

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: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/20/2015 4:00 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/20/2015	Time: 4:00 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE COVENANT MEDICAL CENTER ( 140113 ) 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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	502,260	-122,182	-2,945	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	19,512	-28		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	521,772	-122,210	-2,945	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: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 3:15 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1400 WEST PARK STREET			PO Box:						1.00		
2.00	City: URBANA			State: IL		Zip Code: 61801		County: CHAMPAIGN		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 COVENANT MEDICAL CENTER		140113	16580	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF		COVENANT REHABILITATION UNIT		14T113	16580	5	10/01/1983	0	P	0	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	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.			3,371	1,500	0	0	100	1,173		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			194	138	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 3:15 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	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			
<b>Prospective Payment System (PPS)-Capital</b>							
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	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
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	
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>							
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		
<b>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.</b>							
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
<b>Inpatient Psychiatric Facility PPS</b>						
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
<b>Inpatient Rehabilitation Facility PPS</b>						
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.			Y		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)			N	N	0 76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
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
<b>TEFRA Providers</b>						
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		
<b>Title V and XIX Services</b>					
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
<b>Rural Providers</b>					
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	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	837,000	2,429,301	118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<b>Transplant Center Information</b>					
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: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 3:15 pm	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	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: NGS		Contractor's Number: 0131	
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:			
143.00	City: CHI CAGO	State: IL	Zip Code: 60606		
		1.00	2.00	3.00	
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	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
		1.00			
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
		4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
		1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 3:15 pm
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2013	09/30/2014	170.00
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: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 3:15 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		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.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				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.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	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: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 3:15 pm		
	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00	21.00
			N		N	
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
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
<b>Interest Expense</b>						
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
<b>Purchased Services</b>						
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
<b>Provider-Based Physicians</b>						
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
<b>Home Office Costs</b>						
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
<b>Cost Report Preparer Contact Information</b>						
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	
<b>PS&amp;R Data</b>			
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	
<b>Cost Report Preparer Contact Information</b>			
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, REIMB	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: 140113

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/20/2015 3:15 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	156	56,940	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)		156	56,940	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	13	4,745	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		169	61,685	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	25	9,125		0	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)		194				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)		6	2,190			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: 140113

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/20/2015 3:15 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,011	4,927	21,038			1.00
2.00 HMO and other (see instructions)	3,429	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	567	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)	8,011	4,927	21,038			7.00
8.00 INTENSIVE CARE UNIT	1,509	142	3,193			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		844	1,791			13.00
14.00 Total (see instructions)	9,520	5,913	26,022	12.04	633.36	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,796	332	4,488	0.00	21.67	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	187			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)				12.04	655.03	27.00
28.00 Observation Bed Days		450	3,165			28.00
29.00 Ambulance Trips	2,802					29.00
30.00 Employee discount days (see instruction)			210			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	2	231	730			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			68			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140113

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/20/2015 3:15 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,428	1,454	7,365	1.00
2.00 HMO and other (see instructions)			849	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	2,428	1,454	7,365	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	267	26	409	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: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/20/2015 3:15 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	38,311,554	-252,140	38,059,414	1,362,476.04	27.93	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)		957,012	0	957,012	27,185.12	35.20	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)		4,651,405	-205,914	4,445,491	192,053.49	23.15	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		5,296,851	0	5,296,851	138,178.09	38.33	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		196,340	0	196,340	1,465.00	134.02	13.00
14.00	Home office salaries & wage-related costs		7,618,777	0	7,618,777	166,685.00	45.71	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		24,000	0	24,000	240.00	100.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		8,399,537	0	8,399,537			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,017,672	0	1,017,672			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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	58,673	0	58,673	489.75	119.80	26.00
27.00	Administrative & General	5.00	3,433,998	-336,773	3,097,225	117,151.84	26.44	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	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	910,003	-4,470	905,533	33,596.30	26.95	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	943,020	2,846	945,866	65,618.04	14.41	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	641,356	-463,200	178,156	13,590.60	13.11	34.00
35.00	Dietary under contract (see instructions)		443,816	0	443,816	12,440.00	35.68	35.00
36.00	Cafeteria	11.00	0	464,190	464,190	35,510.55	13.07	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,098,688	-63,426	1,035,262	36,856.18	28.09	38.00
39.00	Central Services and Supply	14.00	17,357	0	17,357	415.50	41.77	39.00
40.00	Pharmacy	15.00	1,643,466	46,216	1,689,682	36,747.49	45.98	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140113

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/20/2015 3:15 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 953,625	31,796	985,421	37,689.83	26.15	41.00
42.00	Social Service	17.00 585,701	54,674	640,375	17,040.74	37.58	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140113

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/20/2015 3:15 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	37,798,358	-252,140	37,546,218	1,347,730.92	27.86	1.00
2.00	Excluded area salaries (see instructions)	4,651,405	-205,914	4,445,491	192,053.49	23.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,146,953	-46,226	33,100,727	1,155,677.43	28.64	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,111,968	0	13,111,968	306,328.09	42.80	4.00
5.00	Subtotal wage-related costs (see inst.)	8,399,537	0	8,399,537	0.00	25.38	5.00
6.00	Total (sum of lines 3 thru 5)	54,658,458	-46,226	54,612,232	1,462,005.52	37.35	6.00
7.00	Total overhead cost (see instructions)	10,729,703	-268,147	10,461,556	407,146.82	25.69	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/20/2015 3:15 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,463,317 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)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			4,119,815 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			106,239 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			22,627 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			246,892 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			521,364 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			2,765,104 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			72,503 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
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			99,348 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			9,417,209 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COST			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/20/2015 3:15 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		5,296,851	0 1.00
2.00	Hospital		5,296,851	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet A			
Date/Time Prepared: 5/20/2015 3:15 pm									
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	CAP REL COSTS-BLDG & FIXT		6,385,166		6,385,166	-995,701	5,389,465	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		0	4,036,319	4,036,319	2.00
3.00	00300	OTHER CAP REL COSTS		111,431		111,431	-111,431	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	58,673	9,589,477		9,648,150	133,399	9,781,549	4.00
5.01	00540	NONPATIENT TELEPHONE	291,374	444,639		736,013	0	736,013	5.01
5.02	00550	DATA PROCESSING	23,710	192,708		216,418	136,934	353,352	5.02
5.03	00560	PURCH, RCVING, STORING	0	511,670		511,670	-208,116	303,554	5.03
5.04	00570	ADMINISTRATIVE	494,138	12,071		506,209	78,372	584,581	5.04
5.05	00580	CASHIERING, A/R	0	-116		-116	0	-116	5.05
5.06	00590	OTHER ADMIN & GEN	2,624,776	26,245,498		28,870,274	-44,982	28,825,292	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0		0	0	0	6.00
7.00	00700	OPERATION OF PLANT	910,003	3,776,736		4,686,739	1,458	4,688,197	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	446,825		446,825	0	446,825	8.00
9.00	00900	HOUSEKEEPING	943,020	346,104		1,289,124	2,846	1,291,970	9.00
10.00	01000	DIETARY	641,356	1,011,274		1,652,630	-1,193,995	458,635	10.00
11.00	01100	CAFETERIA	0	0		0	1,194,985	1,194,985	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,098,688	66,205		1,164,893	-63,426	1,101,467	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,357	889,343		906,700	-727,805	178,895	14.00
15.00	01500	PHARMACY	1,643,466	3,169,105		4,812,571	-3,091,003	1,721,568	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	953,625	719,242		1,672,867	31,796	1,704,663	16.00
17.00	01700	SOCIAL SERVICE	585,701	137,082		722,783	-38,926	683,857	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	957,812	957,812	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,685,727		1,685,727	-869,457	816,270	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0		0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	9,057,562	378,361		9,435,923	-1,227,639	8,208,284	30.00
31.00	03100	INTENSIVE CARE UNIT	2,098,003	515,133		2,613,136	0	2,613,136	31.00
41.00	04100	SUBPROVIDER - I&R	1,300,328	1,444,702		2,745,030	-969,805	1,775,225	41.00
43.00	04300	NURSERY	485,635	605,630		1,091,265	0	1,091,265	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	3,337,889	10,504,511		13,842,400	-9,136,006	4,706,394	50.00
50.01	03330	ENDOSCOPY	723,269	613,948		1,337,217	-219,004	1,118,213	50.01
51.00	05100	RECOVERY ROOM	500,546	7,737		508,283	0	508,283	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	737	201,087		201,824	1,204,949	1,406,773	52.00
53.00	05300	ANESTHESIOLOGY	32,828	3,021,161		3,053,989	-285,119	2,768,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	859,501	69,448		928,949	-158,463	770,486	54.00
54.01	03630	ULTRASOUND	233,503	28,933		262,436	51,430	313,866	54.01
54.02	03440	MAMMOGRAPHY	52,215	23,099		75,314	10,959	86,273	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	115,025	191,000		306,025	25,393	331,418	56.00
57.00	05700	CT SCAN	327,857	119,320		447,177	72,239	519,416	57.00
58.00	05800	MRI	135,733	60,425		196,158	29,911	226,069	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,217,073	5,388,618		6,605,691	-4,931,676	1,674,015	59.00
60.00	06000	LABORATORY	0	4,726,185		4,726,185	-16,865	4,709,320	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	630,111		630,111	0	630,111	63.00
65.00	06500	RESPIRATORY THERAPY	959,422	231,466		1,190,888	-157,104	1,033,784	65.00
66.00	06600	PHYSICAL THERAPY	0	436,876		436,876	384,925	821,801	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	305,354		305,354	410,944	716,298	67.00
68.00	06800	SPEECH PATHOLOGY	0	77,410		77,410	173,622	251,032	68.00
69.01	03140	CARDIOLOGY	408,885	116,435		525,320	8,900	534,220	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	8,722,912	8,722,912	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		0	7,343,559	7,343,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		0	3,133,803	3,133,803	73.00
74.00	07400	RENAL DIALYSIS	0	237,536		237,536	0	237,536	74.00
76.97	07697	CARDIAC REHABILITATION	336,841	11,033		347,874	26,494	374,368	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
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00	09100	EMERGENCY	2,491,738	1,006,088		3,497,826	-156,274	3,341,552	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	1,927,819	993,970		2,921,789	-9,460	2,912,329	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE	0	2,903,895		2,903,895	-2,903,895	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	36,888,296	90,589,659		127,477,955	657,809	128,135,764	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet A Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,174	109,542	162,716	0	162,716	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	714,996	911,658	1,626,654	40,031	1,666,685	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	187,801	442,462	630,263	9,495	639,758	192.01
192.02	19202	REAL ESTATE	0	1,547,685	1,547,685	-783,387	764,298	192.02
192.03	19203	FOUNDATION	223,683	327,807	551,490	62,239	613,729	192.03
192.04	19204	OUTREACH PROGRAMS	159,907	137,724	297,631	13,813	311,444	192.04
192.05	19205	UNASSIGNED	83,697	181,255	264,952	0	264,952	192.05
200.00		TOTAL (SUM OF LINES 118-199)	38,311,554	94,247,792	132,559,346	0	132,559,346	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140113

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

Worksheet A  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-561,816	4,827,649	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	804	4,037,123	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6,987	9,774,562	4.00
5.01	00540	NONPATIENT TELEPHONE	0	736,013	5.01
5.02	00550	DATA PROCESSING	4,223,055	4,576,407	5.02
5.03	00560	PURCH, RCVING, STORING	-1,067	302,487	5.03
5.04	00570	ADMINISTRATIVE	0	584,581	5.04
5.05	00580	CASHIERING, A/R	1,006,379	1,006,263	5.05
5.06	00590	OTHER ADMIN & GEN	-10,887,476	17,937,816	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-6,215	4,681,982	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	446,825	8.00
9.00	00900	HOUSEKEEPING	-565	1,291,405	9.00
10.00	01000	DIETARY	0	458,635	10.00
11.00	01100	CAFETERIA	-407,788	787,197	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-437	1,101,030	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	178,895	14.00
15.00	01500	PHARMACY	0	1,721,568	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,557	1,701,106	16.00
17.00	01700	SOCIAL SERVICE	-20,773	663,084	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	957,812	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	816,270	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-47,868	8,160,416	30.00
31.00	03100	INTENSIVE CARE UNIT	171,245	2,784,381	31.00
41.00	04100	SUBPROVIDER - I RF	-32,500	1,742,725	41.00
43.00	04300	NURSERY	-550,000	541,265	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-4,954	4,701,440	50.00
50.01	03330	ENDOSCOPY	0	1,118,213	50.01
51.00	05100	RECOVERY ROOM	0	508,283	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,369	1,405,404	52.00
53.00	05300	ANESTHESIOLOGY	-2,596,979	171,891	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,668	767,818	54.00
54.01	03630	ULTRASOUND	0	313,866	54.01
54.02	03440	MAMMOGRAPHY	0	86,273	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03480	ONCOLOGY	0	0	55.01
56.00	05600	RADIOISOTOPE	0	331,418	56.00
57.00	05700	CT SCAN	-8,942	510,474	57.00
58.00	05800	MRI	0	226,069	58.00
59.00	05900	CARDIAC CATHETERIZATION	-12,235	1,661,780	59.00
60.00	06000	LABORATORY	-11,312	4,698,008	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	630,111	63.00
65.00	06500	RESPIRATORY THERAPY	-4,887	1,028,897	65.00
66.00	06600	PHYSICAL THERAPY	0	821,801	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	716,298	67.00
68.00	06800	SPEECH PATHOLOGY	0	251,032	68.00
69.01	03140	CARDIOLOGY	-67,508	466,712	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,722,912	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,343,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,133,803	73.00
74.00	07400	RENAL DIALYSIS	0	237,536	74.00
76.97	07697	CARDIAC REHABILITATION	-5,362	369,006	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-561,591	2,779,961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-78	2,912,251	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,403,451	117,732,313	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	162,716	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,666,685	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140113

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

Worksheet A  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	639,758	192.01
192.02	19202	REAL ESTATE	0	764,298	192.02
192.03	19203	FOUNDATION	0	613,729	192.03
192.04	19204	OUTREACH PROGRAMS	0	311,444	192.04
192.05	19205	UNASSIGNED	0	264,952	192.05
200.00		TOTAL (SUM OF LINES 118-199)	-10,403,451	122,155,895	200.00

RECLASSIFICATIONS

Provider CCN: 140113

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

Worksheet A-6  
Date/Time Prepared:  
5/20/2015 3:15 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - PHARMACY</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,133,803	1.00
	TOTALS		0	3,133,803	
<b>B - REHAB SERVICES</b>					
1.00	PHYSICAL THERAPY	66.00	0	384,925	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	410,944	2.00
3.00	SPEECH PATHOLOGY	68.00	0	173,622	3.00
	TOTALS		0	969,491	
<b>C - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,390,428	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	510,248	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,219	3.00
	TOTALS		0	2,903,895	
<b>D - DEPRECIATION EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,545	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,473,088	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	3,474,633	
<b>E - LABOR&amp;DELIVERY SALARIES</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,335,487	0	1.00
	TOTALS		1,335,487	0	
<b>F - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	88,997	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	48,787	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,723,458	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	157,104	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	78,524	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	165,734	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,510,206	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	38,618	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	217,138	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	293,280	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	284,564	11.00
	TOTALS		0	8,606,410	
<b>H - EXECUTIVE HEALTH RESOURCES</b>					
1.00	OTHER ADMIN & GEN	5.06	0	93,600	1.00
	TOTALS		0	93,600	
<b>I - INTERNS &amp; RESIDENTS</b>					
1.00	I&R SERVICES-SALARY & FRINGES_APPRV	21.00	0	957,812	1.00
	TOTALS		0	957,812	
<b>J - RADIOLOGY SHARED SERVICES</b>					
1.00	CT SCAN	57.00	65,064	39	1.00
2.00	ULTRASOUND	54.01	46,339	9	2.00
3.00	MAMMOGRAPHY	54.02	10,362	8	3.00
4.00	MRI	58.00	26,937	20	4.00
5.00	RADIOI SOTOPE	56.00	22,827	62	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	11,604	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	850	0	7.00
8.00	CT SCAN	57.00	7,136	0	8.00
9.00	ULTRASOUND	54.01	5,082	0	9.00
10.00	MAMMOGRAPHY	54.02	1,137	0	10.00
11.00	MRI	58.00	2,954	0	11.00
12.00	RADIOI SOTOPE	56.00	2,504	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	750	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	7	0	14.00
15.00	CARDIOLOGY	69.01	8,900	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	25,635	0	16.00
	TOTALS		238,088	138	

RECLASSIFICATIONS

Provider CCN: 140113

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

Worksheet A-6  
Date/Time Prepared:  
5/20/2015 3:15 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>L - DIRECTORS</b>						
1.00	ADULTS & PEDIATRICS	30.00	108,687	0	1.00	
2.00	COVENANT OUTPATIENT PHARMACY	192.01	3,782	0	2.00	
3.00	EMERGENCY	91.00	9,460	0	3.00	
4.00	COVENANT OUTPATIENT PHARMACY	192.01	5,713	0	4.00	
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	28,698	0	5.00	
6.00	CARDIAC REHABILITATION	76.97	26,494	0	6.00	
7.00	OPERATING ROOM	50.00	10,721	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	24,089	0	8.00	
9.00	HOUSEKEEPING	9.00	1,526	0	9.00	
10.00	OPERATION OF PLANT	7.00	782	0	10.00	
11.00	OUTREACH PROGRAMS	192.04	13,813	0	11.00	
12.00	SOCIAL SERVICE	17.00	54,674	0	12.00	
13.00	ADMINISTRATIVE	5.04	46,796	0	13.00	
14.00	NURSING ADMINISTRATION	13.00	284	0	14.00	
15.00	DIETARY	10.00	990	0	15.00	
16.00	HOUSEKEEPING	9.00	1,320	0	16.00	
17.00	OPERATION OF PLANT	7.00	676	0	17.00	
18.00	PHARMACY	15.00	49,895	0	18.00	
19.00	PHARMACY	15.00	5,816	0	19.00	
20.00	NURSING ADMINISTRATION	13.00	20,888	0	20.00	
21.00	MEDICAL RECORDS & LIBRARY	16.00	31,796	0	21.00	
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	248,460	22.00	
23.00	OPERATION OF PLANT	7.00	0	5,928	23.00	
24.00	OTHER ADMIN & GEN	5.06	2,248	0	24.00	
TOTALS			449,148	254,388		
<b>M - RECLASSIFICATION OF MOB EXPENSE</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	88,355	1.00	
2.00	OTHER ADMIN & GEN	5.06	0	114,126	2.00	
3.00	DATA PROCESSING	5.02	0	93,367	3.00	
TOTALS			0	295,848		
<b>N - DIETARY RECLASSIFICATION</b>						
1.00	CAFETERIA	11.00	464,190	730,795	1.00	
TOTALS			464,190	730,795		
<b>O - PYXIS RECLASSIFICATION</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	273,550	1.00	
TOTALS			0	273,550		
<b>P - IMPLANT SUPPLIES</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	41,541	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,233,860	2.00	
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	806,329	3.00	
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,248,955	4.00	
5.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	156	5.00	
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,416	6.00	
7.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,881	7.00	
8.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,866	8.00	
9.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	555	9.00	
TOTALS			0	7,343,559		
<b>R - COUNTY PLAZA LEASE</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	133,399	1.00	
2.00	DATA PROCESSING	5.02	0	43,567	2.00	
3.00	PURCH, RCVI NG, STORING	5.03	0	65,434	3.00	
4.00	ADMINISTRATIVE	5.04	0	31,576	4.00	
5.00	OTHER ADMIN & GEN	5.06	0	133,109	5.00	
6.00	LABORATORY	60.00	0	4,979	6.00	
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,236	7.00	
8.00	FOUNDATION	192.03	0	62,239	8.00	
TOTALS			0	487,539		
500.00	Grand Total: Increases		2,486,913	29,525,461	500.00	

