	0	0	22.00
23.00	Major movable equipment	27,645,565	0	0	0	23.00
24.00	Accumulated depreciation	-22,394,037	0	0	0	24.00
25.00	Minor equipment depreciable	724,758	0	0	0	25.00
26.00	Accumulated depreciation	-418,773	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)	23,680,188	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,150,741	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	4,880,153	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,030,894	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	59,149,632	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,174,279	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,924,615	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	14,174	0	0	0	41.00
42.00	Accelerated payments	6,590,335	0	0	0	42.00
43.00	Due to other funds	6,268,257	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	19,971,660	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	256,424	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	256,424	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	20,228,084	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	38,921,548	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)	38,921,548	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	59,149,632	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140093

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

Worksheet G-1

Date/Time Prepared:
5/20/2015 8:14 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		40,715,460		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,101,479			2.00
3.00	Total (sum of line 1 and line 2)		44,816,939		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TRANSFERS FROM CORP	0		0		5.00
6.00	CONTRIBUTIONS-TEMPORARY RESTRICTED	729,649		0		6.00
7.00	CONTRIBUTIONS-PERMANENT RESTRICTED	0		0		7.00
8.00	ROUNDING	0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		729,649		0	10.00
11.00	Subtotal (line 3 plus line 10)		45,546,588		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET ASSETS RELEASED OPERATIONS	417,568		0		13.00
14.00	TRANSFERS TO CORP	6,207,472		0		14.00
15.00	ROUNDING	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)		6,625,040		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		38,921,548		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	TRANSFERS FROM CORP		0			5.00
6.00	CONTRIBUTIONS-TEMPORARY RESTRICTED		0			6.00
7.00	CONTRIBUTIONS-PERMANENT RESTRICTED		0			7.00
8.00	ROUNDING		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	NET ASSETS RELEASED OPERATIONS		0			13.00
14.00	TRANSFERS TO CORP		0			14.00
15.00	ROUNDING		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: 140093

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/20/2015 8:14 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	38,998,098		38,998,098	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)	38,998,098		38,998,098	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,237,024		10,237,024	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,237,024		10,237,024	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	49,235,122		49,235,122	17.00
18.00	Ancillary services	165,643,190	286,528,720	452,171,910	18.00
19.00	Outpatient services	0	3,226,414	3,226,414	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	214,878,312	289,755,134	504,633,446	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		97,014,381		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	ROUNDING ERROR	2			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)		2		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		97,014,379		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet G-3 Date/Time Prepared: 5/20/2015 8:14 am
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			504,633,446 1.00
2.00	Less contractual allowances and discounts on patients' accounts			409,129,690 2.00
3.00	Net patient revenues (line 1 minus line 2)			95,503,756 3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			97,014,379 4.00
5.00	Net income from service to patients (line 3 minus line 4)			-1,510,623 5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc			365,862 6.00
7.00	Income from investments			221,926 7.00
8.00	Revenues from telephone and other miscellaneous communication services			0 8.00
9.00	Revenue from television and radio service			0 9.00
10.00	Purchase discounts			0 10.00
11.00	Rebates and refunds of expenses			0 11.00
12.00	Parking lot receipts			0 12.00
13.00	Revenue from laundry and linen service			0 13.00
14.00	Revenue from meals sold to employees and guests			0 14.00
15.00	Revenue from rental of living quarters			0 15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients			0 16.00
17.00	Revenue from sale of drugs to other than patients			0 17.00
18.00	Revenue from sale of medical records and abstracts			0 18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0 19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0 20.00
21.00	Rental of vending machines			0 21.00
22.00	Rental of hospital space			152,781 22.00
23.00	Governmental appropriations			0 23.00
24.00	OTHER (SPECIFY)			0 24.00
24.01	OTHER OPERATING INCOME			4,467,116 24.01
24.02	ASSETS RELEASED FROM RESTRICTED			404,418 24.02
24.03				0 24.03
24.04				0 24.04
24.05				0 24.05
24.06				0 24.06
24.07				0 24.07
25.00	Total other income (sum of lines 6-24)			5,612,103 25.00
26.00	Total (line 5 plus line 25)			4,101,480 26.00
27.00	OTHER EXPENSES (SPECIFY)			0 27.00
27.01	NON OPERATING LOSSES			0 27.01
27.02	ROUNDING			1 27.02
28.00	Total other expenses (sum of line 27 and subscripts)			1 28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			4,101,479 29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140093	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/20/2015 8:14 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,338,277	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		16,314	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)		59.91	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.98	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.59	8.00
9.00	Sum of lines 7 and 8		27.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.74	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		76,817	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,431,408	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