

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: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/21/2015 11:22 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/21/2015 Time: 11:22 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE RESURRECTION MEDICAL CENTER (140117) 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 XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	4,744,915	10,533	-57,130	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	294,042	-1		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	5,038,957	10,532	-57,130	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140117			Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/21/2015 11:21 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00					
1.00	Street: 7435 WEST TALCOTT	PO Box:		Zip Code: 60631		County: COOK				1.00	
2.00	City: CHI CAGO	State: IL								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	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	PRESENCE RESURRECTION MEDICAL CENTER		140117	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	RESURRECTION REHAB UNIT		14T117	16974	5	07/01/1991	N	P	O	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	RESURRECTION NURSING PAVILION		145324	16974		02/01/1980	N	P	O	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 - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis	RESURRECTION MEDICAL CENTER RDF		142335	16974		07/01/2004				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			4,530	2,349	0	0	286	1,130		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.			931	227	0	0	0			25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/21/2015 11:21 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N		48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/21/2015 11:21 am	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148082			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 HEALTH	Contractor's Name: NGS		Contractor's Number: 00131		141.00	
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:				142.00	
143.00	City: CHI CAGO	State: IL		Zip Code: 60606		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	N				145.00	
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		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	
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: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/21/2015 11:21 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2013	09/30/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/21/2015 11:21 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			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.	Y			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)	Y	05/01/2015	Y	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)	N		N	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: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/21/2015 11:21 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N	12/31/2014		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ALICIA	JUMPER		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) 813-3713	ALICIA.JUMPER@PRESENCEHEALTH.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	05/01/2015	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)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT	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: 140117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2015 11:21 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	166	61,281	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)		166	61,281	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	34	10,705	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)		200	71,986	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	47	17,155		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	298	108,770		0	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)		545				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)		17	6,205			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: 140117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2015 11:21 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,792	6,153	43,140			1.00
2.00 HMO and other (see instructions)	4,480	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	845	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)	25,792	6,153	43,140			7.00
8.00 INTENSIVE CARE UNIT	4,740	522	10,297			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		1,620	1,920			13.00
14.00 Total (see instructions)	30,532	8,295	55,357	75.01	1,529.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	10,291	429	13,426	0.00	74.29	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	18,035	40,348	75,866	0.00	139.97	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				75.01	1,743.26	27.00
28.00 Observation Bed Days		254	1,493			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			114			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2015 11:21 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,969	1,221	11,708	1.00
2.00 HMO and other (see instructions)			829	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,969	1,221	11,708	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	827	12	1,085	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					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: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/21/2015 11:21 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	96,610,189	0	96,610,189	3,627,216.00	26.63	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		2,877,904	0	2,877,904	23,733.00	121.26	4.00
4.01	Physicians - Part A - Teaching		885,452	0	885,452	10,479.00	84.50	4.01
5.00	Physician-Part B		1,534,100	0	1,534,100	12,837.00	119.51	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	3,680,070	3,680,070	143,623.00	25.62	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	6,609,411	108,842	6,718,253	291,132.00	23.08	9.00
10.00	Excluded area salaries (see instructions)		4,192,257	26,042	4,218,299	154,520.00	27.30	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		5,617,038	0	5,617,038	161,193.00	34.85	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		18,873,098	0	18,873,098	388,193.00	48.62	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		18,777,087	0	18,777,087			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,761,869	0	2,761,869			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		231,992	0	231,992			22.00
22.01	Physician Part A - Teaching		102,428	0	102,428			22.01
23.00	Physician Part B		125,483	0	125,483			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		901,299	0	901,299			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	752,023	0	752,023	49,082.00	15.32	26.00
27.00	Administrative & General	5.00	5,345,797	519,897	5,865,694	233,517.00	25.12	27.00
28.00	Administrative & General under contract (see inst.)		116,035	0	116,035	952.00	121.89	28.00
29.00	Maintenance & Repairs	6.00	594,318	0	594,318	29,443.00	20.19	29.00
30.00	Operation of Plant	7.00	1,737,760	-628,739	1,109,021	34,590.00	32.06	30.00
31.00	Laundry & Linen Service	8.00	161,672	0	161,672	14,382.00	11.24	31.00
32.00	Housekeeping	9.00	1,846,833	0	1,846,833	150,736.00	12.25	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,742,588	-1,121,640	620,948	39,690.00	15.64	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,095,598	1,095,598	90,303.00	12.13	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,130,276	0	1,130,276	37,353.00	30.26	38.00
39.00	Central Services and Supply	14.00	412,238	0	412,238	24,674.00	16.71	39.00
40.00	Pharmacy	15.00	2,504,511	0	2,504,511	67,056.00	37.35	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140117