RECLASSIFICATIONS

Provider CCN: 140113

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

Worksheet A-6  
Date/Time Prepared:  
5/20/2015 3:15 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - PHARMACY</b>							
1.00	PHARMACY	15.00	0	3,133,803	0		1.00
	TOTALS		0	3,133,803			
<b>B - REHAB SERVICES</b>							
1.00	SUBPROVIDER - IRF	41.00	0	384,925	0		1.00
2.00	SUBPROVIDER - IRF	41.00	0	410,944	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	173,622	0		3.00
	TOTALS		0	969,491			
<b>C - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	2,390,428	11		1.00
2.00	INTEREST EXPENSE	113.00	0	510,248	11		2.00
3.00	INTEREST EXPENSE	113.00	0	3,219	11		3.00
	TOTALS		0	2,903,895			
<b>D - DEPRECIATION EXPENSE</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,449,341	9		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,903	9		2.00
3.00	LABORATORY	60.00	0	21,844	9		3.00
4.00	SUBPROVIDER - IRF	41.00	0	314	9		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	683	9		5.00
6.00	MAMMOGRAPHY	54.02	0	548	9		6.00
	TOTALS		0	3,474,633			
<b>E - LABOR&amp;DELIVERY SALARIES</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,335,487	0	0		1.00
	TOTALS		1,335,487	0			
<b>F - MEDICAL SUPPLIES</b>							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	0	88,997	0		1.00
2.00	OPERATING ROOM	50.00	0	48,787	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	2,723,458	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	157,104	0		4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	78,524	0		5.00
6.00	EMERGENCY	91.00	0	165,734	0		6.00
7.00	OPERATING ROOM	50.00	0	4,510,206	0		7.00
8.00	OPERATING ROOM	50.00	0	38,618	0		8.00
9.00	ENDOSCOPY	50.01	0	217,138	0		9.00
10.00	OPERATING ROOM	50.00	0	293,280	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	284,564	0		11.00
	TOTALS		0	8,606,410			
<b>H - EXECUTIVE HEALTH RESOURCES</b>							
1.00	SOCIAL SERVICE	17.00	0	93,600	0		1.00
	TOTALS		0	93,600			
<b>I - INTERNS &amp; RESIDENTS</b>							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	957,812	0		1.00
	TOTALS		0	957,812			
<b>J - RADIOLOGY SHARED SERVICES</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	65,064	39	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	46,339	9	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	10,362	8	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	26,937	20	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	22,827	62	0		5.00
6.00	OTHER ADMIN & GEN	5.06	11,604	0	0		6.00
7.00	OTHER ADMIN & GEN	5.06	850	0	0		7.00
8.00	OTHER ADMIN & GEN	5.06	7,136	0	0		8.00
9.00	OTHER ADMIN & GEN	5.06	5,082	0	0		9.00
10.00	OTHER ADMIN & GEN	5.06	1,137	0	0		10.00
11.00	OTHER ADMIN & GEN	5.06	2,954	0	0		11.00
12.00	OTHER ADMIN & GEN	5.06	2,504	0	0		12.00
13.00	OTHER ADMIN & GEN	5.06	750	0	0		13.00
14.00	OTHER ADMIN & GEN	5.06	7	0	0		14.00
15.00	OTHER ADMIN & GEN	5.06	8,900	0	0		15.00
16.00	OTHER ADMIN & GEN	5.06	25,635	0	0		16.00
	TOTALS		238,088	138			
<b>L - DIRECTORS</b>							
1.00	NURSING ADMINISTRATION	13.00	108,687	0	0		1.00
2.00	PHARMACY	15.00	3,782	0	0		2.00
3.00	AMBULANCE SERVICES	95.00	9,460	0	0		3.00
4.00	PHARMACY	15.00	5,713	0	0		4.00
5.00	OTHER ADMIN & GEN	5.06	28,698	0	0		5.00
6.00	OTHER ADMIN & GEN	5.06	26,494	0	0		6.00
7.00	OTHER ADMIN & GEN	5.06	10,721	0	0		7.00
8.00	OTHER ADMIN & GEN	5.06	24,089	0	0		8.00
9.00	OTHER ADMIN & GEN	5.06	1,526	0	0		9.00
10.00	OTHER ADMIN & GEN	5.06	782	0	0		10.00

RECLASSIFICATIONS

Provider CCN: 140113

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

Worksheet A-6

Date/Time Prepared:  
5/20/2015 3:15 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
11.00	OTHER ADMIN & GEN	5.06	13,813	0	0			11.00
12.00	OTHER ADMIN & GEN	5.06	54,674	0	0			12.00
13.00	OTHER ADMIN & GEN	5.06	46,796	0	0			13.00
14.00	OTHER ADMIN & GEN	5.06	284	0	0			14.00
15.00	OTHER ADMIN & GEN	5.06	990	0	0			15.00
16.00	OTHER ADMIN & GEN	5.06	1,320	0	0			16.00
17.00	OTHER ADMIN & GEN	5.06	676	0	0			17.00
18.00	OTHER ADMIN & GEN	5.06	49,895	0	0			18.00
19.00	OTHER ADMIN & GEN	5.06	5,816	0	0			19.00
20.00	OTHER ADMIN & GEN	5.06	20,888	0	0			20.00
21.00	OTHER ADMIN & GEN	5.06	31,796	0	0			21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	248,460	0	0			22.00
23.00	OPERATION OF PLANT	7.00	5,928	0	0			23.00
24.00	OTHER ADMIN & GEN	5.06	0	2,248	0			24.00
	TOTALS		701,288	2,248				
<b>M - RECLASSIFICATION OF MOB EXPENSE</b>								
1.00	REAL ESTATE	192.02	0	88,355	0			1.00
2.00	REAL ESTATE	192.02	0	114,126	0			2.00
3.00	REAL ESTATE	192.02	0	93,367	0			3.00
	TOTALS		0	295,848				
<b>N - DIETARY RECLASSIFICATION</b>								
1.00	DIETARY	10.00	464,190	730,795	0			1.00
	TOTALS		464,190	730,795				
<b>O - PYXIS RECLASSIFICATION</b>								
1.00	PURCH, RCVING, STORING	5.03	0	273,550	0			1.00
	TOTALS		0	273,550				
<b>P - IMPLANT SUPPLIES</b>								
1.00	DELIVERY ROOM & LABOR ROOM	52.00	0	41,541	0			1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	2,233,860	0			2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	806,329	0			3.00
4.00	OPERATING ROOM	50.00	0	4,248,955	0			4.00
5.00	ADULTS & PEDIATRICS	30.00	0	156	0			5.00
6.00	PHARMACY	15.00	0	3,416	0			6.00
7.00	OPERATING ROOM	50.00	0	6,881	0			7.00
8.00	ENDOSCOPY	50.01	0	1,866	0			8.00
9.00	ANESTHESIOLOGY	53.00	0	555	0			9.00
	TOTALS		0	7,343,559				
<b>R - COUNTY PLAZA LEASE</b>								
1.00	REAL ESTATE	192.02	0	133,399	0			1.00
2.00	REAL ESTATE	192.02	0	43,567	0			2.00
3.00	REAL ESTATE	192.02	0	65,434	0			3.00
4.00	REAL ESTATE	192.02	0	31,576	0			4.00
5.00	REAL ESTATE	192.02	0	133,109	0			5.00
6.00	REAL ESTATE	192.02	0	4,979	0			6.00
7.00	REAL ESTATE	192.02	0	13,236	0			7.00
8.00	REAL ESTATE	192.02	0	62,239	0			8.00
	TOTALS		0	487,539				
500.00	Grand Total: Decreases		2,739,053	29,273,321				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140113

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/20/2015 3:15 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	6,068,567	0	0	0	157,714 1.00
2.00	Land Improvements	4,863,570	0	0	0	68,355 2.00
3.00	Buildings and Fixtures	62,739,976	63,315	0	63,315	918,160 3.00
4.00	Building Improvements	68,508	448,823	0	448,823	0 4.00
5.00	Fixed Equipment	3,230,121	239,130	0	239,130	340,780 5.00
6.00	Movable Equipment	72,108,264	1,184,326	0	1,184,326	11,770,605 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	149,079,006	1,935,594	0	1,935,594	13,255,614 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	149,079,006	1,935,594	0	1,935,594	13,255,614 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,910,853	0			1.00
2.00	Land Improvements	4,795,215	2,444,613			2.00
3.00	Buildings and Fixtures	61,885,131	10,129,591			3.00
4.00	Building Improvements	517,331	0			4.00
5.00	Fixed Equipment	3,128,471	1,182,145			5.00
6.00	Movable Equipment	61,521,985	35,339,410			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	137,758,986	49,095,759			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	137,758,986	49,095,759			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140113

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,385,166	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,385,166	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	6,385,166				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,385,166				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140113

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	76,237,001	0	76,237,001	0.553409	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	61,521,985	0	61,521,985	0.446591	0	2.00
3.00	Total (sum of lines 1-2)	137,758,986	0	137,758,986	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	61,667	61,667	2,937,370	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	49,764	49,764	3,593,814	0	2.00
3.00	Total (sum of lines 1-2)	0	111,431	111,431	6,531,184	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	1,828,612	0	0	61,667	4,827,649	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	393,545	0	0	49,764	4,037,123	2.00
3.00	Total (sum of lines 1-2)	2,222,157	0	0	111,431	8,864,772	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-1,067		PURCH, RCVING, STORING	5.03	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,168,942				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-450		OTHER ADMIN & GEN	5.06	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,742,976				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-407,788		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	-25		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		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 MED STAFF/PHY REL	B	-60,906		OTHER ADMIN & GEN	5.06	0	33.00
34.00 HEALTH INFOR MGMT PHOTOCOPYING	B	-3,532		MEDICAL RECORDS & LIBRARY	16.00	0	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140113

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

Worksheet A-8

Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
35.00	CARDIO PULM REHAB FITNESS	B	-5,362	CARDIAC REHABILITATION	76.97	0	35.00
36.00	LABOR & DELIVERY MISC INCOME	B	-1,369	DELIVERY ROOM & LABOR ROOM	52.00	0	36.00
37.00	OB/GYN MISC INCOME	B	-170	ADULTS & PEDIATRICS	30.00	0	37.00
38.00	EMS RESOURCE HOSP MISC INCOME	B	-107,552	EMERGENCY	91.00	0	38.00
39.00	LABORATORY MISC INCOME	B	-2,280	LABORATORY	60.00	0	39.00
40.00	QUALITY ASSURANCE MISC INCOME	B	-1,500	OTHER ADMIN & GEN	5.06	0	40.00
42.00	CLINICAL EDUCATION MISC INCOME	B	-405	NURSING ADMINISTRATION	13.00	0	42.00
43.00	PLANT OPERATIONS MISC INCOME	B	-6,215	OPERATION OF PLANT	7.00	0	43.00
44.00	ENVIRONMENT SERV MISC INCOME	B	-565	HOUSEKEEPING	9.00	0	44.00
45.00	ADMINISTRATION MISC INCOME	B	-475,232	OTHER ADMIN & GEN	5.06	0	45.00
46.00	EMPLOYEE HEALTH MISC INCOME	B	-3,090	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.00
47.00	EMPL ACTIVITY COMM MISC INCOME	B	-3,897	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.00
48.00	PATIENT ACCOUNTING INV INC	B	-585,212	CASHIERING, A/R	5.05	0	48.00
49.02	UR/CARE MANAGEMENT COMMITT TO POOR	A	-20,773	SOCIAL SERVICE	17.00	0	49.02
49.03	ADMINISTRATION CONTRIBUTION-SPONSORSHIPS	A	-30,455	OTHER ADMIN & GEN	5.06	0	49.03
49.04	NURSING ADMIN NON-ALLOW M' CARE EXP	A	-32	NURSING ADMINISTRATION	13.00	0	49.04
49.05	AMBLUANCE NON-ALLOW M' CARE EXP	A	-78	AMBULANCE SERVICES	95.00	0	49.05
49.07	ADMINISTRATION NON-ALLOW M' CARE EXP	A	-1,391	OTHER ADMIN & GEN	5.06	0	49.07
49.09	MISSION/LDRSHP DEV DONATIONS-CBISA	A	-42,998	OTHER ADMIN & GEN	5.06	0	49.09
49.10	PHYSICIAN HOSPITALIST SUBSIDY	A	-1,724,528	OTHER ADMIN & GEN	5.06	0	49.10
49.11	ADMINISTRATION FEDERAL/STATE TAX	A	-4,661	OTHER ADMIN & GEN	5.06	0	49.11
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,403,451				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: 140113

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

Worksheet A-8-1

Date/Time Prepared:  
5/20/2015 3:15 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.06	OTHER ADMIN & GEN	ADMINISTRATIVE FEE	292,663	8,838,018
2.00	5.02	DATA PROCESSING	ADMINISTRATIVE FEE	4,223,055	0
3.00	5.05	CASHIERING, A/R	ADMINISTRATIVE FEE	1,591,591	0
3.01	31.00	INTENSIVE CARE UNIT	EICU	548,745	0
3.02	2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION ALLOCATION	1,780,950	1,660,224
3.03	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST ALLOCATION	1,828,612	2,390,428
3.04	2.00	CAP REL COSTS-MVBLE EQUIP	INTEREST ALLOCATION	390,326	510,248
3.05	60.00	LABORATORY	ALVERNO LAB FEES	4,693,195	4,693,195
3.06	5.06	OTHER ADMIN & GEN	SELF INS TRUST	3,815,328	3,815,328
3.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	WORKERS COMP	544,137	544,137
3.08	5.06	OTHER ADMIN & GEN	SITE DIRECT	4,261,514	4,261,514
4.00	5.06	OTHER ADMIN & GEN	OTHER INSURANCE	46,591	46,591
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			24,016,707	26,759,683

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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 HEALTH PRV	100.00	6.00
7.00	C	0.00	APHL LABS	66.70	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: 140113

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

Worksheet A-8-1

Date/Time Prepared:  
5/20/2015 3:15 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-8,545,355	0		1.00
2.00	4,223,055	0		2.00
3.00	1,591,591	0		3.00
3.01	548,745	0		3.01
3.02	120,726	9		3.02
3.03	-561,816	11		3.03
3.04	-119,922	11		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
4.00	0	0		4.00
5.00	-2,742,976			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 MANAGEMENT		6.00
7.00	LAB SERVICE		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: 140113

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

Worksheet A-8-2

Date/Time Prepared:  
5/20/2015 3:15 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00 ADULTS & PEDIATRICS	61,400	41,400	20,000	142,500	200	1.00
2.00	31.00 INTENSIVE CARE UNIT	385,500	376,500	9,000	231,100	72	2.00
3.00	41.00 SUBPROVIDER - IRF	32,500	32,500	0	171,400	0	3.00
4.00	43.00 NURSERY	550,000	550,000	0	171,400	0	4.00
5.00	50.00 OPERATING ROOM	17,398	0	17,398	231,100	112	5.00
6.00	53.00 ANESTHESIOLOGY	2,596,979	2,596,979	0	200,300	0	6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	24,000	0	24,000	231,100	192	7.00
8.00	57.00 CT SCAN	8,942	8,942	0	231,100	0	8.00
9.00	60.00 LABORATORY	39,108	0	39,108	219,500	285	9.00
10.00	65.00 RESPIRATORY THERAPY	15,600	0	15,600	171,400	130	10.00
11.00	69.01 CARDIOLOGY	67,508	67,508	0	171,400	0	11.00
12.00	91.00 EMERGENCY	454,039	454,039	0	171,400	0	12.00
13.00	59.00 CARDIAC CATHETERIZATION	24,790	9,005	15,785	231,100	113	13.00
200.00		4,277,764	4,136,873	140,891		1,104	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00 ADULTS & PEDIATRICS	13,702	685	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	8,000	400	0	0	0	2.00
3.00	41.00 SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	43.00 NURSERY	0	0	0	0	0	4.00
5.00	50.00 OPERATING ROOM	12,444	622	0	0	0	5.00
6.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	21,332	1,067	0	0	0	7.00
8.00	57.00 CT SCAN	0	0	0	0	0	8.00
9.00	60.00 LABORATORY	30,076	1,504	0	0	0	9.00
10.00	65.00 RESPIRATORY THERAPY	10,713	536	0	0	0	10.00
11.00	69.01 CARDIOLOGY	0	0	0	0	0	11.00
12.00	91.00 EMERGENCY	0	0	0	0	0	12.00
13.00	59.00 CARDIAC CATHETERIZATION	12,555	628	0	0	0	13.00
200.00		108,822	5,442	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00 ADULTS & PEDIATRICS	0	13,702	6,298	47,698	1.00
2.00	31.00 INTENSIVE CARE UNIT	0	8,000	1,000	377,500	2.00
3.00	41.00 SUBPROVIDER - IRF	0	0	0	32,500	3.00
4.00	43.00 NURSERY	0	0	0	550,000	4.00
5.00	50.00 OPERATING ROOM	0	12,444	4,954	4,954	5.00
6.00	53.00 ANESTHESIOLOGY	0	0	0	2,596,979	6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	0	21,332	2,668	2,668	7.00
8.00	57.00 CT SCAN	0	0	0	8,942	8.00
9.00	60.00 LABORATORY	0	30,076	9,032	9,032	9.00
10.00	65.00 RESPIRATORY THERAPY	0	10,713	4,887	4,887	10.00
11.00	69.01 CARDIOLOGY	0	0	0	67,508	11.00
12.00	91.00 EMERGENCY	0	0	0	454,039	12.00
13.00	59.00 CARDIAC CATHETERIZATION	0	12,555	3,230	12,235	13.00
200.00		0	108,822	32,069	4,168,942	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,827,649	4,827,649			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,037,123		4,037,123		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,774,562	2,481	303	9,777,346	4.00
5.01 00540	NONPATIENT TELEPHONE	736,013	9,324	16,597	74,969	836,903 5.01
5.02 00550	DATA PROCESSING	4,576,407	35,095	28,255	6,100	30,647 5.02
5.03 00560	PURCH, RCVING, STORING	302,487	0	74,239	0	7,858 5.03
5.04 00570	ADMINNING	584,581	27,460	31,996	139,179	22,789 5.04
5.05 00580	CASHIERING, A/R	1,006,263	3,671	0	0	3,143 5.05
5.06 00590	OTHER ADMIN & GEN	17,937,816	238,465	50,384	576,649	131,234 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	4,681,982	1,019,342	1,014,876	232,988	17,288 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	446,825	12,444	622	0	1,572 8.00
9.00 00900	HOUSEKEEPING	1,291,405	56,595	2,340	243,366	6,287 9.00
10.00 01000	DIETARY	458,635	147,057	3,123	45,838	9,430 10.00
11.00 01100	CAFETERIA	787,197	32,985	8,137	119,433	25,146 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,101,030	6,114	206,988	266,367	5,501 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	178,895	169,017	62,814	4,466	7,072 14.00
15.00 01500	PHARMACY	1,721,568	43,664	11,701	434,745	20,431 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,701,106	106,232	583	253,543	25,932 16.00
17.00 01700	SOCIAL SERVICE	663,084	8,032	72	164,765	9,430 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	957,812	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	816,270	0	0	0	1,572 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	8,160,416	806,446	59,867	2,014,793	126,518 30.00
31.00 03100	INTENSIVE CARE UNIT	2,784,381	129,918	38,704	539,804	14,931 31.00
41.00 04100	SUBPROVIDER - I&R	1,742,725	169,221	11,387	334,567	36,148 41.00
43.00 04300	NURSERY	541,265	49,049	8,922	124,951	9,430 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	4,701,440	352,332	742,521	861,577	44,792 50.00
50.01 03330	ENDOSCOPY	1,118,213	56,403	27,189	186,093	14,931 50.01
51.00 05100	RECOVERY ROOM	508,283	30,568	23,366	128,787	14,931 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,405,404	123,178	145,484	343,802	15,716 52.00
53.00 05300	ANESTHESIOLOGY	171,891	5,167	14,268	8,446	3,143 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	767,818	109,659	71,905	180,408	25,146 54.00
54.01 03630	ULTRASOUND	313,866	29,097	3,561	73,309	9,430 54.01
54.02 03440	MAMMOGRAPHY	86,273	41,324	21,274	16,393	2,357 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	331,418	15,923	3,620	36,113	4,715 56.00
57.00 05700	CT SCAN	510,474	30,222	12,590	102,932	13,359 57.00
58.00 05800	MRI	226,069	20,221	83,159	42,614	5,501 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,661,780	106,999	785,361	319,743	13,359 59.00
60.00 06000	LABORATORY	4,698,008	149,077	33,421	0	40,863 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	630,111	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	1,028,897	78,440	20,499	246,854	21,217 65.00
66.00 06600	PHYSICAL THERAPY	821,801	45,915	3,300	0	1,572 66.00
67.00 06700	OCCUPATIONAL THERAPY	716,298	29,775	0	0	1,572 67.00
68.00 06800	SPEECH PATHOLOGY	251,032	2,430	0	0	786 68.00
69.01 03140	CARDIOLOGY	466,712	32,844	75,552	107,494	13,359 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,722,912	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,343,559	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,133,803	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	237,536	5,436	1,538	0	2,357 74.00
76.97 07697	CARDIAC REHABILITATION	369,006	39,610	14,690	93,484	3,143 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	2,779,961	141,762	67,134	643,543	43,220 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	2,912,251	0	148,214	493,582	0 95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
118.00	SUBTOTALS (SUM OF LINES 1-117)	117,732,313	4,518,994	3,930,556	9,461,697	807,828	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	162,716	21,474	10,767	13,681	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,666,685	29,813	4,901	127,421	13,359	192.00
192.01	19201 COVENANT OUTPATIENT PHARMACY	639,758	9,477	827	50,763	3,929	192.01
192.02	19202 REAL ESTATE	764,298	0	44,793	0	0	192.02
192.03	19203 FOUNDATION	613,729	0	35,420	57,552	4,715	192.03
192.04	19204 OUTREACH PROGRAMS	311,444	105,579	9,859	44,697	7,072	192.04
192.05	19205 UNASSIGNED	264,952	142,312	0	21,535	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)	122,155,895	4,827,649	4,037,123	9,777,346	836,903	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/20/2015 3:15 pm				
Cost Center Description		DATA PROCESSING	PURCH, RCVING, S TORING	ADMITTING	CASHIERING, A/R	Subtotal		
		5.02	5.03	5.04	5.05	5A.05		
<b>GENERAL SERVICE COST CENTERS</b>								
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 TELEPHONE					5.01	
5.02	00550	DATA PROCESSING	4,676,504				5.02	
5.03	00560	PURCH, RCVING, STORING	52,349	436,933			5.03	
5.04	00570	ADMITTING	174,496	156	980,657		5.04	
5.05	00580	CASHIERING, A/R	78,523	1	0	1,091,601	5.05	
5.06	00590	OTHER ADMIN & GEN	575,838	896	0	0	19,511,282	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	95,973	3,685	0	0	7,066,134	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,656	0	0	464,119	8.00
9.00	00900	HOUSEKEEPING	26,174	2,515	0	0	1,628,682	9.00
10.00	01000	DIETARY	26,174	662	0	0	690,919	10.00
11.00	01100	CAFETERIA	78,523	1,730	0	0	1,053,151	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	195	0	0	1,586,195	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	43,624	386	0	0	466,274	14.00
15.00	01500	PHARMACY	226,845	495	0	0	2,459,449	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	235,570	1,137	0	0	2,324,103	16.00
17.00	01700	SOCIAL SERVICE	43,624	13	0	0	889,020	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	957,812	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	817,842	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	741,612	4,445	139,567	87,101	12,140,765	30.00
31.00	03100	INTENSIVE CARE UNIT	113,423	2,011	38,691	21,308	3,683,171	31.00
41.00	04100	SUBPROVIDER - I&R	218,121	1,173	26,835	14,779	2,554,956	41.00
43.00	04300	NURSERY	87,248	327	11,280	6,212	838,684	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	410,067	12,440	106,384	144,627	7,376,180	50.00
50.01	03330	ENDOSCOPY	130,872	504	6,098	32,805	1,573,108	50.01
51.00	05100	RECOVERY ROOM	43,624	153	13,919	18,127	781,758	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	95,973	498	18,081	10,347	2,158,483	52.00
53.00	05300	ANESTHESIOLOGY	0	443	34,056	52,292	289,706	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,248	611	12,273	18,437	1,273,505	54.00
54.01	03630	ULTRASOUND	34,899	660	7,528	8,513	480,863	54.01
54.02	03440	MAMMOGRAPHY	8,725	408	3	1,431	178,188	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	17,450	4,167	3,736	6,327	423,469	56.00
57.00	05700	CT SCAN	43,624	2,240	25,443	42,112	782,996	57.00
58.00	05800	MRI	17,450	1,179	15,724	16,378	428,295	58.00
59.00	05900	CARDIAC CATHETERIZATION	87,248	2,919	48,319	64,375	3,090,103	59.00
60.00	06000	LABORATORY	235,570	49	114,683	123,299	5,394,970	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	14,560	4,981	3,820	653,472	63.00
65.00	06500	RESPIRATORY THERAPY	95,973	260	7,666	46,543	1,546,349	65.00
66.00	06600	PHYSICAL THERAPY	0	225	14,969	11,055	898,837	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7	13,603	9,061	770,316	67.00
68.00	06800	SPEECH PATHOLOGY	0	1	2,910	2,022	259,181	68.00
69.01	03140	CARDIOLOGY	52,349	1,019	16,979	16,717	783,025	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	195,237	43,248	45,325	9,006,722	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	169,688	61,863	55,829	7,630,939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	153,810	128,501	3,416,114	73.00
74.00	07400	RENAL DIALYSIS	17,450	50	2,812	1,585	268,764	74.00
76.97	07697	CARDIAC REHABILITATION	43,624	230	634	2,287	566,708	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	200,671	2,454	34,562	80,132	3,993,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	183,221	2,169	0	20,254	3,759,691	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,624,155	434,654	980,657	1,091,601	116,917,739	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,344	0	0	209,982	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	267	0	0	1,842,446	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	98	0	0	704,852	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

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Cost Center Description			DATA PROCESSING	PURCH, RCVI NG, S TORI NG	ADMI TTI NG	CASHI ERI NG, A/R	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.02	19202	REAL ESTATE	0	0	0	0	809,091	192.02
192.03	19203	FOUNDATION	52,349	319	0	0	764,084	192.03
192.04	19204	OUTREACH PROGRAMS	0	251	0	0	478,902	192.04
192.05	19205	UNASSI GNE D	0	0	0	0	428,799	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)	4,676,504	436,933	980,657	1,091,601	122,155,895	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

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Cost Center Description		OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	00590						5.06
6.00	00600	19,511,282	0				6.00
7.00	00700	1,343,173	0	8,409,307			7.00
8.00	00800	88,223	0	29,970	582,312		8.00
9.00	00900	309,590	0	136,297	0	2,074,569	9.00
10.00	01000	131,334	0	354,156	0	89,132	10.00
11.00	01100	200,189	0	79,437	0	19,992	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	301,513	0	14,723	0	3,705	13.00
14.00	01400	88,632	0	407,042	4,335	102,442	14.00
15.00	01500	467,507	0	105,156	0	26,465	15.00
16.00	01600	441,779	0	255,837	0	64,388	16.00
17.00	01700	168,990	0	19,343	0	4,868	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	182,067	0	0	0	0	21.00
22.00	02200	155,460	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,307,769	0	1,942,161	227,106	488,793	30.00
31.00	03100	700,119	0	312,882	28,656	78,745	31.00
41.00	04100	485,661	0	407,535	61,869	102,566	41.00
43.00	04300	159,422	0	118,124	2,007	29,729	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,402,109	0	848,520	81,004	213,552	50.00
50.01	03330	299,026	0	135,835	15,184	34,186	50.01
51.00	05100	148,601	0	73,616	9,216	18,527	51.00
52.00	05200	410,297	0	296,649	16,945	74,659	52.00
53.00	05300	55,069	0	12,444	0	3,132	53.00
54.00	05400	242,075	0	264,092	7,105	66,465	54.00
54.01	03630	91,405	0	70,073	0	17,636	54.01
54.02	03440	33,871	0	99,520	1,546	25,047	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	0	0	0	0	0	55.01
56.00	05600	80,496	0	38,348	1,677	9,651	56.00
57.00	05700	148,837	0	72,784	8,886	18,318	57.00
58.00	05800	81,413	0	48,697	0	12,256	58.00
59.00	05900	587,385	0	257,685	16,601	64,853	59.00
60.00	06000	1,025,508	0	359,022	674	90,357	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	124,216	0	0	0	0	63.00
65.00	06500	293,939	0	188,906	0	47,543	65.00
66.00	06600	170,856	0	110,577	1,957	27,830	66.00
67.00	06700	146,426	0	71,706	1,957	18,047	67.00
68.00	06800	49,267	0	5,852	978	1,473	68.00
69.01	03140	148,842	0	79,098	3,251	19,907	69.01
71.00	07100	1,712,052	0	0	0	0	71.00
72.00	07200	1,450,535	0	0	0	0	72.00
73.00	07300	649,355	0	0	0	0	73.00
74.00	07400	51,088	0	13,091	1,383	3,295	74.00
76.97	07697	107,723	0	95,392	161	24,008	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	759,097	0	341,404	72,673	85,923	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	714,665	0	0	9,990	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		18,515,581	0	7,665,974	575,161	1,887,490	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	39,915	0	51,716	0	13,016	190.00
192.00	19200	350,223	0	71,798	1,231	18,070	192.00
192.01	19201	133,982	0	22,824	0	5,744	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

Worksheet B  
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Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.02	19202	REAL ESTATE	153,797	0	0	0	0	192.02
192.03	19203	FOUNDATION	145,242	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	91,033	0	254,267	5,920	63,993	192.04
192.05	19205	UNASSIGNED	81,509	0	342,728	0	86,256	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)	19,511,282	0	8,409,307	582,312	2,074,569	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/20/2015 3:15 pm			
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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 TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH, RCVING, STORING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING, A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,265,541					10.00
11.00	01100	CAFETERIA	0	1,352,769				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	45,463	0	1,951,599		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	513	0	947	1,070,185	14.00
15.00	01500	PHARMACY	0	45,335	0	83,769	33	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,437	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	20,989	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	884,082	345,970	0	639,278	7,814	30.00
31.00	03100	INTENSIVE CARE UNIT	129,211	74,243	0	137,184	4,379	31.00
41.00	04100	SUBPROVIDER - I RF	179,527	55,663	0	102,853	2,286	41.00
43.00	04300	NURSERY	72,721	16,043	0	29,644	599	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	142,258	0	262,862	16	50.00
50.01	03330	ENDOSCOPY	0	26,319	0	48,633	0	50.01
51.00	05100	RECOVERY ROOM	0	17,042	0	31,490	193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,128	0	88,931	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,486	0	4,593	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,676	0	56,683	1,353	54.00
54.01	03630	ULTRASOUND	0	8,252	0	15,248	1,792	54.01
54.02	03440	MAMMOGRAPHY	0	2,332	0	4,309	1,044	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	3,613	0	6,677	11,456	56.00
57.00	05700	CT SCAN	0	15,043	0	27,797	6,220	57.00
58.00	05800	MRI	0	5,536	0	10,228	3,270	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,130	0	81,544	838	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	43,413	0	80,218	29	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	424	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	21	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1	68.00
69.01	03140	CARDIOLOGY	0	16,376	0	30,259	2,685	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	546,291	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	474,798	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	135	74.00
76.97	07697	CARDIAC REHABILITATION	0	12,327	0	22,777	308	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	100,485	0	185,675	522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	134,236	0	0	3,012	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,265,541	1,303,308	0	1,951,599	1,069,519	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,382	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	21,014	0	0	111	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

Period:  
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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	
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	5,459	0	0	0	192.01
192.02	19202 REAL ESTATE	0	0	0	0	0	192.02
192.03	19203 FOUNDATION	0	6,971	0	0	194	192.03
192.04	19204 OUTREACH PROGRAMS	0	9,072	0	0	361	192.04
192.05	19205 UNASSIGNED	0	2,563	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)	1,265,541	1,352,769	0	1,951,599	1,070,185	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	3,187,714	3,132,544				16.00
17.00	01700	0	0	1,103,210			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	10,247	2,079,069	724,478	0	0	30.00
31.00	03100	5,865	303,857	105,908	0	0	31.00
41.00	04100	559	422,267	147,058	0	0	41.00
43.00	04300	1,183	170,724	59,573	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	32,545	0	0	0	0	50.00
50.01	03330	24,342	0	0	0	0	50.01
51.00	05100	525	0	0	0	0	51.00
52.00	05200	14,006	0	0	0	0	52.00
53.00	05300	59,699	0	0	0	0	53.00
54.00	05400	25	0	0	0	0	54.00
54.01	03630	153	0	0	0	0	54.01
54.02	03440	5	0	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	0	0	0	0	0	55.01
56.00	05600	609	0	0	0	0	56.00
57.00	05700	4,186	0	0	0	0	57.00
58.00	05800	688	0	0	0	0	58.00
59.00	05900	11,411	0	0	0	0	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	498	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.01	03140	2,357	0	0	0	0	69.01
71.00	07100	106,074	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	2,845,616	0	0	0	0	73.00
74.00	07400	35	0	0	0	0	74.00
76.97	07697	7	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	42,346	156,627	66,193	0	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	12,927	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		3,175,908	3,132,544	1,103,210	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	11,806	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
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)	3,187,714	3,132,544	1,103,210	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

Period:  
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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 TELEPHONE						5.01
5.02 00550	DATA PROCESSING						5.02
5.03 00560	PURCH, RCVING, STORING						5.03
5.04 00570	ADMINING						5.04
5.05 00580	CASHIERING, A/R						5.05
5.06 00590	OTHER ADMIN & GEN						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	1,139,879					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	973,302				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	958,524	818,451	0	23,574,507	-1,776,975	30.00
31.00 03100	INTENSIVE CARE UNIT	45,025	38,445	0	5,647,690	-83,470	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	4,522,800	0	41.00
43.00 04300	NURSERY	0	0	0	1,498,453	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	0	0	10,359,046	0	50.00
50.01 03330	ENDOSCOPY	67,139	57,327	0	2,281,099	-124,466	50.01
51.00 05100	RECOVERY ROOM	0	0	0	1,080,968	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,108,098	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	427,129	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,941,979	0	54.00
54.01 03630	ULTRASOUND	0	0	0	685,422	0	54.01
54.02 03440	MAMMOGRAPHY	0	0	0	345,862	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	575,996	0	56.00
57.00 05700	CT SCAN	0	0	0	1,085,067	0	57.00
58.00 05800	MRI	0	0	0	590,383	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	4,154,550	0	59.00
60.00 06000	LABORATORY	0	0	0	6,870,531	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	777,688	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,200,895	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	1,210,481	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	1,008,473	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	316,752	0	68.00
69.01 03140	CARDIOLOGY	69,191	59,079	0	1,214,070	-128,270	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,371,139	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,556,272	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,911,085	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	337,791	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	829,411	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100	EMERGENCY	0	0	0	5,804,384	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	0	0	0	4,634,521	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

Period:  
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To 12/31/2014

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Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00	23.00					
118.00	SUBTOTALS (SUM OF LINES 1-117)				114,922,542	-2,113,181	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	319,011	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,316,699	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	872,861	0	192.01
192.02	19202	REAL ESTATE	0	0	0	962,888	0	192.02
192.03	19203	FOUNDATION	0	0	0	916,491	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	903,548	0	192.04
192.05	19205	UNASSIGNED	0	0	0	941,855	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)	1,139,879	973,302	0	122,155,895	-2,113,181	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