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2015 11:21 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 3,589,004	0	3,589,004	117,492.00	30.55	41.00
42.00	Social Service	17.00 159,955	0	159,955	8,033.00	19.91	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140117

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2015 11:21 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	94,306,672	-3,680,070	90,626,602	3,461,229.00	26.18	1.00
2.00	Excluded area salaries (see instructions)	10,801,668	134,884	10,936,552	445,652.00	24.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)	83,505,004	-3,814,954	79,690,050	3,015,577.00	26.43	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,490,136	0	24,490,136	549,386.00	44.58	4.00
5.00	Subtotal wage-related costs (see inst.)	19,009,079	0	19,009,079	0.00	23.85	5.00
6.00	Total (sum of lines 3 thru 5)	127,004,219	-3,814,954	123,189,265	3,564,963.00	34.56	6.00
7.00	Total overhead cost (see instructions)	20,093,010	-134,884	19,958,126	897,303.00	22.24	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/21/2015 11:21 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			3,891,115 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			9,575,821 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			228,903 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			52,572 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			510,542 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,252,125 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			6,848,081 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			191,244 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			225,476 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			22,775,879 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST			105,679 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/21/2015 11:21 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		5,903,500	0 1.00
2.00	Hospital		5,903,500	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	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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140117

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

Worksheet S-5

Date/Time Prepared:
5/21/2015 11:21 am

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	49	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	312	0					5.00			
6.00	Number of stations	12	0	0	0			6.00			
7.00	Treatment capacity per day per station	3	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						0	11.00			
12.00	Number of patients transplanted during the cost reporting period						0	12.00			
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00			
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00			
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00			
16.00	Number of EPO units furnished relating to the home dialysis department							16.00			
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00			
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00			
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00			
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00			
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X	21.00			
	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.						
	1.00	2.00	3.00	4.00	5.00						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140117

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

Worksheet S-7

Date/Time Prepared:
5/21/2015 11:21 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	14	0	14	3.00
4.00	RUL	72	0	72	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	32	0	32	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	16	0	16	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	1,293	0	1,293	12.00
13.00	RUB	5,782	0	5,782	13.00
14.00	RUA	1,677	0	1,677	14.00
15.00	RVC	1,545	0	1,545	15.00
16.00	RVB	3,539	0	3,539	16.00
17.00	RVA	1,060	0	1,060	17.00
18.00	RHC	634	0	634	18.00
19.00	RHB	824	0	824	19.00
20.00	RHA	242	0	242	20.00
21.00	RMC	107	0	107	21.00
22.00	RMB	59	0	59	22.00
23.00	RMA	47	0	47	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	66	0	66	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	41	0	41	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	45	0	45	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	61	0	61	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	40	0	40	36.00
37.00	LE2	45	0	45	37.00
38.00	LE1	98	0	98	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	131	0	131	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	129	0	129	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	45	0	45	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	7	0	7	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	38	0	38	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	154	0	154	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	5	0	5	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	67	0	67	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	4	0	4	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140117