Period:  
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To 12/31/2014

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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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 TELEPHONE		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCH, RCVING, STORING		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING, A/R		5.05
5.06	00590 OTHER ADMIN & GEN		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 PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	21,797,532	30.00
31.00	03100 INTENSIVE CARE UNIT	5,564,220	31.00
41.00	04100 SUBPROVIDER - I RF	4,522,800	41.00
43.00	04300 NURSERY	1,498,453	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	10,359,046	50.00
50.01	03330 ENDOSCOPY	2,156,633	50.01
51.00	05100 RECOVERY ROOM	1,080,968	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,108,098	52.00
53.00	05300 ANESTHESIOLOGY	427,129	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,941,979	54.00
54.01	03630 ULTRASOUND	685,422	54.01
54.02	03440 MAMMOGRAPHY	345,862	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
55.01	03480 ONCOLOGY	0	55.01
56.00	05600 RADIOISOTOPE	575,996	56.00
57.00	05700 CT SCAN	1,085,067	57.00
58.00	05800 MRI	590,383	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,154,550	59.00
60.00	06000 LABORATORY	6,870,531	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	777,688	63.00
65.00	06500 RESPIRATORY THERAPY	2,200,895	65.00
66.00	06600 PHYSICAL THERAPY	1,210,481	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,008,473	67.00
68.00	06800 SPEECH PATHOLOGY	316,752	68.00
69.01	03140 RADIOLOGY	1,085,800	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,371,139	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,556,272	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,911,085	73.00
74.00	07400 RENAL DIALYSIS	337,791	74.00
76.97	07697 CARDIAC REHABILITATION	829,411	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	5,804,384	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	4,634,521	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	112,809,361	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	319,011	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,316,699	192.00
192.01	19201 COVENANT OUTPATIENT PHARMACY	872,861	192.01
192.02	19202 REAL ESTATE	962,888	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description			Total	
			26.00	
192.03	19203	FOUNDATION	916,491	192.03
192.04	19204	OUTREACH PROGRAMS	903,548	192.04
192.05	19205	UNASSIGNED	941,855	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)	120,042,714	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	133,399	2,481	303	136,183	136,183 4.00
5.01 00540	NONPATIENT TELEPHONE	11,954	9,324	16,597	37,875	1,044 5.01
5.02 00550	DATA PROCESSING	1,792,782	35,095	28,255	1,856,132	85 5.02
5.03 00560	PURCH, RCVING, STORING	84,418	0	74,239	158,657	0 5.03
5.04 00570	ADMITTING	31,576	27,460	31,996	91,032	1,939 5.04
5.05 00580	CASHIERING, A/R	94,463	3,671	0	98,134	0 5.05
5.06 00590	OTHER ADMIN & GEN	933,778	238,465	50,384	1,222,627	8,032 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	19,379	1,019,342	1,014,876	2,053,597	3,245 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	12,444	622	13,066	0 8.00
9.00 00900	HOUSEKEEPING	0	56,595	2,340	58,935	3,390 9.00
10.00 01000	DIETARY	0	147,057	3,123	150,180	639 10.00
11.00 01100	CAFETERIA	0	32,985	8,137	41,122	1,664 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	6,114	206,988	213,102	3,710 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	19,989	169,017	62,814	251,820	62 14.00
15.00 01500	PHARMACY	0	43,664	11,701	55,365	6,056 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	106,232	583	106,815	3,532 16.00
17.00 01700	SOCIAL SERVICE	0	8,032	72	8,104	2,295 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	88,355	0	0	88,355	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	32,719	806,446	59,867	899,032	28,054 30.00
31.00 03100	INTENSIVE CARE UNIT	15,690	129,918	38,704	184,312	7,519 31.00
41.00 04100	SUBPROVIDER - IRF	10,227	169,221	11,387	190,835	4,660 41.00
43.00 04300	NURSERY	0	49,049	8,922	57,971	1,741 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	7,536	352,332	742,521	1,102,389	12,001 50.00
50.01 03330	ENDOSCOPY	338,206	56,403	27,189	421,798	2,592 50.01
51.00 05100	RECOVERY ROOM	317	30,568	23,366	54,251	1,794 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	560	123,178	145,484	269,222	4,789 52.00
53.00 05300	ANESTHESIOLOGY	0	5,167	14,268	19,435	118 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	109,659	71,905	181,564	2,513 54.00
54.01 03630	ULTRASOUND	0	29,097	3,561	32,658	1,021 54.01
54.02 03440	MAMMOGRAPHY	0	41,324	21,274	62,598	228 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	15,923	3,620	19,543	503 56.00
57.00 05700	CT SCAN	5,012	30,222	12,590	47,824	1,434 57.00
58.00 05800	MRI	0	20,221	83,159	103,380	594 58.00
59.00 05900	CARDIAC CATHETERIZATION	140	106,999	785,361	892,500	4,454 59.00
60.00 06000	LABORATORY	4,979	149,077	33,421	187,477	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	40,462	78,440	20,499	139,401	3,439 65.00
66.00 06600	PHYSICAL THERAPY	2,591	45,915	3,300	51,806	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	29,775	0	29,775	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	2,430	0	2,430	0 68.00
69.01 03140	CARDIOLOGY	0	32,844	75,552	108,396	1,497 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	273,550	0	0	273,550	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	410,942	0	0	410,942	0 73.00
74.00 07400	RENAL DIALYSIS	0	5,436	1,538	6,974	0 74.00
76.97 07697	CARDIAC REHABILITATION	8	39,610	14,690	54,308	1,302 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	1,560	141,762	67,134	210,456	8,964 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)				0	0 92.00
95.00 09500	AMBULANCE SERVICES	159,523	0	148,214	307,737	6,875 95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,514,115	4,518,994	3,930,556	12,963,665	131,785 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,474	10,767	32,241	191	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	45,582	29,813	4,901	80,296	1,775	192.00
192.01 19201 COVENANT OUTPATIENT PHARMACY	0	9,477	827	10,304	707	192.01
192.02 19202 REAL ESTATE	681,355	0	44,793	726,148	0	192.02
192.03 19203 FOUNDATION	62,239	0	35,420	97,659	802	192.03
192.04 19204 OUTREACH PROGRAMS	72,153	105,579	9,859	187,591	623	192.04
192.05 19205 UNASSIGNED	0	142,312	0	142,312	300	192.05
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,375,444	4,827,649	4,037,123	14,240,216	136,183	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description			NONPATIENT TELEPHONE	DATA PROCESSING	PURCH, RCVING, STORING	ADMINING	CASHIERING, A/R	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
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 TELEPHONE	38,919					5.01
5.02	00550	DATA PROCESSING	1,425	1,857,642				5.02
5.03	00560	PURCH, RCVING, STORING	365	20,795	179,817			5.03
5.04	00570	ADMINING	1,060	69,315	64	163,410		5.04
5.05	00580	CASHIERING, A/R	146	31,192	0	0	129,472	5.05
5.06	00590	OTHER ADMIN & GEN	6,103	228,740	369	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	804	38,123	1,517	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	73	0	1,093	0	0	8.00
9.00	00900	HOUSEKEEPING	292	10,397	1,035	0	0	9.00
10.00	01000	DIETARY	439	10,397	272	0	0	10.00
11.00	01100	CAFETERIA	1,169	31,192	712	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	256	0	80	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	329	17,329	159	0	0	14.00
15.00	01500	PHARMACY	950	90,110	204	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,206	93,575	468	0	0	16.00
17.00	01700	SOCIAL SERVICE	439	17,329	5	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	73	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,884	294,583	1,829	23,241	10,338	30.00
31.00	03100	INTENSIVE CARE UNIT	694	45,055	827	6,443	2,529	31.00
41.00	04100	SUBPROVIDER - I&R	1,681	86,644	483	4,468	1,754	41.00
43.00	04300	NURSERY	439	34,658	135	1,878	737	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,083	162,890	5,119	17,715	17,079	50.00
50.01	03330	ENDOSCOPY	694	51,986	207	1,015	3,894	50.01
51.00	05100	RECOVERY ROOM	694	17,329	63	2,318	2,151	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	731	38,123	205	3,011	1,228	52.00
53.00	05300	ANESTHESIOLOGY	146	0	182	5,671	6,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,169	34,658	251	2,044	2,188	54.00
54.01	03630	ULTRASOUND	439	13,863	272	1,253	1,010	54.01
54.02	03440	MAMMOGRAPHY	110	3,466	168	1	170	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	219	6,932	1,715	622	751	56.00
57.00	05700	CT SCAN	621	17,329	922	4,237	4,998	57.00
58.00	05800	MRI	256	6,932	485	2,618	1,944	58.00
59.00	05900	CARDIAC CATHETERIZATION	621	34,658	1,201	8,046	7,641	59.00
60.00	06000	LABORATORY	1,900	93,575	20	19,097	14,634	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	5,992	829	453	63.00
65.00	06500	RESPIRATORY THERAPY	987	38,123	107	1,277	5,524	65.00
66.00	06600	PHYSICAL THERAPY	73	0	93	2,493	1,312	66.00
67.00	06700	OCCUPATIONAL THERAPY	73	0	3	2,265	1,075	67.00
68.00	06800	SPEECH PATHOLOGY	37	0	0	485	240	68.00
69.01	03140	CARDIOLOGY	621	20,795	419	2,827	1,984	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	80,355	7,202	5,380	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	69,830	10,301	6,626	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,724	15,252	73.00
74.00	07400	RENAL DIALYSIS	110	6,932	21	468	188	74.00
76.97	07697	CARDIAC REHABILITATION	146	17,329	95	106	271	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	2,010	79,712	1,010	5,755	9,511	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	72,781	893	0	2,404	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,567	1,836,847	178,880	163,410	129,472	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	553	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	621	0	110	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	183	0	40	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 3:15 pm		
Cost Center Description			NONPATIENT TELEPHONE	DATA PROCESSING	PURCH, RCVING, S TORING	ADMINING	CASHIERING, A/R		
			5.01	5.02	5.03	5.04	5.05		
192.02	19202	REAL ESTATE	0	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	219	20,795	131	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	329	0	103	0	0	0	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)	38,919	1,857,642	179,817	163,410	129,472		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 3:15 pm		
Cost Center Description		OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5.06	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>						
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	00590					5.06
6.00	00600	1,465,871	0			6.00
7.00	00700	100,911	0	2,198,197		7.00
8.00	00800	6,628	0	7,834	28,694	8.00
9.00	00900	23,259	0	35,628	0	132,936
10.00	01000	9,867	0	92,577	0	5,711
11.00	01100	15,040	0	20,765	0	1,281
12.00	01200	0	0	0	0	0
13.00	01300	22,652	0	3,849	0	237
14.00	01400	6,659	0	106,401	214	6,564
15.00	01500	35,123	0	27,488	0	1,696
16.00	01600	33,191	0	66,876	0	4,126
17.00	01700	12,696	0	5,056	0	312
19.00	01900	0	0	0	0	0
20.00	02000	0	0	0	0	0
21.00	02100	13,679	0	0	0	0
22.00	02200	11,680	0	0	0	0
23.00	02300	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	173,388	0	507,682	11,191	31,324
31.00	03100	52,599	0	81,787	1,412	5,046
41.00	04100	36,487	0	106,530	3,049	6,572
43.00	04300	11,977	0	30,878	99	1,905
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	105,339	0	221,804	3,992	13,684
50.01	03330	22,466	0	35,507	748	2,191
51.00	05100	11,164	0	19,243	454	1,187
52.00	05200	30,825	0	77,544	835	4,784
53.00	05300	4,137	0	3,253	0	201
54.00	05400	18,187	0	69,034	350	4,259
54.01	03630	6,867	0	18,317	0	1,130
54.02	03440	2,545	0	26,014	76	1,605
55.00	05500	0	0	0	0	0
55.01	03480	0	0	0	0	0
56.00	05600	6,048	0	10,024	83	618
57.00	05700	11,182	0	19,026	438	1,174
58.00	05800	6,116	0	12,729	0	785
59.00	05900	44,130	0	67,359	818	4,156
60.00	06000	77,046	0	93,849	33	5,790
62.30	06250	0	0	0	0	0
63.00	06300	9,332	0	0	0	0
65.00	06500	22,083	0	49,380	0	3,046
66.00	06600	12,836	0	28,905	96	1,783
67.00	06700	11,001	0	18,744	96	1,156
68.00	06800	3,701	0	1,530	48	94
69.01	03140	11,182	0	20,676	160	1,276
71.00	07100	128,625	0	0	0	0
72.00	07200	108,977	0	0	0	0
73.00	07300	48,786	0	0	0	0
74.00	07400	3,838	0	3,422	68	211
76.97	07697	8,093	0	24,936	8	1,538
76.98	07698	0	0	0	0	0
76.99	07699	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	57,030	0	89,243	3,581	5,506
92.00	09200					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	53,692	0	0	492	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300					
118.00		1,391,064	0	2,003,890	28,341	120,948
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	2,999	0	13,519	0	834
192.00	19200	26,312	0	18,768	61	1,158
192.01	19201	10,066	0	5,966	0	368

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 3:15 pm		
Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
			5.06	6.00	7.00	8.00	9.00		
192.02	19202	REAL ESTATE	11,555	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	10,912	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	6,839	0	66,465	292	4,101	0	192.04
192.05	19205	UNASSIGNED	6,124	0	89,589	0	5,527	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)	1,465,871	0	2,198,197	28,694	132,936	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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 TELEPHONE					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCH, RCVING, STORING					5.03
5.04 00570	ADMINITTING					5.04
5.05 00580	CASHIERING, A/R					5.05
5.06 00590	OTHER ADMIN & GEN					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	270,082				10.00
11.00 01100	CAFETERIA	0	112,945			11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00 01300	NURSING ADMINISTRATION	0	3,796	0	247,682	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	43	0	120	14.00
15.00 01500	PHARMACY	0	3,785	0	10,631	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	3,877	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	1,752	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	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	188,674	28,885	0	81,134	2,845
31.00 03100	INTENSIVE CARE UNIT	27,575	6,199	0	17,410	1,594
41.00 04100	SUBPROVIDER - I RF	38,313	4,647	0	13,053	832
43.00 04300	NURSERY	15,520	1,339	0	3,762	218
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	11,877	0	33,360	6
50.01 03330	ENDOSCOPY	0	2,197	0	6,172	0
51.00 05100	RECOVERY ROOM	0	1,423	0	3,997	70
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	4,018	0	11,286	0
53.00 05300	ANESTHESIOLOGY	0	208	0	583	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	2,561	0	7,194	493
54.01 03630	ULTRASOUND	0	689	0	1,935	653
54.02 03440	MAMMOGRAPHY	0	195	0	547	380
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 03480	ONCOLOGY	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	302	0	847	4,172
57.00 05700	CT SCAN	0	1,256	0	3,528	2,265
58.00 05800	MRI	0	462	0	1,298	1,191
59.00 05900	CARDIAC CATHETERIZATION	0	3,685	0	10,349	305
60.00 06000	LABORATORY	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	3,625	0	10,181	11
66.00 06600	PHYSICAL THERAPY	0	0	0	0	155
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	8
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.01 03140	CARDIOLOGY	0	1,367	0	3,840	978
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	198,925
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	172,897
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	49
76.97 07697	CARDIAC REHABILITATION	0	1,029	0	2,891	112
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	0	8,390	0	23,564	190
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	11,208	0	0	1,097
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	270,082	108,815	0	247,682	389,458
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	366	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,755	0	0	40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

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	
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	456	0	0	0	192.01
192.02	19202 REAL ESTATE	0	0	0	0	0	192.02
192.03	19203 FOUNDATION	0	582	0	0	71	192.03
192.04	19204 OUTREACH PROGRAMS	0	757	0	0	131	192.04
192.05	19205 UNASSIGNED	0	214	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)	270,082	112,945	0	247,682	389,700	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 3:15 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
<b>GENERAL SERVICE COST CENTERS</b>							
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 TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCH, RCVING, STORING					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING, A/R					5.05
5.06	00590	OTHER ADMIN & GEN					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	231,420				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	313,666			16.00
17.00	01700	SOCIAL SERVICE	0	0	47,988		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	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	744	208,180	31,514		30.00
31.00	03100	INTENSIVE CARE UNIT	426	30,426	4,607		31.00
41.00	04100	SUBPROVIDER - I&R	41	42,282	6,397		41.00
43.00	04300	NURSERY	86	17,095	2,591		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,363	0	0		50.00
50.01	03330	ENDOSCOPY	1,767	0	0		50.01
51.00	05100	RECOVERY ROOM	38	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,017	0	0		52.00
53.00	05300	ANESTHESIOLOGY	4,334	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2	0	0		54.00
54.01	03630	ULTRASOUND	11	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	44	0	0		56.00
57.00	05700	CT SCAN	304	0	0		57.00
58.00	05800	MRI	50	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	828	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	36	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
69.01	03140	CARDIOLOGY	171	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,701	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	206,585	0	0		73.00
74.00	07400	RENAL DIALYSIS	3	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	LITHOTRIPSY	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	3,074	15,683	2,879		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	938	0	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	230,563	313,666	47,988	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	857	0	0		192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

Period:  
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To 12/31/2014

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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	
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	0	0			192.01
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		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118-201)	231,420	313,666	47,988	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
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 TELEPHONE					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCH, RCVING, STORING					5.03
5.04 00570	ADMINING					5.04
5.05 00580	CASHIERING, A/R					5.05
5.06 00590	OTHER ADMIN & GEN					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	13,679				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100,108			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS			2,528,522	0	30.00
31.00 03100	INTENSIVE CARE UNIT			476,460	0	31.00
41.00 04100	SUBPROVIDER - I&R			548,728	0	41.00
43.00 04300	NURSERY			183,029	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM			1,711,701	0	50.00
50.01 03330	ENDOSCOPY			553,234	0	50.01
51.00 05100	RECOVERY ROOM			116,176	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			447,618	0	52.00
53.00 05300	ANESTHESIOLOGY			44,474	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			326,467	0	54.00
54.01 03630	ULTRASOUND			80,118	0	54.01
54.02 03440	MAMMOGRAPHY			98,103	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC			0	0	55.00
55.01 03480	ONCOLOGY			0	0	55.01
56.00 05600	RADIOISOTOPE			52,423	0	56.00
57.00 05700	CT SCAN			116,538	0	57.00
58.00 05800	MRI			138,840	0	58.00
59.00 05900	CARDIAC CATHETERIZATION			1,080,751	0	59.00
60.00 06000	LABORATORY			493,421	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			16,606	0	63.00
65.00 06500	RESPIRATORY THERAPY			277,220	0	65.00
66.00 06600	PHYSICAL THERAPY			99,552	0	66.00
67.00 06700	OCCUPATIONAL THERAPY			64,196	0	67.00
68.00 06800	SPEECH PATHOLOGY			8,565	0	68.00
69.01 03140	CARDIOLOGY			176,189	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			701,738	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			368,631	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			707,289	0	73.00
74.00 07400	RENAL DIALYSIS			22,284	0	74.00
76.97 07697	CARDIAC REHABILITATION			112,164	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY			0	0	76.98
76.99 07699	LI THOTRI PSY			0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY			526,558	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES			458,117	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

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Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV							
	21.00	22.00	23.00						
118.00	SUBTOTALS (SUM OF LINES 1-117)			0	0	0	12,535,712	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					50,703	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					131,753	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY					28,090	0	192.01
192.02	19202	REAL ESTATE					737,703	0	192.02
192.03	19203	FOUNDATION					131,171	0	192.03
192.04	19204	OUTREACH PROGRAMS					267,231	0	192.04
192.05	19205	UNASSIGNED					244,066	0	192.05
200.00		Cross Foot Adjustments	13,679	100,108	0		113,787	0	200.00
201.00		Negative Cost Centers	0	0	0		0	0	201.00
202.00		TOTAL (sum lines 118-201)	13,679	100,108	0		14,240,216	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 3:15 pm
Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
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	00590			5.06
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
12.00	01200			12.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	2,528,522		30.00
31.00	03100	476,460		31.00
41.00	04100	548,728		41.00
43.00	04300	183,029		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	1,711,701		50.00
50.01	03330	553,234		50.01
51.00	05100	116,176		51.00
52.00	05200	447,618		52.00
53.00	05300	44,474		53.00
54.00	05400	326,467		54.00
54.01	03630	80,118		54.01
54.02	03440	98,103		54.02
55.00	05500	0		55.00
55.01	03480	0		55.01
56.00	05600	52,423		56.00
57.00	05700	116,538		57.00
58.00	05800	138,840		58.00
59.00	05900	1,080,751		59.00
60.00	06000	493,421		60.00
62.30	06250	0		62.30
63.00	06300	16,606		63.00
65.00	06500	277,220		65.00
66.00	06600	99,552		66.00
67.00	06700	64,196		67.00
68.00	06800	8,565		68.00
69.01	03140	176,189		69.01
71.00	07100	701,738		71.00
72.00	07200	368,631		72.00
73.00	07300	707,289		73.00
74.00	07400	22,284		74.00
76.97	07697	112,164		76.97
76.98	07698	0		76.98
76.99	07699	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	526,558		91.00
92.00	09200			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	458,117		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300			113.00
118.00		12,535,712		118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	50,703		190.00
192.00	19200	131,753		192.00
192.01	19201	28,090		192.01
192.02	19202	737,703		192.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 3:15 pm
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Cost Center Description		Total	
		26.00	
192.03	19203 FOUNDATION	131,171	192.03
192.04	19204 OUTREACH PROGRAMS	267,231	192.04
192.05	19205 UNASSIGNED	244,066	192.05
200.00	Cross Foot Adjustments	113,787	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	14,240,216	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONE (N LINES)	DATA PROCESSING (N DEVICES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00	4.00	5.01	5.02				
<b>GENERAL SERVICE COST CENTERS</b>									
1.00 00100	CAP REL COSTS-BLDG & FIXT	377,462							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,674,647						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	194	201	38,000,741					4.00
5.01 00540	NONPATIENT TELEPHONE	729	10,996	291,374	1,065				5.01
5.02 00550	DATA PROCESSING	2,744	18,719	23,710	39			536	5.02
5.03 00560	PURCH, RCVING, STORING	0	49,184	0	10			6	5.03
5.04 00570	ADMINISTRATIVE	2,147	21,198	540,934	29			20	5.04
5.05 00580	CASHIERING, A/R	287	0	0	4			9	5.05
5.06 00590	OTHER ADMIN & GEN	18,645	33,380	2,241,207	167			66	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0			0	6.00
7.00 00700	OPERATION OF PLANT	79,700	672,370	905,533	22			11	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	973	412	0	2			0	8.00
9.00 00900	HOUSEKEEPING	4,425	1,550	945,866	8			3	9.00
10.00 01000	DIETARY	11,498	2,069	178,156	12			3	10.00
11.00 01100	CAFETERIA	2,579	5,391	464,190	32			9	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0			0	12.00
13.00 01300	NURSING ADMINISTRATION	478	137,132	1,035,262	7			0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	13,215	41,615	17,357	9			5	14.00
15.00 01500	PHARMACY	3,414	7,752	1,689,682	26			26	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,306	386	985,421	33			27	16.00
17.00 01700	SOCIAL SERVICE	628	48	640,375	12			5	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	2			0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIALTY)	0	0	0	0			0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00 03000	ADULTS & PEDIATRICS	63,054	39,663	7,830,762	161			85	30.00
31.00 03100	INTENSIVE CARE UNIT	10,158	25,642	2,098,003	19			13	31.00
41.00 04100	SUBPROVIDER - I&R	13,231	7,544	1,300,328	46			25	41.00
43.00 04300	NURSERY	3,835	5,911	485,635	12			10	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00 05000	OPERATING ROOM	27,548	491,930	3,348,610	57			47	50.00
50.01 03330	ENDOSCOPY	4,410	18,013	723,269	19			15	50.01
51.00 05100	RECOVERY ROOM	2,390	15,480	500,546	19			5	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,631	96,385	1,336,224	20			11	52.00
53.00 05300	ANESTHESIOLOGY	404	9,453	32,828	4			0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,574	47,638	701,176	32			10	54.00
54.01 03630	ULTRASOUND	2,275	2,359	284,924	12			4	54.01
54.02 03440	MAMMOGRAPHY	3,231	14,094	63,714	3			1	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	1,245	2,398	140,356	6			2	56.00
57.00 05700	CT SCAN	2,363	8,341	400,057	17			5	57.00
58.00 05800	MRI	1,581	55,094	165,624	7			2	58.00
59.00 05900	CARDIAC CATHETERIZATION	8,366	520,312	1,242,715	17			10	59.00
60.00 06000	LABORATORY	11,656	22,142	0	52			27	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	6,133	13,581	959,422	27			11	65.00
66.00 06600	PHYSICAL THERAPY	3,590	2,186	0	2			0	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,328	0	0	2			0	67.00
68.00 06800	SPEECH PATHOLOGY	190	0	0	1			0	68.00
69.01 03140	CARDIOLOGY	2,568	50,054	417,785	17			6	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	425	1,019	0	3			2	74.00
76.97 07697	CARDIAC REHABILITATION	3,097	9,732	363,335	4			5	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
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00 09100	EMERGENCY	11,084	44,477	2,501,198	55			23	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)								92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00 09500	AMBULANCE SERVICES	0	98,194	1,918,359	0			21	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00 11300	INTEREST EXPENSE								113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONE (N LINES)	DATA PROCESSING (N DEVICES)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)									
	1.00	2.00	4.00	5.01	5.02						
118.00	SUBTOTALS (SUM OF LINES 1-117)					353,329	2,604,045	36,773,937	1,028	530	118.00
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,679	7,133	53,174	0	0	190.00			
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,331	3,247	495,234	17	0	192.00			
192.01	19201	COVENANT OUTPATIENT PHARMACY	741	548	197,296	5	0	192.01			
192.02	19202	REAL ESTATE	0	29,676	0	0	0	192.02			
192.03	19203	FOUNDATION	0	23,466	223,683	6	6	192.03			
192.04	19204	OUTREACH PROGRAMS	8,255	6,532	173,720	9	0	192.04			
192.05	19205	UNASSIGNED	11,127	0	83,697	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)		4,827,649	4,037,123	9,777,346	836,903	4,676,504	202.00			
203.00	Unit cost multiplier (Wkst. B, Part I)		12.789762	1.509404	0.257294	785.824413	8,724.820896	203.00			
204.00	Cost to be allocated (per Wkst. B, Part II)				136,183	38,919	1,857,642	204.00			
205.00	Unit cost multiplier (Wkst. B, Part II)				0.003584	36.543662	3,465.750000	205.00			

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description		PURCH, RCVI NG, S TORI NG (SUPPLI ES \$)	ADMI TTI NG (INPATI ENT REVENUE)	CASHI ERI NG, A/R (GROSS REVENUE)	Reconci li ati on	OTHE R ADMI N & GEN (ACCUM COST)		
		5.03	5.04	5.05	5A.06	5.06		
<b>GENERAL SERVICE COST CENTERS</b>								
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 TELEPHONE					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCH, RCVI NG, STORI NG	18,909,253				5.03	
5.04	00570	ADMI TTI NG	6,768	290,031,656			5.04	
5.05	00580	CASHI ERI NG, A/R	32	0	586,254,657		5.05	
5.06	00590	OTHE R ADMI N & GEN	38,791	0	0	-19,511,282	102,644,613	5.06
6.00	00600	MAI NTENANCE & REPAI RS	0	0	0	0	0	6.00
7.00	00700	OPERATI ON OF PLANT	159,494	0	0	0	7,066,134	7.00
8.00	00800	LAUNDRY & LI NEN SERVI CE	114,922	0	0	0	464,119	8.00
9.00	00900	HOUSEKEEPI NG	108,839	0	0	0	1,628,682	9.00
10.00	01000	DI ETARY	28,651	0	0	0	690,919	10.00
11.00	01100	CAFETERIA	74,850	0	0	0	1,053,151	11.00
12.00	01200	MAI NTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSI NG ADMI NI STRATI ON	8,457	0	0	0	1,586,195	13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY	16,684	0	0	0	466,274	14.00
15.00	01500	PHARMACY	21,424	0	0	0	2,459,449	15.00
16.00	01600	MEDI CAL RECORDS & LI BRARY	49,211	0	0	0	2,324,103	16.00
17.00	01700	SOCI AL SERVI CE	548	0	0	0	889,020	17.00
19.00	01900	NONPHYSICI AN ANESTHETI STS	0	0	0	0	0	19.00
20.00	02000	NURSI NG SCHOOL	0	0	0	0	0	20.00
21.00	02100	I & R SERVI CES-SALARY & FRI NGES APPRV	0	0	0	0	957,812	21.00
22.00	02200	I & R SERVI CES-OTHE R PRGM COSTS APPRV	0	0	0	0	817,842	22.00
23.00	02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	0	23.00
<b>INPATI ENT ROUTI NE SERVI CE COST CENTERS</b>								
30.00	03000	ADULTS & PEDI ATRI CS	192,386	41,279,861	46,778,023	0	12,140,765	30.00
31.00	03100	I NTENSIVE CARE UNI T	87,009	11,443,755	11,443,755	0	3,683,171	31.00
41.00	04100	SUBPROVI DER - I RF	50,751	7,936,904	7,936,904	0	2,554,956	41.00
43.00	04300	NURSERY	14,151	3,336,315	3,336,315	0	838,684	43.00
<b>ANCI LLARY SERVI CE COST CENTERS</b>								
50.00	05000	OPERATI NG ROOM	538,368	31,465,262	77,676,142	0	7,376,180	50.00
50.01	03330	ENDOSCOPY	21,810	1,803,501	17,618,298	0	1,573,108	50.01
51.00	05100	RECOVERY ROOM	6,635	4,116,744	9,735,230	0	781,758	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	21,569	5,347,880	5,557,099	0	2,158,483	52.00
53.00	05300	ANESTHESI OLOGY	19,162	10,072,789	28,083,571	0	289,706	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	26,447	3,629,915	9,901,753	0	1,273,505	54.00
54.01	03630	ULTRASOUND	28,570	2,226,448	4,571,822	0	480,863	54.01
54.02	03440	MAMMOGRAPHY	17,651	976	768,756	0	178,188	54.02
55.00	05500	RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADI OI SOTOPE	180,347	1,105,030	3,398,017	0	423,469	56.00
57.00	05700	CT SCAN	96,944	7,525,265	22,616,416	0	782,996	57.00
58.00	05800	MRI	51,035	4,650,756	8,795,737	0	428,295	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	126,318	14,291,428	34,573,074	0	3,090,103	59.00
60.00	06000	LABORATORY	2,128	33,919,810	66,218,762	0	5,394,970	60.00
62.30	06250	BLOOD CLOTTI NG FOR HEMOPHI LI ACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORI NG, PROCESSI NG & TRANS.	630,111	1,473,354	2,051,374	0	653,472	63.00
65.00	06500	RESPI RATORY THERAPY	11,268	2,267,448	24,996,147	0	1,546,349	65.00
66.00	06600	PHYSI CAL THERAPY	9,731	4,427,349	5,937,338	0	898,837	66.00
67.00	06700	OCCUPATI ONAL THERAPY	320	4,023,299	4,866,312	0	770,316	67.00
68.00	06800	SPEECH PATHOLOGY	49	860,677	1,085,835	0	259,181	68.00
69.01	03140	CARDI OLOGY	44,104	5,021,913	8,977,757	0	783,025	69.01
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	8,449,363	12,791,491	24,342,352	0	9,006,722	71.00
72.00	07200	I MPL. DEV. CHARGED TO PATI ENTS	7,343,559	18,297,138	29,983,238	0	7,630,939	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	45,474,523	69,012,223	0	3,416,114	73.00
74.00	07400	RENAL DI ALYSI S	2,176	831,771	851,376	0	268,764	74.00
76.97	07697	CARDI AC REHABI LI TATI ON	9,938	187,532	1,228,117	0	566,708	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATI ENT SERVI CE COST CENTERS</b>								
91.00	09100	EMERGENCY	106,192	10,222,522	43,035,622	0	3,993,439	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART						92.00
<b>OTHE R REI MBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVI CES	93,868	0	10,877,292	0	3,759,691	95.00
<b>SPECI AL PURPOSE COST CENTERS</b>								
113.00	11300	I NTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LI NES 1-117)	18,810,631	290,031,656	586,254,657	-19,511,282	97,406,457	118.00
<b>NONREI MBURSABLE COST CENTERS</b>								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	58,156	0	0	0	209,982	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description			PURCH, RCVI NG, S TORI NG (SUPPLI ES \$)	ADMI TTI NG (I NPATI ENT REVENUE)	CASHI ERI NG, A/R (GROSS REVENUE)	Reconci li ation	OTHER ADMI N & GEN (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,534	0	0	0	1,842,446	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	4,236	0	0	0	704,852	192.01
192.02	19202	REAL ESTATE	0	0	0	0	809,091	192.02
192.03	19203	FOUNDATION	13,817	0	0	0	764,084	192.03
192.04	19204	OUTREACH PROGRAMS	10,879	0	0	0	478,902	192.04
192.05	19205	UNASSIGNED	0	0	0	0	428,799	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)	436,933	980,657	1,091,601		19,511,282	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.023107	0.003381	0.001862		0.190086	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	179,817	163,410	129,472		1,465,871	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009509	0.000563	0.000221		0.014281	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEALS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	00590						5.06
6.00	00600	0					6.00
7.00	00700	0	273,016				7.00
8.00	00800	0	973	957,588			8.00
9.00	00900	0	4,425	0	267,618		9.00
10.00	01000	0	11,498	0	11,498	96,759	10.00
11.00	01100	0	2,579	0	2,579	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	478	0	478	0	13.00
14.00	01400	0	13,215	7,128	13,215	0	14.00
15.00	01500	0	3,414	0	3,414	0	15.00
16.00	01600	0	8,306	0	8,306	0	16.00
17.00	01700	0	628	0	628	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	63,054	373,467	63,054	67,594	30.00
31.00	03100	0	10,158	47,123	10,158	9,879	31.00
41.00	04100	0	13,231	101,741	13,231	13,726	41.00
43.00	04300	0	3,835	3,301	3,835	5,560	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	27,548	133,208	27,548	0	50.00
50.01	03330	0	4,410	24,970	4,410	0	50.01
51.00	05100	0	2,390	15,155	2,390	0	51.00
52.00	05200	0	9,631	27,865	9,631	0	52.00
53.00	05300	0	404	0	404	0	53.00
54.00	05400	0	8,574	11,684	8,574	0	54.00
54.01	03630	0	2,275	0	2,275	0	54.01
54.02	03440	0	3,231	2,542	3,231	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	0	0	0	0	0	55.01
56.00	05600	0	1,245	2,758	1,245	0	56.00
57.00	05700	0	2,363	14,612	2,363	0	57.00
58.00	05800	0	1,581	0	1,581	0	58.00
59.00	05900	0	8,366	27,299	8,366	0	59.00
60.00	06000	0	11,656	1,109	11,656	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	0	6,133	0	6,133	0	65.00
66.00	06600	0	3,590	3,218	3,590	0	66.00
67.00	06700	0	2,328	3,218	2,328	0	67.00
68.00	06800	0	190	1,609	190	0	68.00
69.01	03140	0	2,568	5,346	2,568	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	0	425	2,275	425	0	74.00
76.97	07697	0	3,097	264	3,097	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	11,084	119,508	11,084	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	16,428	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		0	248,883	945,828	243,485	96,759	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	1,679	0	1,679	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEALS)	
			6.00	7.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,331	2,025	2,331	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	741	0	741	0	192.01
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	8,255	9,735	8,255	0	192.04
192.05	19205	UNASSIGNED	0	11,127	0	11,127	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	8,409,307	582,312	2,074,569	1,265,541	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	30.801517	0.608103	7.751979	13.079310	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,198,197	28,694	132,936	270,082	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	8.051532	0.029965	0.496738	2.791286	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description			CAFETERIA (TOTAL EML FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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 TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH, RCVING, STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING, A/R						5.05
5.06	00590	OTHER ADMIN & GEN						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	52,786					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,774	0	41,213			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20	0	20	16,552,247		14.00
15.00	01500	PHARMACY	1,769	0	1,769	507	3,755,128	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,812	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	819	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	13,500	0	13,500	120,853	12,071	30.00
31.00	03100	INTENSIVE CARE UNIT	2,897	0	2,897	67,721	6,909	31.00
41.00	04100	SUBPROVIDER - I&R	2,172	0	2,172	35,356	659	41.00
43.00	04300	NURSERY	626	0	626	9,267	1,393	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,551	0	5,551	247	38,338	50.00
50.01	03330	ENDOSCOPY	1,027	0	1,027	0	28,675	50.01
51.00	05100	RECOVERY ROOM	665	0	665	2,981	619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,878	0	1,878	0	16,499	52.00
53.00	05300	ANESTHESIOLOGY	97	0	97	0	70,325	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,197	0	1,197	20,922	30	54.00
54.01	03630	ULTRASOUND	322	0	322	27,723	180	54.01
54.02	03440	MAMMOGRAPHY	91	0	91	16,148	6	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	141	0	141	177,180	717	56.00
57.00	05700	CT SCAN	587	0	587	96,197	4,931	57.00
58.00	05800	MRI	216	0	216	50,583	810	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,722	0	1,722	12,960	13,442	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	1,694	0	1,694	449	587	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,563	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	320	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	21	0	68.00
69.01	03140	CARDIOLOGY	639	0	639	41,522	2,776	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,449,363	124,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,343,559	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,352,138	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,086	41	74.00
76.97	07697	CARDIAC REHABILITATION	481	0	481	4,771	8	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	3,921	0	3,921	8,066	49,884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	5,238	0	0	46,578	15,228	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	50,856	0	41,213	16,541,943	3,741,221	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description		CAFETERIA (TOTAL EMPL FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	171	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	820	0	0	1,710	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	213	0	0	4	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	272	0	0	3,005	192.03
192.04	19204	OUTREACH PROGRAMS	354	0	0	5,585	192.04
192.05	19205	UNASSIGNED	100	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)	1,352,769	0	1,951,599	1,070,185	3,187,714
203.00		Unit cost multiplier (Wkst. B, Part I)	25.627420	0.000000	47.353966	0.064655	0.848896
204.00		Cost to be allocated (per Wkst. B, Part II)	112,945	0	247,682	389,700	231,420
205.00		Unit cost multiplier (Wkst. B, Part II)	2.139677	0.000000	6.009803	0.023544	0.061628

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/20/2015 3:15 pm

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	
<b>GENERAL SERVICE COST CENTERS</b>						
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 TELEPHONE						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCH, RCVING, STORING						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING, A/R						5.05
5.06 00590 OTHER ADMIN & GEN						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	10,000					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			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	6,637	6,567		0	8,409	30.00
31.00 03100 INTENSIVE CARE UNIT	970	960		0	395	31.00
41.00 04100 SUBPROVIDER - I&R	1,348	1,333		0	0	41.00
43.00 04300 NURSERY	545	540		0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0	0	0	0	589	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
69.01 03140 RADIOLOGY	0	0	0	0	607	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	500	600	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/20/2015 3:15 pm

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		
118.00	SUBTOTALS (SUM OF LINES 1-117)					10,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	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)		3,132,544	1,103,210	0	1,139,879	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		313.254400	110.321000	0.000000	113.987900	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		313,666	47,988	0	13,679	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		31.366600	4.798800	0.000000	1.367900	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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 TELEPHONE			5.01
5.02 00550 DATA PROCESSING			5.02
5.03 00560 PURCH, RCVING, STORING			5.03
5.04 00570 ADMIN TTING			5.04
5.05 00580 CASHIERING, A/R			5.05
5.06 00590 OTHER ADMIN & GEN			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	10,000		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 03000 ADULTS & PEDIATRICS	8,409	0	30.00
31.00 03100 INTENSIVE CARE UNIT	395	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	41.00
43.00 04300 NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 03330 ENDOSCOPY	589	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
69.01 03140 RADIOLOGY	607	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 HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00 11300 INTEREST EXPENSE			113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
118.00	22.00	23.00	
118.00	10,000	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	0	0	190.00
192.00	0	0	192.00
192.01	0	0	192.01
192.02	0	0	192.02
192.03	0	0	192.03
192.04	0	0	192.04
192.05	0	0	192.05
200.00			200.00
201.00			201.00
202.00	973,302	0	202.00
203.00	97.330200	0.000000	203.00
204.00	100,108	0	204.00
205.00	10.010800	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 3:15 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		21,797,532	6,298	21,803,830
31.00	03100 INTENSIVE CARE UNIT		5,564,220	1,000	5,565,220
41.00	04100 SUBPROVIDER - I RF		4,522,800	0	4,522,800
43.00	04300 NURSERY		1,498,453	0	1,498,453
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		10,359,046	4,954	10,364,000
50.01	03330 ENDOSCOPY		2,156,633	0	2,156,633
51.00	05100 RECOVERY ROOM		1,080,968	0	1,080,968
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,108,098	0	3,108,098
53.00	05300 ANESTHESIOLOGY		427,129	0	427,129
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,941,979	2,668	1,944,647
54.01	03630 ULTRASOUND		685,422	0	685,422
54.02	03440 MAMMOGRAPHY		345,862	0	345,862
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0
55.01	03480 ONCOLOGY		0	0	0
56.00	05600 RADIOISOTOPE		575,996	0	575,996
57.00	05700 CT SCAN		1,085,067	0	1,085,067
58.00	05800 MRI		590,383	0	590,383
59.00	05900 CARDIAC CATHETERIZATION		4,154,550	3,230	4,157,780
60.00	06000 LABORATORY		6,870,531	9,032	6,879,563
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		777,688	0	777,688
65.00	06500 RESPIRATORY THERAPY	0	2,200,895	4,887	2,205,782
66.00	06600 PHYSICAL THERAPY	0	1,210,481	0	1,210,481
67.00	06700 OCCUPATIONAL THERAPY	0	1,008,473	0	1,008,473
68.00	06800 SPEECH PATHOLOGY	0	316,752	0	316,752
69.01	03140 RADIOLOGY		1,085,800	0	1,085,800
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		11,371,139	0	11,371,139
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		9,556,272	0	9,556,272
73.00	07300 DRUGS CHARGED TO PATIENTS		6,911,085	0	6,911,085
74.00	07400 RENAL DIALYSIS		337,791	0	337,791
76.97	07697 CARDIAC REHABILITATION		829,411	0	829,411
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY		5,804,384	0	5,804,384
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,851,254	0	2,851,254
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES		4,634,521	0	4,634,521
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)		115,660,615	32,069	115,692,684
201.00	Less Observation Beds		2,851,254		2,851,254
202.00	Total (see instructions)	0	112,809,361	32,069	112,841,430

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 3:15 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	41,279,861		41,279,861			30.00
31.00	03100	INTENSIVE CARE UNIT	11,443,755		11,443,755			31.00
41.00	04100	SUBPROVIDER - I RF	7,936,904		7,936,904			41.00
43.00	04300	NURSERY	3,336,315		3,336,315			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,465,262	46,210,880	77,676,142	0.133362	0.000000	50.00
50.01	03330	ENDOSCOPY	1,803,501	15,814,797	17,618,298	0.122409	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,116,744	5,618,486	9,735,230	0.111037	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,347,880	209,219	5,557,099	0.559302	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,072,789	18,010,782	28,083,571	0.015209	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,629,915	6,271,838	9,901,753	0.196125	0.000000	54.00
54.01	03630	ULTRASOUND	2,226,448	2,345,374	4,571,822	0.149923	0.000000	54.01
54.02	03440	MAMMOGRAPHY	976	767,780	768,756	0.449898	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000	55.01
56.00	05600	RADIOLOGY	1,105,030	2,292,987	3,398,017	0.169509	0.000000	56.00
57.00	05700	CT SCAN	7,525,265	15,091,151	22,616,416	0.047977	0.000000	57.00
58.00	05800	MRI	4,650,756	4,144,981	8,795,737	0.067121	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,291,428	20,281,646	34,573,074	0.120167	0.000000	59.00
60.00	06000	LABORATORY	33,919,810	32,298,952	66,218,762	0.103755	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.	1,473,354	578,020	2,051,374	0.379106	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	22,674,448	2,321,699	24,996,147	0.088049	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,427,349	1,509,989	5,937,338	0.203876	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,023,299	843,013	4,866,312	0.207236	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	860,677	225,158	1,085,835	0.291713	0.000000	68.00
69.01	03140	CARDIOLOGY	5,021,913	3,955,844	8,977,757	0.120943	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,791,491	11,550,861	24,342,352	0.467134	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,297,138	11,686,100	29,983,238	0.318720	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,474,523	23,537,700	69,012,223	0.100143	0.000000	73.00
74.00	07400	RENAL DIALYSIS	831,771	19,605	851,376	0.396759	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	187,532	1,040,585	1,228,117	0.675352	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	10,222,522	32,813,100	43,035,622	0.134874	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,160,962	4,337,200	5,498,162	0.518583	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	10,877,292	10,877,292	0.426073	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	311,599,618	274,655,039	586,254,657			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	311,599,618	274,655,039	586,254,657			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 3:15 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.133426		50.00
50.01	03330 ENDOSCOPY	0.122409		50.01
51.00	05100 RECOVERY ROOM	0.111037		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.559302		52.00
53.00	05300 ANESTHESIOLOGY	0.015209		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.196394		54.00
54.01	03630 ULTRASOUND	0.149923		54.01
54.02	03440 MAMMOGRAPHY	0.449898		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.169509		56.00
57.00	05700 CT SCAN	0.047977		57.00
58.00	05800 MRI	0.067121		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.120261		59.00
60.00	06000 LABORATORY	0.103891		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.379106		63.00
65.00	06500 RESPIRATORY THERAPY	0.088245		65.00
66.00	06600 PHYSICAL THERAPY	0.203876		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.207236		67.00
68.00	06800 SPEECH PATHOLOGY	0.291713		68.00
69.01	03140 RADIOLOGY	0.120943		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.467134		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.318720		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.100143		73.00
74.00	07400 RENAL DIALYSIS	0.396759		74.00
76.97	07697 CARDIAC REHABILITATION	0.675352		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	0.134874		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.518583		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.426073		95.00
	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: 140113

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/20/2015 3:15 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	23,574,507		23,574,507	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,647,690		5,647,690	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	4,522,800		4,522,800	0	0	41.00
43.00	04300	NURSERY	1,498,453		1,498,453	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,359,046		10,359,046	0	0	50.00
50.01	03330	ENDOSCOPY	2,281,099		2,281,099	0	0	50.01
51.00	05100	RECOVERY ROOM	1,080,968		1,080,968	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,108,098		3,108,098	0	0	52.00
53.00	05300	ANESTHESIOLOGY	427,129		427,129	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,941,979		1,941,979	0	0	54.00
54.01	03630	ULTRASOUND	685,422		685,422	0	0	54.01
54.02	03440	MAMMOGRAPHY	345,862		345,862	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	03480	ONCOLOGY	0		0	0	0	55.01
56.00	05600	RADIOISOTOPE	575,996		575,996	0	0	56.00
57.00	05700	CT SCAN	1,085,067		1,085,067	0	0	57.00
58.00	05800	MRI	590,383		590,383	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,154,550		4,154,550	0	0	59.00
60.00	06000	LABORATORY	6,870,531		6,870,531	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	777,688		777,688	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,200,895	0	2,200,895	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,210,481	0	1,210,481	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,008,473	0	1,008,473	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	316,752	0	316,752	0	0	68.00
69.01	03140	CARDIOLOGY	1,214,070		1,214,070	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,371,139		11,371,139	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,556,272		9,556,272	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,911,085		6,911,085	0	0	73.00
74.00	07400	RENAL DIALYSIS	337,791		337,791	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	829,411		829,411	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	5,804,384		5,804,384	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,082,805		3,082,805	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	4,634,521		4,634,521	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	118,005,347	0	118,005,347	0	0	200.00
201.00		Less Observation Beds	3,082,805		3,082,805			201.00
202.00		Total (see instructions)	114,922,542	0	114,922,542	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 3:15 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	41,279,861		41,279,861			30.00
31.00	03100	INTENSIVE CARE UNIT	11,443,755		11,443,755			31.00
41.00	04100	SUBPROVIDER - I RF	7,936,904		7,936,904			41.00
43.00	04300	NURSERY	3,336,315		3,336,315			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,465,262	46,210,880	77,676,142	0.133362	0.000000	50.00
50.01	03330	ENDOSCOPY	1,803,501	15,814,797	17,618,298	0.129473	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,116,744	5,618,486	9,735,230	0.111037	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,347,880	209,219	5,557,099	0.559302	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,072,789	18,010,782	28,083,571	0.015209	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,629,915	6,271,838	9,901,753	0.196125	0.000000	54.00
54.01	03630	ULTRASOUND	2,226,448	2,345,374	4,571,822	0.149923	0.000000	54.01
54.02	03440	MAMMOGRAPHY	976	767,780	768,756	0.449898	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000	55.01
56.00	05600	RADIOLOGY	1,105,030	2,292,987	3,398,017	0.169509	0.000000	56.00
57.00	05700	CT SCAN	7,525,265	15,091,151	22,616,416	0.047977	0.000000	57.00
58.00	05800	MRI	4,650,756	4,144,981	8,795,737	0.067121	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,291,428	20,281,646	34,573,074	0.120167	0.000000	59.00
60.00	06000	LABORATORY	33,919,810	32,298,952	66,218,762	0.103755	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.	1,473,354	578,020	2,051,374	0.379106	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	22,674,448	2,321,699	24,996,147	0.088049	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,427,349	1,509,989	5,937,338	0.203876	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,023,299	843,013	4,866,312	0.207236	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	860,677	225,158	1,085,835	0.291713	0.000000	68.00
69.01	03140	CARDIOLOGY	5,021,913	3,955,844	8,977,757	0.135231	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,791,491	11,550,861	24,342,352	0.467134	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,297,138	11,686,100	29,983,238	0.318720	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,474,523	23,537,700	69,012,223	0.100143	0.000000	73.00
74.00	07400	RENAL DIALYSIS	831,771	19,605	851,376	0.396759	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	187,532	1,040,585	1,228,117	0.675352	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	10,222,522	32,813,100	43,035,622	0.134874	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,160,962	4,337,200	5,498,162	0.560697	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	10,877,292	10,877,292	0.426073	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	311,599,618	274,655,039	586,254,657			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	311,599,618	274,655,039	586,254,657			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 3:15 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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 STORAGE, 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
69.01	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 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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: 140113

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/20/2015 3:15 pm

		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	23,574,507		23,574,507	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,647,690		5,647,690	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	4,522,800		4,522,800	0	0	41.00
43.00	04300	NURSERY	1,498,453		1,498,453	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,359,046		10,359,046	0	0	50.00
50.01	03330	ENDOSCOPY	2,281,099		2,281,099	0	0	50.01
51.00	05100	RECOVERY ROOM	1,080,968		1,080,968	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,108,098		3,108,098	0	0	52.00
53.00	05300	ANESTHESIOLOGY	427,129		427,129	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,941,979		1,941,979	0	0	54.00
54.01	03630	ULTRASOUND	685,422		685,422	0	0	54.01
54.02	03440	MAMMOGRAPHY	345,862		345,862	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	03480	ONCOLOGY	0		0	0	0	55.01
56.00	05600	RADIOISOTOPE	575,996		575,996	0	0	56.00
57.00	05700	CT SCAN	1,085,067		1,085,067	0	0	57.00
58.00	05800	MRI	590,383		590,383	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,154,550		4,154,550	0	0	59.00
60.00	06000	LABORATORY	6,870,531		6,870,531	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	777,688		777,688	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,200,895	0	2,200,895	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,210,481	0	1,210,481	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,008,473	0	1,008,473	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	316,752	0	316,752	0	0	68.00
69.01	03140	CARDIOLOGY	1,214,070		1,214,070	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,371,139		11,371,139	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,556,272		9,556,272	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,911,085		6,911,085	0	0	73.00
74.00	07400	RENAL DIALYSIS	337,791		337,791	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	829,411		829,411	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	5,804,384		5,804,384	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,082,805		3,082,805	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	4,634,521		4,634,521	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	118,005,347	0	118,005,347	0	0	200.00
201.00		Less Observation Beds	3,082,805		3,082,805	0	0	201.00
202.00		Total (see instructions)	114,922,542	0	114,922,542	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 3:15 pm	
			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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	41,279,861		41,279,861			30.00
31.00	03100	INTENSIVE CARE UNIT	11,443,755		11,443,755			31.00
41.00	04100	SUBPROVIDER - I RF	7,936,904		7,936,904			41.00
43.00	04300	NURSERY	3,336,315		3,336,315			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,465,262	46,210,880	77,676,142	0.133362	0.000000	50.00
50.01	03330	ENDOSCOPY	1,803,501	15,814,797	17,618,298	0.129473	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,116,744	5,618,486	9,735,230	0.111037	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,347,880	209,219	5,557,099	0.559302	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,072,789	18,010,782	28,083,571	0.015209	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,629,915	6,271,838	9,901,753	0.196125	0.000000	54.00
54.01	03630	ULTRASOUND	2,226,448	2,345,374	4,571,822	0.149923	0.000000	54.01
54.02	03440	MAMMOGRAPHY	976	767,780	768,756	0.449898	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000	55.01
56.00	05600	RADIOLOGY	1,105,030	2,292,987	3,398,017	0.169509	0.000000	56.00
57.00	05700	CT SCAN	7,525,265	15,091,151	22,616,416	0.047977	0.000000	57.00
58.00	05800	MRI	4,650,756	4,144,981	8,795,737	0.067121	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,291,428	20,281,646	34,573,074	0.120167	0.000000	59.00
60.00	06000	LABORATORY	33,919,810	32,298,952	66,218,762	0.103755	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.	1,473,354	578,020	2,051,374	0.379106	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	22,674,448	2,321,699	24,996,147	0.088049	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,427,349	1,509,989	5,937,338	0.203876	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,023,299	843,013	4,866,312	0.207236	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	860,677	225,158	1,085,835	0.291713	0.000000	68.00
69.01	03140	CARDIOLOGY	5,021,913	3,955,844	8,977,757	0.135231	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,791,491	11,550,861	24,342,352	0.467134	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,297,138	11,686,100	29,983,238	0.318720	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,474,523	23,537,700	69,012,223	0.100143	0.000000	73.00
74.00	07400	RENAL DIALYSIS	831,771	19,605	851,376	0.396759	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	187,532	1,040,585	1,228,117	0.675352	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	10,222,522	32,813,100	43,035,622	0.134874	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,160,962	4,337,200	5,498,162	0.560697	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	10,877,292	10,877,292	0.426073	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	311,599,618	274,655,039	586,254,657			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	311,599,618	274,655,039	586,254,657			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 3:15 pm
		Title V	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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 STORAGE, 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
69.01	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 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,528,522	0	2,528,522	24,203	104.47	30.00
31.00	INTENSIVE CARE UNIT	476,460	0	476,460	3,193	149.22	31.00
41.00	SUBPROVIDER - IRF	548,728	0	548,728	4,488	122.27	41.00
43.00	NURSERY	183,029		183,029	1,791	102.19	43.00
200.00	Total (Lines 30-199)	3,736,739		3,736,739	33,675		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	8,011	836,909				
31.00	INTENSIVE CARE UNIT	1,509	225,173				
41.00	SUBPROVIDER - IRF	2,796	341,867				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	12,316	1,403,949				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 3:15 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,711,701	77,676,142	0.022036	12,318,629	271,453	50.00
50.01	03330	ENDOSCOPY	553,234	17,618,298	0.031401	744,769	23,386	50.01
51.00	05100	RECOVERY ROOM	116,176	9,735,230	0.011934	1,677,815	20,023	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	447,618	5,557,099	0.080549	31,726	2,555	52.00
53.00	05300	ANESTHESIOLOGY	44,474	28,083,571	0.001584	3,639,646	5,765	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	326,467	9,901,753	0.032971	1,709,480	56,363	54.00
54.01	03630	ULTRASOUND	80,118	4,571,822	0.017524	982,031	17,209	54.01
54.02	03440	MAMMOGRAPHY	98,103	768,756	0.127613	437	56	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600	RADIOISOTOPE	52,423	3,398,017	0.015428	577,063	8,903	56.00
57.00	05700	CT SCAN	116,538	22,616,416	0.005153	3,786,897	19,514	57.00
58.00	05800	MRI	138,840	8,795,737	0.015785	1,861,129	29,378	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,080,751	34,573,074	0.031260	5,111,293	159,779	59.00
60.00	06000	LABORATORY	493,421	66,218,762	0.007451	14,031,832	104,551	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,606	2,051,374	0.008095	885,770	7,170	63.00
65.00	06500	RESPIRATORY THERAPY	277,220	24,996,147	0.011091	9,796,246	108,650	65.00
66.00	06600	PHYSICAL THERAPY	99,552	5,937,338	0.016767	806,068	13,515	66.00
67.00	06700	OCCUPATIONAL THERAPY	64,196	4,866,312	0.013192	653,439	8,620	67.00
68.00	06800	SPEECH PATHOLOGY	8,565	1,085,835	0.007888	98,801	779	68.00
69.01	03140	CARDIOLOGY	176,189	8,977,757	0.019625	2,612,365	51,268	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	701,738	24,342,352	0.028828	5,548,784	159,960	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	368,631	29,983,238	0.012295	8,654,400	106,406	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	707,289	69,012,223	0.010249	17,733,604	181,752	73.00
74.00	07400	RENAL DIALYSIS	22,284	851,376	0.026174	513,875	13,450	74.00
76.97	07697	CARDIAC REHABILITATION	112,164	1,228,117	0.091330	33,518	3,061	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	526,558	43,035,622	0.012235	4,216,496	51,589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	330,651	5,498,162	0.060138	588,230	35,375	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	8,671,507	511,380,530		98,614,343	1,460,530	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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	24,203	0.00	8,011	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,193	0.00	1,509	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,488	0.00	2,796	0		41.00
43.00	04300	NURSERY	1,791	0.00	0	0		43.00
200.00		Total (lines 30-199)	33,675		12,316	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	77,676,142	0.000000	0.000000	12,318,629	50.00
50.01	03330	ENDOSCOPY	0	17,618,298	0.000000	0.000000	744,769	50.01
51.00	05100	RECOVERY ROOM	0	9,735,230	0.000000	0.000000	1,677,815	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,557,099	0.000000	0.000000	31,726	52.00
53.00	05300	ANESTHESIOLOGY	0	28,083,571	0.000000	0.000000	3,639,646	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,901,753	0.000000	0.000000	1,709,480	54.00
54.01	03630	ULTRASOUND	0	4,571,822	0.000000	0.000000	982,031	54.01
54.02	03440	MAMMOGRAPHY	0	768,756	0.000000	0.000000	437	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0	3,398,017	0.000000	0.000000	577,063	56.00
57.00	05700	CT SCAN	0	22,616,416	0.000000	0.000000	3,786,897	57.00
58.00	05800	MRI	0	8,795,737	0.000000	0.000000	1,861,129	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34,573,074	0.000000	0.000000	5,111,293	59.00
60.00	06000	LABORATORY	0	66,218,762	0.000000	0.000000	14,031,832	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	2,051,374	0.000000	0.000000	885,770	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,996,147	0.000000	0.000000	9,796,246	65.00
66.00	06600	PHYSICAL THERAPY	0	5,937,338	0.000000	0.000000	806,068	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,866,312	0.000000	0.000000	653,439	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,085,835	0.000000	0.000000	98,801	68.00
69.01	03140	CARDIOLOGY	0	8,977,757	0.000000	0.000000	2,612,365	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,342,352	0.000000	0.000000	5,548,784	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,983,238	0.000000	0.000000	8,654,400	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	69,012,223	0.000000	0.000000	17,733,604	73.00
74.00	07400	RENAL DIALYSIS	0	851,376	0.000000	0.000000	513,875	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,228,117	0.000000	0.000000	33,518	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	43,035,622	0.000000	0.000000	4,216,496	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,498,162	0.000000	0.000000	588,230	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	511,380,530			98,614,343	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 3:15 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII					
		Hospital		PPS	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	8,919,438	0	50.00
50.01	03330 ENDOSCOPY	0	3,370,572	0	50.01
51.00	05100 RECOVERY ROOM	0	866,652	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,609	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,236,409	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,313,197	0	54.00
54.01	03630 ULTRASOUND	0	504,313	0	54.01
54.02	03440 MAMMOGRAPHY	0	42,835	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	649,463	0	56.00
57.00	05700 CT SCAN	0	3,087,444	0	57.00
58.00	05800 MRI	0	1,077,418	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,727,134	0	59.00
60.00	06000 LABORATORY	0	6,342,722	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	390,448	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	511,260	0	65.00
66.00	06600 PHYSICAL THERAPY	0	242	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	270	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.01	03140 RADIOLOGY	0	1,321,110	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,691,748	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,449,166	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,603,836	0	73.00
74.00	07400 RENAL DIALYSIS	0	8,557	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	264,936	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	0	4,970,926	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,285,336	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	57,637,041	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 3:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)	
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.133362	8,919,438	0	1,824	1,189,514	50.00	
50.01 03330 ENDOSCOPY	0.122409	3,370,572	0	0	412,588	50.01	
51.00 05100 RECOVERY ROOM	0.111037	866,652	0	0	96,230	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.559302	1,609	0	0	900	52.00	
53.00 05300 ANESTHESIOLOGY	0.015209	3,236,409	0	0	49,223	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.196125	1,313,197	0	62	257,551	54.00	
54.01 03630 ULTRASOUND	0.149923	504,313	0	0	75,608	54.01	
54.02 03440 MAMMOGRAPHY	0.449898	42,835	0	0	19,271	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
55.01 03480 ONCOLOGY	0.000000	0	0	0	0	55.01	
56.00 05600 RADIO SOTOPE	0.169509	649,463	0	545	110,090	56.00	
57.00 05700 CT SCAN	0.047977	3,087,444	0	0	148,126	57.00	
58.00 05800 MRI	0.067121	1,077,418	0	769	72,317	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.120167	6,727,134	0	0	808,380	59.00	
60.00 06000 LABORATORY	0.103755	6,342,722	0	0	658,089	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.379106	390,448	0	0	148,021	63.00	
65.00 06500 RESPIRATORY THERAPY	0.088049	511,260	0	0	45,016	65.00	
66.00 06600 PHYSICAL THERAPY	0.203876	242	0	0	49	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.207236	270	0	0	56	67.00	
68.00 06800 SPEECH PATHOLOGY	0.291713	0	0	0	0	68.00	
69.01 03140 RADIOLOGY	0.120943	1,321,110	0	846	159,779	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.467134	2,691,748	0	0	1,257,407	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.318720	4,449,166	0	0	1,418,038	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.100143	5,603,836	0	108,513	561,185	73.00	
74.00 07400 RENAL DIALYSIS	0.396759	8,557	0	0	3,395	74.00	
76.97 07697 CARDIAC REHABILITATION	0.675352	264,936	0	0	178,925	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100 EMERGENCY	0.134874	4,970,926	0	0	670,449	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.518583	1,285,336	0	0	666,553	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0.426073		0			95.00	
200.00		Subtotal (see instructions)	57,637,041	0	112,559	9,006,760	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	57,637,041	0	112,559	9,006,760	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 3:15 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	243		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	12		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	92		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	52		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
69.01 03140 RADIOLOGY	0	102		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	10,867		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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	11,368		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	11,368		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140113 Component CCN: 14T113		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/20/2015 3:15 pm		
				Title XVIII		Subprovider - IRF	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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,711,701	77,676,142	0.022036	19,887	438	50.00
50.01	03330	ENDOSCOPY	553,234	17,618,298	0.031401	6,672	210	50.01
51.00	05100	RECOVERY ROOM	116,176	9,735,230	0.011934	4,255	51	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	447,618	5,557,099	0.080549	192	15	52.00
53.00	05300	ANESTHESIOLOGY	44,474	28,083,571	0.001584	7,807	12	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	326,467	9,901,753	0.032971	55,437	1,828	54.00
54.01	03630	ULTRASOUND	80,118	4,571,822	0.017524	50,545	886	54.01
54.02	03440	MAMMOGRAPHY	98,103	768,756	0.127613	15	2	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600	RADIOISOTOPE	52,423	3,398,017	0.015428	9,303	144	56.00
57.00	05700	CT SCAN	116,538	22,616,416	0.005153	159,097	820	57.00
58.00	05800	MRI	138,840	8,795,737	0.015785	125,190	1,976	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,080,751	34,573,074	0.031260	39,660	1,240	59.00
60.00	06000	LABORATORY	493,421	66,218,762	0.007451	982,444	7,320	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,606	2,051,374	0.008095	13,621	110	63.00
65.00	06500	RESPIRATORY THERAPY	277,220	24,996,147	0.011091	627,210	6,956	65.00
66.00	06600	PHYSICAL THERAPY	99,552	5,937,338	0.016767	1,762,351	29,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	64,196	4,866,312	0.013192	1,725,938	22,769	67.00
68.00	06800	SPEECH PATHOLOGY	8,565	1,085,835	0.007888	367,370	2,898	68.00
69.01	03140	CARDIOLOGY	176,189	8,977,757	0.019625	46,011	903	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	701,738	24,342,352	0.028828	298,435	8,603	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	368,631	29,983,238	0.012295	7,283	90	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	707,289	69,012,223	0.010249	1,185,353	12,149	73.00
74.00	07400	RENAL DIALYSIS	22,284	851,376	0.026174	48,055	1,258	74.00
76.97	07697	CARDIAC REHABILITATION	112,164	1,228,117	0.091330	60,629	5,537	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	526,558	43,035,622	0.012235	39,915	488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,498,162	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	8,340,856	511,380,530		7,642,675	106,252	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140113 Component CCN: 14T113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 3:15 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
69.01 03140 CARDIOLOGY	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						95.00
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: 140113 Component CCN: 14T113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 3:15 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	77,676,142	0.000000	0.000000	19,887 50.00
50.01 03330 ENDOSCOPY	0	17,618,298	0.000000	0.000000	6,672 50.01
51.00 05100 RECOVERY ROOM	0	9,735,230	0.000000	0.000000	4,255 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,557,099	0.000000	0.000000	192 52.00
53.00 05300 ANESTHESIOLOGY	0	28,083,571	0.000000	0.000000	7,807 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	9,901,753	0.000000	0.000000	55,437 54.00
54.01 03630 ULTRASOUND	0	4,571,822	0.000000	0.000000	50,545 54.01
54.02 03440 MAMMOGRAPHY	0	768,756	0.000000	0.000000	15 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0 55.00
55.01 03480 ONCOLOGY	0	0	0.000000	0.000000	0 55.01
56.00 05600 RADIOISOTOPE	0	3,398,017	0.000000	0.000000	9,303 56.00
57.00 05700 CT SCAN	0	22,616,416	0.000000	0.000000	159,097 57.00
58.00 05800 MRI	0	8,795,737	0.000000	0.000000	125,190 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	34,573,074	0.000000	0.000000	39,660 59.00
60.00 06000 LABORATORY	0	66,218,762	0.000000	0.000000	982,444 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	2,051,374	0.000000	0.000000	13,621 63.00
65.00 06500 RESPIRATORY THERAPY	0	24,996,147	0.000000	0.000000	627,210 65.00
66.00 06600 PHYSICAL THERAPY	0	5,937,338	0.000000	0.000000	1,762,351 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,866,312	0.000000	0.000000	1,725,938 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,085,835	0.000000	0.000000	367,370 68.00
69.01 03140 RADIOLOGY	0	8,977,757	0.000000	0.000000	46,011 69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,342,352	0.000000	0.000000	298,435 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	29,983,238	0.000000	0.000000	7,283 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	69,012,223	0.000000	0.000000	1,185,353 73.00
74.00 07400 RENAL DIALYSIS	0	851,376	0.000000	0.000000	48,055 74.00
76.97 07697 CARDIAC REHABILITATION	0	1,228,117	0.000000	0.000000	60,629 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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100 EMERGENCY	0	43,035,622	0.000000	0.000000	39,915 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,498,162	0.000000	0.000000	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES					
200.00	Total (lines 50-199)	0	511,380,530		7,642,675 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140113 Component CCN: 14T113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 3:15 pm
Title XVIII		Subprovider - IRF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
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	1,902	0	54.00
54.01	03630 ULTRASOUND	0	0	0	54.01
54.02	03440 MAMMOGRAPHY	0	14	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	4,923	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	319	0	59.00
60.00	06000 LABORATORY	0	1,315	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	354	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
69.01	03140 RADIOLOGY	0	293	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,427	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,573	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 THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0	1	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	16,121	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140113 Component CCN: 14T113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 3:15 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)	
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.133362	0	0	36	0	50.00	
50.01 03330 ENDOSCOPY	0.122409	0	0	0	0	50.01	
51.00 05100 RECOVERY ROOM	0.111037	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.559302	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.015209	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.196125	1,902	0	1	373	54.00	
54.01 03630 ULTRASOUND	0.149923	0	0	0	0	54.01	
54.02 03440 MAMMOGRAPHY	0.449898	14	0	0	6	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
55.01 03480 ONCOLOGY	0.000000	0	0	0	0	55.01	
56.00 05600 RADIOISOTOPE	0.169509	0	0	5	0	56.00	
57.00 05700 CT SCAN	0.047977	4,923	0	0	236	57.00	
58.00 05800 MRI	0.067121	0	0	13	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.120167	319	0	0	38	59.00	
60.00 06000 LABORATORY	0.103755	1,315	0	0	136	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.379106	0	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0.088049	354	0	0	31	65.00	
66.00 06600 PHYSICAL THERAPY	0.203876	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.207236	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.291713	0	0	0	0	68.00	
69.01 03140 RADIOLOGY	0.120943	293	0	19	35	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.467134	5,427	0	0	2,535	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.318720	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.100143	1,573	0	2,909	158	73.00	
74.00 07400 RENAL DIALYSIS	0.396759	0	0	0	0	74.00	
76.97 07697 CARDIAC REHABILITATION	0.675352	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100 EMERGENCY	0.134874	1	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.518583	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0.426073		0			95.00	
200.00	Subtotal (see instructions)		16,121	0	2,983	3,548	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		16,121	0	2,983	3,548	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 3:15 pm
	Component CCN: 14T113	Title XVII I	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	5	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	1	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	1	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
69.01 03140 RADIOLOGY	0	2	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	291	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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0		95.00
200.00 Subtotal (see instructions)	0	300	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	300	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,528,522	0	2,528,522	24,203	104.47	30.00
31.00	INTENSIVE CARE UNIT	476,460	0	476,460	3,193	149.22	31.00
41.00	SUBPROVIDER - IRF	548,728	0	548,728	4,488	122.27	41.00
43.00	NURSERY	183,029		183,029	1,791	102.19	43.00
200.00	Total (lines 30-199)	3,736,739		3,736,739	33,675		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	4,927	514,724				
31.00	INTENSIVE CARE UNIT	142	21,189				
41.00	SUBPROVIDER - IRF	332	40,594				
43.00	NURSERY	844	86,248				
200.00	Total (lines 30-199)	6,245	662,755				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 3:15 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Cost	
						Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,711,701	77,676,142	0.022036	0	0	50.00
50.01	03330 ENDOSCOPY	553,234	17,618,298	0.031401	0	0	50.01
51.00	05100 RECOVERY ROOM	116,176	9,735,230	0.011934	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	447,618	5,557,099	0.080549	0	0	52.00
53.00	05300 ANESTHESIOLOGY	44,474	28,083,571	0.001584	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	326,467	9,901,753	0.032971	0	0	54.00
54.01	03630 ULTRASOUND	80,118	4,571,822	0.017524	0	0	54.01
54.02	03440 MAMMOGRAPHY	98,103	768,756	0.127613	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480 ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	52,423	3,398,017	0.015428	0	0	56.00
57.00	05700 CT SCAN	116,538	22,616,416	0.005153	0	0	57.00
58.00	05800 MRI	138,840	8,795,737	0.015785	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,080,751	34,573,074	0.031260	0	0	59.00
60.00	06000 LABORATORY	493,421	66,218,762	0.007451	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.	16,606	2,051,374	0.008095	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	277,220	24,996,147	0.011091	0	0	65.00
66.00	06600 PHYSICAL THERAPY	99,552	5,937,338	0.016767	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	64,196	4,866,312	0.013192	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	8,565	1,085,835	0.007888	0	0	68.00
69.01	03140 RADIOLOGY	176,189	8,977,757	0.019625	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	701,738	24,342,352	0.028828	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	368,631	29,983,238	0.012295	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	707,289	69,012,223	0.010249	0	0	73.00
74.00	07400 RENAL DIALYSIS	22,284	851,376	0.026174	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	112,164	1,228,117	0.091330	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	526,558	43,035,622	0.012235	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	330,652	5,498,162	0.060139	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	8,671,508	511,380,530		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description			Title XIX		Hospital		Cost	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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	24,203	0.00	4,927	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,193	0.00	142	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,488	0.00	332	0		41.00
43.00	04300	NURSERY	1,791	0.00	844	0		43.00
200.00		Total (lines 30-199)	33,675		6,245	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description		Title XIX				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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
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	
69.01	03140	CARDIOLOGY	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	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
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	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES						95.00	
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: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/20/2015 3:15 pm

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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	77,676,142	0.000000	0.000000		0	50.00
50.01	03330	ENDOSCOPY	0	17,618,298	0.000000	0.000000		0	50.01
51.00	05100	RECOVERY ROOM	0	9,735,230	0.000000	0.000000		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,557,099	0.000000	0.000000		0	52.00
53.00	05300	ANESTHESIOLOGY	0	28,083,571	0.000000	0.000000		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,901,753	0.000000	0.000000		0	54.00
54.01	03630	ULTRASOUND	0	4,571,822	0.000000	0.000000		0	54.01
54.02	03440	MAMMOGRAPHY	0	768,756	0.000000	0.000000		0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000		0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0.000000		0	55.01
56.00	05600	RADIOISOTOPE	0	3,398,017	0.000000	0.000000		0	56.00
57.00	05700	CT SCAN	0	22,616,416	0.000000	0.000000		0	57.00
58.00	05800	MRI	0	8,795,737	0.000000	0.000000		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34,573,074	0.000000	0.000000		0	59.00
60.00	06000	LABORATORY	0	66,218,762	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	2,051,374	0.000000	0.000000		0	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,996,147	0.000000	0.000000		0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,937,338	0.000000	0.000000		0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,866,312	0.000000	0.000000		0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,085,835	0.000000	0.000000		0	68.00
69.01	03140	CARDIOLOGY	0	8,977,757	0.000000	0.000000		0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,342,352	0.000000	0.000000		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,983,238	0.000000	0.000000		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	69,012,223	0.000000	0.000000		0	73.00
74.00	07400	RENAL DIALYSIS	0	851,376	0.000000	0.000000		0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,228,117	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
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00	09100	EMERGENCY	0	43,035,622	0.000000	0.000000		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,498,162	0.000000	0.000000		0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	511,380,530				0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description		Title XIX			Hospital	Cost
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
69.01	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 THOTRI PSY	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,528,522	0	2,528,522	24,203	104.47	30.00
31.00	INTENSIVE CARE UNIT	476,460	0	476,460	3,193	149.22	31.00
41.00	SUBPROVIDER - IRF	548,728	0	548,728	4,488	122.27	41.00
43.00	NURSERY	183,029		183,029	1,791	102.19	43.00
200.00	Total (lines 30-199)	3,736,739		3,736,739	33,675		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				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	0	0				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140113

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,711,701	77,676,142	0.022036	0	0	50.00
50.01	03330 ENDOSCOPY	553,234	17,618,298	0.031401	0	0	50.01
51.00	05100 RECOVERY ROOM	116,176	9,735,230	0.011934	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	447,618	5,557,099	0.080549	0	0	52.00
53.00	05300 ANESTHESIOLOGY	44,474	28,083,571	0.001584	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	326,467	9,901,753	0.032971	0	0	54.00
54.01	03630 ULTRASOUND	80,118	4,571,822	0.017524	0	0	54.01
54.02	03440 MAMMOGRAPHY	98,103	768,756	0.127613	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480 ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	52,423	3,398,017	0.015428	0	0	56.00
57.00	05700 CT SCAN	116,538	22,616,416	0.005153	0	0	57.00
58.00	05800 MRI	138,840	8,795,737	0.015785	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,080,751	34,573,074	0.031260	0	0	59.00
60.00	06000 LABORATORY	493,421	66,218,762	0.007451	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.	16,606	2,051,374	0.008095	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	277,220	24,996,147	0.011091	0	0	65.00
66.00	06600 PHYSICAL THERAPY	99,552	5,937,338	0.016767	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	64,196	4,866,312	0.013192	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	8,565	1,085,835	0.007888	0	0	68.00
69.01	03140 RADIOLOGY	176,189	8,977,757	0.019625	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	701,738	24,342,352	0.028828	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	368,631	29,983,238	0.012295	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	707,289	69,012,223	0.010249	0	0	73.00
74.00	07400 RENAL DIALYSIS	22,284	851,376	0.026174	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	112,164	1,228,117	0.091330	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	526,558	43,035,622	0.012235	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	330,652	5,498,162	0.060139	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	8,671,508	511,380,530		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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	24,203	0.00	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,193	0.00	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	4,488	0.00	0	0	0	41.00
43.00	04300	NURSERY	1,791	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	33,675		0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/20/2015 3:15 pm

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
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	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	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	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/20/2015 3:15 pm

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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	77,676,142	0.000000	0.000000		0	50.00
50.01	03330	ENDOSCOPY	0	17,618,298	0.000000	0.000000		0	50.01
51.00	05100	RECOVERY ROOM	0	9,735,230	0.000000	0.000000		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,557,099	0.000000	0.000000		0	52.00
53.00	05300	ANESTHESIOLOGY	0	28,083,571	0.000000	0.000000		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,901,753	0.000000	0.000000		0	54.00
54.01	03630	ULTRASOUND	0	4,571,822	0.000000	0.000000		0	54.01
54.02	03440	MAMMOGRAPHY	0	768,756	0.000000	0.000000		0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000		0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0.000000		0	55.01
56.00	05600	RADIOISOTOPE	0	3,398,017	0.000000	0.000000		0	56.00
57.00	05700	CT SCAN	0	22,616,416	0.000000	0.000000		0	57.00
58.00	05800	MRI	0	8,795,737	0.000000	0.000000		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34,573,074	0.000000	0.000000		0	59.00
60.00	06000	LABORATORY	0	66,218,762	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	2,051,374	0.000000	0.000000		0	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,996,147	0.000000	0.000000		0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,937,338	0.000000	0.000000		0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,866,312	0.000000	0.000000		0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,085,835	0.000000	0.000000		0	68.00
69.01	03140	CARDIOLOGY	0	8,977,757	0.000000	0.000000		0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,342,352	0.000000	0.000000		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,983,238	0.000000	0.000000		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	69,012,223	0.000000	0.000000		0	73.00
74.00	07400	RENAL DIALYSIS	0	851,376	0.000000	0.000000		0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,228,117	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
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00	09100	EMERGENCY	0	43,035,622	0.000000	0.000000		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,498,162	0.000000	0.000000		0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	511,380,530				0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description		Title V			Hospital	Cost
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
69.01	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 THOTRI PSY	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/20/2015 3:15 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,203	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,203	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)		21,038	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,011	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
<b>SWING BED ADJUSTMENT</b>				
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)		21,803,830	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)		21,803,830	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		21,803,830	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		900.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,216,870	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)		7,216,870	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,565,220	3,193	1,742.94	2,630,096	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				15,025,549	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				24,872,515	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				1,062,082	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,460,530	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,522,612	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				22,349,903	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)				3,165	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				900.87	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,851,254	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 3:15 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,528,522	21,803,830	0.115967	2,851,254	330,651	90.00
91.00	Nursing School cost	0	21,803,830	0.000000	2,851,254	0	91.00
92.00	Allied health cost	0	21,803,830	0.000000	2,851,254	0	92.00
93.00	All other Medical Education	0	21,803,830	0.000000	2,851,254	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T113		Date/Time Prepared: 5/20/2015 3:15 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,488	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,488	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)		4,488	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)		2,796	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
<b>SWING BED ADJUSTMENT</b>				
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)		4,522,800	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)		4,522,800	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		4,522,800	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,007.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,817,669	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)		2,817,669	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T113				Date/Time Prepared: 5/20/2015 3:15 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,363,141		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,180,810		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					341,867		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					106,252		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					448,119		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,732,691		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113 Component CCN: 14T113		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 3:15 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	548,728	4,522,800	0.121325	0	0	90.00
91.00	Nursing School cost	0	4,522,800	0.000000	0	0	91.00
92.00	Allied health cost	0	4,522,800	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,522,800	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/20/2015 3:15 pm
		Hospital		Cost
Cost Center Description			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,203	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,203	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)		21,038	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,927	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)		1,791	15.00
16.00	Nursery days (title V or XIX only)		844	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		23,574,507	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)		23,574,507	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		23,574,507	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		974.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,799,046	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,799,046	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/20/2015 3:15 pm		
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)	1,498,453	1,791	836.66	844	706,141	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,647,690	3,193	1,768.77	142	251,165	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,756,352	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)					3,165	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					974.03	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,082,805	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,528,522	23,574,507	0.107257	3,082,805	330,652	90.00
91.00	Nursing School cost	0	23,574,507	0.000000	3,082,805	0	91.00
92.00	Allied health cost	0	23,574,507	0.000000	3,082,805	0	92.00
93.00	All other Medical Education	0	23,574,507	0.000000	3,082,805	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T113		Date/Time Prepared: 5/20/2015 3:15 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,488	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,488	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)		4,488	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)		332	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)		1,791	15.00
16.00	Nursery days (title V or XIX only)		844	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		4,522,800	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)		4,522,800	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		4,522,800	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,007.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		334,573	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)		334,573	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T113				Date/Time Prepared: 5/20/2015 3:15 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					334,573	0	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113 Component CCN: 14T113		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 3:15 pm	
		Title XIX		Subprovider - IRF		Cost	
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	548,728	4,522,800	0.121325	0	0	90.00
91.00	Nursing School cost	0	4,522,800	0.000000	0	0	91.00
92.00	Allied health cost	0	4,522,800	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,522,800	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title V	Hospital	Date/Time Prepared: 5/20/2015 3:15 pm
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,203	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,203	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)		21,038	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)		1,791	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		23,574,507	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)		23,574,507	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		23,574,507	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		974.03	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: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/20/2015 3:15 pm	
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)	
42.00	NURSERY (title V & XIX only)	1,498,453	1,791	836.66	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,647,690	3,193	1,768.77	0	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				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)				3,165	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				974.03	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,082,805	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,528,522	23,574,507	0.107257	3,082,805	330,652	90.00
91.00	Nursing School cost	0	23,574,507	0.000000	3,082,805	0	91.00
92.00	Allied health cost	0	23,574,507	0.000000	3,082,805	0	92.00
93.00	All other Medical Education	0	23,574,507	0.000000	3,082,805	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T113		Date/Time Prepared: 5/20/2015 3:15 pm
		Title V	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,488	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,488	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)		4,488	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)		1,791	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		4,522,800	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)		4,522,800	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		4,522,800	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,007.75	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: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
					Component CCN: 14T113	Date/Time Prepared: 5/20/2015 3:15 pm	
					Title V	Subprovider - IRF	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
						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
<b>PASS THROUGH COST ADJUSTMENTS</b>							
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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113 Component CCN: 14T113		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	Cost
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	548,728	4,522,800	0.121325	0	0	90.00
91.00	Nursing School cost	0	4,522,800	0.000000	0	0	91.00
92.00	Allied health cost	0	4,522,800	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,522,800	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/20/2015 3:15 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		15,718,344	30.00
31.00	03100	INTENSIVE CARE UNIT		5,356,501	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.133426	12,318,629	50.00
50.01	03330	ENDOSCOPY	0.122409	744,769	50.01
51.00	05100	RECOVERY ROOM	0.111037	1,677,815	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.559302	31,726	52.00
53.00	05300	ANESTHESIOLOGY	0.015209	3,639,646	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196394	1,709,480	54.00
54.01	03630	ULTRASOUND	0.149923	982,031	54.01
54.02	03440	MAMMOGRAPHY	0.449898	437	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	03480	ONCOLOGY	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0.169509	577,063	56.00
57.00	05700	CT SCAN	0.047977	3,786,897	57.00
58.00	05800	MRI	0.067121	1,861,129	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.120261	5,111,293	59.00
60.00	06000	LABORATORY	0.103891	14,031,832	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.379106	885,770	63.00
65.00	06500	RESPIRATORY THERAPY	0.088245	9,796,246	65.00
66.00	06600	PHYSICAL THERAPY	0.203876	806,068	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.207236	653,439	67.00
68.00	06800	SPEECH PATHOLOGY	0.291713	98,801	68.00
69.01	03140	CARDIOLOGY	0.120943	2,612,365	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.467134	5,548,784	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.318720	8,654,400	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.100143	17,733,604	73.00
74.00	07400	RENAL DIALYSIS	0.396759	513,875	74.00
76.97	07697	CARDIAC REHABILITATION	0.675352	33,518	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.134874	4,216,496	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.518583	588,230	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		98,614,343	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)		98,614,343	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T113		Date/Time Prepared: 5/20/2015 3:15 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		4,989,421		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.133426	19,887	2,653	50.00
50.01	03330 ENDOSCOPY	0.122409	6,672	817	50.01
51.00	05100 RECOVERY ROOM	0.111037	4,255	472	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.559302	192	107	52.00
53.00	05300 ANESTHESIOLOGY	0.015209	7,807	119	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.196394	55,437	10,887	54.00
54.01	03630 ULTRASOUND	0.149923	50,545	7,578	54.01
54.02	03440 MAMMOGRAPHY	0.449898	15	7	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	03480 ONCOLOGY	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	0.169509	9,303	1,577	56.00
57.00	05700 CT SCAN	0.047977	159,097	7,633	57.00
58.00	05800 MRI	0.067121	125,190	8,403	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.120261	39,660	4,770	59.00
60.00	06000 LABORATORY	0.103891	982,444	102,067	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.379106	13,621	5,164	63.00
65.00	06500 RESPIRATORY THERAPY	0.088245	627,210	55,348	65.00
66.00	06600 PHYSICAL THERAPY	0.203876	1,762,351	359,301	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.207236	1,725,938	357,676	67.00
68.00	06800 SPEECH PATHOLOGY	0.291713	367,370	107,167	68.00
69.01	03140 RADIOLOGY	0.120943	46,011	5,565	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.467134	298,435	139,409	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.318720	7,283	2,321	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.100143	1,185,353	118,705	73.00
74.00	07400 RENAL DIALYSIS	0.396759	48,055	19,066	74.00
76.97	07697 CARDIAC REHABILITATION	0.675352	60,629	40,946	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.134874	39,915	5,383	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.518583	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		7,642,675	1,363,141	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)		7,642,675		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 3:15 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		14,769,533	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,751,047	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)		406,364	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		7,017,030	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		165.63	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		9.59	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)		0.09	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)		9.50	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		12.04	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)		9.50	12.00
13.00	Total allowable FTE count for the prior year.		9.50	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.		9.50	14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.50	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		9.50	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.057357	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.057537	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.057357	21.00
22.00	IME payment adjustment (see instructions)		818,446	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		1.19	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		2.54	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)		1.19	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.007185	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001917	27.00
28.00	IME add-on adjustment amount (see instructions)		50,873	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)		869,319	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.32	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.79	31.00
32.00	Sum of lines 30 and 31		29.11	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.23	33.00
34.00	Disproportionate share adjustment (see instructions)		645,643	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 3:15 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	0	35.00
35.01	Factor 3 (see instructions)		0.000185947	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,682,147	1,197,518	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,258,153	301,840	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,559,993		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
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)		23,001,899		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)		23,001,899		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,773,394		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).		432,422		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)		25,207,715		59.00
60.00	Primary payer payments		31,339		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,176,376		61.00
62.00	Deductibles billed to program beneficiaries		2,016,448		62.00
63.00	Coinurance billed to program beneficiaries		6,688		63.00
64.00	Allowable bad debts (see instructions)		369,398		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		240,109		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		352,807		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,393,349		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)		-52,857		70.93
70.94	HRR adjustment amount (see instructions)		-139,411		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 3:15 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		23,201,081		71.00
71.01	Sequestration adjustment (see instructions)		464,022		71.01
72.00	Interim payments		22,234,799		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)		502,260		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)		1,622,918		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: 140113

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/20/2015 3:15 pm

		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	14,769,533	0	14,769,533	0	14,769,533	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,751,047	0	0	4,751,047	4,751,047	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	406,364	0	241,285	165,080	406,365	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	7,017,030	0	4,719,103	2,297,926	7,017,029	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.057357	0.057357	0.057357	0.057357		5.00
6.00	IME payment adjustment (see instructions)	22.00	818,446	0	601,049	217,397	818,446	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.001917	0.001917	0.001917	0.001917		7.00
8.00	IME adjustment (see instructions)	28.00	50,873	0	37,360	13,513	50,873	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	869,319	0	638,409	230,910	869,319	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
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1323	0.1323	0.1323	0.1323		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	645,643	0	488,502	157,141	645,643	11.00
11.01	Uncompensated care payments	36.00	1,559,993	0	1,258,153	301,840	1,559,993	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	23,001,899	0	17,395,881	5,606,018	23,001,899	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	23,001,899	0	17,395,881	5,606,018	23,001,899	15.00
16.00	Payment for inpatient program capital	50.00	1,773,394	0	1,336,522	436,872	1,773,394	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: 140113

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/20/2015 3:15 pm

		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	18,732,403	6,042,890	24,775,293	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	1,551,232	0	1,174,414	376,818	1,551,232	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	58,662	0	38,325	20,337	58,662	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	0.0447	0.0447	0.0447	0.0447		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	69,340	0	52,496	16,844	69,340	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0607	0.0607	0.0607	0.0607		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	94,160	0	71,287	22,873	94,160	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,773,394	0	1,336,522	436,872	1,773,394	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: 140113		Period: From 01/01/2014 To 12/31/2014		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/20/2015 3:15 pm	
		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	14,769,533	14,769,533		14,769,533	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,751,047		4,751,047	4,751,047	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	406,364	241,285	165,080	406,365	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	7,017,030	0	2,297,926	2,297,926	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.057357	0.057357	0.057357		5.00
6.00	IME payment adjustment (see instructions)	22.00	818,446	601,049	217,397	818,446	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001917	0.001917	0.001917		7.00
8.00	IME adjustment (see instructions)	28.00	50,873	37,360	13,513	50,873	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	869,319	638,409	230,910	869,319	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
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1323	0.1323	0.1323		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	645,643	488,502	157,141	645,643	11.00
11.01	Uncompensated care payments	36.00	1,559,993	1,258,153	301,840	1,559,993	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	23,001,899	17,395,881	5,606,018	23,001,899	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	23,001,899	17,395,881	5,606,018	23,001,899	15.00
16.00	Payment for inpatient program capital	50.00	1,773,394	1,336,522	436,872	1,773,394	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	<b>SUBTOTAL</b>			18,732,403	6,042,890	24,775,293	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/20/2015 3:15 pm
		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	1,551,232	1,174,414	376,818	1,551,232	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	58,662	38,325	20,337	58,662	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	0.0447	0.0447	0.0447		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	69,340	52,496	16,844	69,340	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0607	0.0607	0.0607		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	94,160	71,287	22,873	94,160	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,773,394	1,336,522	436,872	1,773,394	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	-52,857	-52,751	-106	-52,857	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	-139,411	-73,847	-65,564	-139,411	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: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/20/2015 3:15 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			11,368 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			9,006,760 2.00
3.00	PPS payments			8,553,267 3.00
4.00	Outlier payment (see instructions)			11,099 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)			11,368 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			112,559 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)			112,559 14.00
<b>Customary charges</b>				
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)			112,559 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			101,191 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)			11,368 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)			8,564,366 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,724,506 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)			6,851,228 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			134,363 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)			6,985,591 30.00
31.00	Primary payer payments			4,198 31.00
32.00	Subtotal (line 30 minus line 31)			6,981,393 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			281,616 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			183,050 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			272,307 36.00
37.00	Subtotal (see instructions)			7,164,443 37.00
38.00	MSP-LCC reconciliation amount from PS&R			-77 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)			7,164,520 40.00
40.01	Sequestration adjustment (see instructions)			143,290 40.01
41.00	Interim payments			7,143,412 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-122,182 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/20/2015 3:15 pm
		Component CCN: 14T113	Title XVII I	Subprovider - IRF PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		300	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,548	2.00
3.00	PPS payments		1,317	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		300	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		2,983	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)		2,983	14.00
<b>Customary charges</b>				
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)		2,983	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,683	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)		300	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)		1,317	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		185	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)		1,432	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)		1,432	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,432	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,432	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)		1,432	40.00
40.01	Sequestration adjustment (see instructions)		29	40.01
41.00	Interim payments		1,431	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-28	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140113

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/20/2015 3:15 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		22,218,669		7,049,575	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0	08/13/2014	68,232	3.02
3.03		12/02/2014	50,679	12/02/2014	25,605	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		08/13/2014	34,549		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)		16,130		93,837	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)		22,234,799		7,143,412	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		502,260		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		122,182	6.02
7.00	Total Medicare program liability (see instructions)		22,737,059		7,021,230	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140113  
Component CCN: 14T113

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/20/2015 3:15 pm

Title XVIII

Subprovider -  
IRF

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					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		4,241,431		1,431	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02		08/13/2014	6,111		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)		6,111		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,247,542		1,431	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		19,512		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		28	6.02
7.00	Total Medicare program liability (see instructions)		4,267,054		1,403	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: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/20/2015 3:15 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		7,365	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		9,520	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,429	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		24,231	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		586,254,657	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		15,771,377	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)		1,335,874	8.00
9.00	Sequestration adjustment amount (see instructions)		26,717	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,309,157	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,312,102	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)		-2,945	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113 Component CCN: 14T113	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/20/2015 3:15 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			4,177,235 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0406 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			146,621 3.00
4.00	Outlier Payments			55,185 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.295890 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,379,041 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,379,041 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,379,041 19.00
20.00	Deductibles			29,152 20.00
21.00	Subtotal (line 19 minus line 20)			4,349,889 21.00
22.00	Coinsurance			6,984 22.00
23.00	Subtotal (line 21 minus line 22)			4,342,905 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			17,280 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			11,232 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,354,137 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,354,137 32.00
32.01	Sequestration adjustment (see instructions)			87,083 32.01
33.00	Interim payments			4,247,542 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			19,512 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			59,207 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			55,185 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/20/2015 3:15 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		5,756,352		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)		5,756,352	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)		5,756,352	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
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
<b>CUSTOMARY CHARGES</b>					
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)		5,756,352	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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		5,756,352	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113 Component CCN: 14T113	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/20/2015 3:15 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	334,573		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)	334,573	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)	334,573	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
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
<b>CUSTOMARY CHARGES</b>				
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)	334,573	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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	334,573	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	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	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/20/2015 3:15 pm	
		Title XVII I	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			8.70	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			12.04	6.00
7.00	Enter the lesser of line 5 or line 6			8.70	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	12.04	0.00	12.04	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	8.70	0.00	8.70	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	8.70	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	8.70	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.70	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	8.70	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	8.70	0.00		17.00
18.00	Per resident amount	99,739.57	94,441.47		18.00
19.00	Approved amount for resident costs	867,734	0	867,734	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			1.99	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			3.34	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.99	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			96,518.80	23.00
24.00	Multiply line 22 time line 23			192,072	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,059,806	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	12,318	3,996		26.00
27.00	Total Inpatient Days (see instructions)	29,449	29,449		27.00
28.00	Ratio of inpatient days to total inpatient days	0.418282	0.135692		28.00
29.00	Program direct GME amount	443,298	143,807		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		20,320		30.00
31.00	Net Program direct GME amount			566,785	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/20/2015 3:15 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		851,376	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		29,053,325	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		31,339	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		29,021,986	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		9,021,976	42.00
43.00	Primary payer payments (see instructions)		4,198	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		9,017,778	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		38,039,764	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.762938	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.237062	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		566,785	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		432,422	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		134,363	50.00

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

Provider CCN: 140113

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

Worksheet G  
Date/Time Prepared:  
5/20/2015 3:15 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	7,345,416	0	0	0	1.00
2.00	Temporary investments	286,096	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	33,745,286	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,041,221	0	0	0	6.00
7.00	Inventory	3,955,263	0	0	0	7.00
8.00	Prepaid expenses	682,312	0	0	0	8.00
9.00	Other current assets	2,168,118	0	0	0	9.00
10.00	Due from other funds	2,222,328	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	44,363,598	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,910,854	0	0	0	12.00
13.00	Land improvements	4,795,215	0	0	0	13.00
14.00	Accumulated depreciation	-5,069,916	0	0	0	14.00
15.00	Buildings	61,885,131	0	0	0	15.00
16.00	Accumulated depreciation	-42,726,405	0	0	0	16.00
17.00	Leasehold improvements	1,883,944	0	0	0	17.00
18.00	Accumulated depreciation	-1,788,706	0	0	0	18.00
19.00	Fixed equipment	1,184,900	0	0	0	19.00
20.00	Accumulated depreciation	-777,288	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	61,521,985	0	0	0	23.00
24.00	Accumulated depreciation	-45,850,507	0	0	0	24.00
25.00	Minor equipment depreciable	59,626	0	0	0	25.00
26.00	Accumulated depreciation	-67,576	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	1,455,557	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	42,416,814	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	7,188,581	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	34,304	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,222,885	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	94,003,297	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	12,929,049	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,734,906	0	0	0	38.00
39.00	Payroll taxes payable	194,509	0	0	0	39.00
40.00	Notes and loans payable (short term)	199,274	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	11,036,707	0	0	0	43.00
44.00	Other current liabilities	8,899,969	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	36,994,414	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	424,392	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	424,392	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	37,418,806	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	56,584,491				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	56,584,491	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	94,003,297	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140113

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

Worksheet G-1

Date/Time Prepared:  
5/20/2015 3:15 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		64,435,767		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,128,359			2.00
3.00	Total (sum of line 1 and line 2)		68,564,126		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	EQUITY TRANSFER	0		0		5.00
6.00	CONTRIBUTIONS	414,937		0		6.00
7.00	CONTRIBUTIONS-RESTRICTED	0		0		7.00
8.00	INVESTMENT INCOME REALIZED	0		0		8.00
9.00	OTHER	0		0		9.00
10.00	Total additions (sum of line 4-9)		414,937		0	10.00
11.00	Subtotal (line 3 plus line 10)		68,979,063		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	EQUITY TRANSFER	12,359,831		0		13.00
14.00	NET ASSETS RELEASED	0		0		14.00
15.00	OTHER	34,741		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		12,394,572		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		56,584,491		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	EQUITY TRANSFER		0			5.00
6.00	CONTRIBUTIONS		0			6.00
7.00	CONTRIBUTIONS-RESTRICTED		0			7.00
8.00	INVESTMENT INCOME REALIZED		0			8.00
9.00	OTHER		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	EQUITY TRANSFER		0			13.00
14.00	NET ASSETS RELEASED		0			14.00
15.00	OTHER		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: 140113

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/20/2015 3:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	44,864,370		44,864,370	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	7,938,557		7,938,557	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)	52,802,927		52,802,927	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,681,386		11,681,386	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,681,386		11,681,386	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	64,484,313		64,484,313	17.00
18.00	Ancillary services	247,489,456	264,208,432	511,697,888	18.00
19.00	Outpatient services	0	12,252,685	12,252,685	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	0	0	0	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)	311,973,769	276,461,117	588,434,886	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		132,559,346		29.00
30.00	ROUNDING ERROR	1			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)		1		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	ROUNDING	0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		132,559,347		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140113

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

Worksheet G-3

Date/Time Prepared:  
5/20/2015 3:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	588,434,886	1.00
2.00	Less contractual allowances and discounts on patients' accounts	456,664,489	2.00
3.00	Net patient revenues (line 1 minus line 2)	131,770,397	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	132,559,347	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-788,950	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	27,000	6.00
7.00	Income from investments	1,154,387	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	335,472	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	3,243,617	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTED	156,833	24.01
24.02		0	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)	4,917,309	25.00
26.00	Total (line 5 plus line 25)	4,128,359	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
27.03	ROUNDING	0	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,128,359	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140113	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/20/2015 3:15 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,551,232	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		58,662	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)		68.96	3.00
4.00	Number of interns & residents (see instructions)		10.69	4.00
5.00	Indirect medical education percentage (see instructions)		4.47	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		69,340	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.32	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.79	8.00
9.00	Sum of lines 7 and 8		29.11	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.07	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		94,160	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,773,394	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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