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

Worksheet S-7

Date/Time Prepared:
5/21/2015 11:21 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	18	0	18	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	44	0	44	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	33	0	33	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	21	0	21	199.00
200.00	TOTAL		18,035	0	18,035	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing		0	0.00	202.00
203.00	Recruitment		0	0.00	203.00
204.00	Retention of employees		0	0.00	204.00
205.00	Training		0	0.00	205.00
206.00	OTHER (SPECIFY)		0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		19,067,074		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/21/2015 11:21 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.201350	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			24,874,207	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			-4,761,662	5.00
6.00	Medicaid charges			136,642,626	6.00
7.00	Medicaid cost (line 1 times line 6)			27,512,993	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			7,400,448	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			7,400,448	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	22,136,000	642,302	22,778,302	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,457,084	129,328	4,586,412	21.00
22.00	Partial payment by patients approved for charity care	26,992	42,995	69,987	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,430,092	86,333	4,516,425	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			12,438,461	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			790,791	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			11,647,670	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,345,258	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,861,683	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,262,131	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet A			
Date/Time Prepared: 5/21/2015 11:21 am									
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,411,587		10,411,587	-5,279,439	5,132,148	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		0	8,935,788	8,935,788	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	752,023	540,091	1,292,114		21,996,519	23,288,633	4.00
5.10	00541	NON PATIENT PHONES	0	402,599	402,599		0	402,599	5.10
5.20	00551	DATA PROCESSING	0	0	0		0	0	5.20
5.30	00561	PURCHASING AND STORES	0	0	0		0	0	5.30
5.50	00582	CASHIERS AR AND COLLECTIONS	0	0	0		0	0	5.50
5.60	00592	ADMINISTRATION & GENERAL	4,582,953	52,764,558	57,347,511		-5,918,854	51,428,657	5.60
5.90	00593	RNP ADMINISTRATION	762,844	888,623	1,651,467		-424,704	1,226,763	5.90
6.00	00600	MAINTENANCE & REPAIRS	594,318	869,542	1,463,860		-322,186	1,141,674	6.00
7.00	00700	OPERATION OF PLANT	1,571,795	8,133,927	9,705,722		-1,644,454	8,061,268	7.00
7.01	00701	ELECTRICITY	0	0	0		0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	165,965	721,898	887,863		-95,757	792,106	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,074,320	1,074,320		-1,111,661	-37,341	8.00
8.01	00801	RNP LAUNDRY	161,672	127,967	289,639		-123,925	165,714	8.01
9.00	00900	HOUSEKEEPING	1,483,333	1,702,050	3,185,383		-880,836	2,304,547	9.00
9.01	00901	RNP HOUSEKEEPING	363,500	197,226	560,726		-189,086	371,640	9.01
10.00	01000	DIETARY	1,603,176	3,318,675	4,921,851		-5,380,922	-459,071	10.00
10.01	01001	RNP DIETARY	139,412	1,545,895	1,685,307		-755,060	930,247	10.01
11.00	01100	CAFETERIA	0	0	0		3,357,309	3,357,309	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,130,276	375,174	1,505,450		-472,269	1,033,181	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	412,238	-196,743	215,495		589,997	805,492	14.00
15.00	01500	PHARMACY	2,504,511	12,667,364	15,171,875		-12,537,317	2,634,558	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,589,004	1,798,525	5,387,529		-847,119	4,540,410	16.00
17.00	01700	SOCIAL SERVICE	0	0	0		0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	159,955	45,753	205,708		-45,515	160,193	17.01
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	675,458	675,458		3,680,070	4,355,528	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,870,340	2,940,626	8,810,966		-5,116,766	3,694,200	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	17,490,657	6,108,536	23,599,193		-5,652,305	17,946,888	30.00
31.00	03100	INTENSIVE CARE UNIT	6,392,846	2,510,341	8,903,187		-2,144,666	6,758,521	31.00
41.00	04100	SUBPROVIDER - I RF	4,192,257	1,224,496	5,416,753		-1,164,004	4,252,749	41.00
43.00	04300	NURSERY	726,086	829,957	1,556,043		-171,900	1,384,143	43.00
44.00	04400	SKILLED NURSING FACILITY	6,609,411	4,433,311	11,042,722		-1,715,054	9,327,668	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,577,403	19,523,625	23,101,028		-16,825,336	6,275,692	50.00
51.00	05100	RECOVERY ROOM	809,332	182,586	991,918		-179,153	812,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	267,380	238,632	506,012		-69,301	436,711	52.00
53.00	05300	ANESTHESIOLOGY	125,407	1,103,678	1,229,085		-490,696	738,389	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,730,390	2,407,396	6,137,786		-3,019,473	3,118,313	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,645,372	907,395	2,552,767		120	2,552,887	55.00
56.00	05600	RADIOISOTOPE	1,086,355	685,938	1,772,293		-393,586	1,378,707	56.00
57.00	05700	CT SCAN	685,551	389,659	1,075,210		-202,159	873,051	57.00
58.00	05800	MRI	365,599	572,596	938,195		-73,456	864,739	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,548,436	6,574,916	8,123,352		-6,498,389	1,624,963	59.00
60.00	06000	LABORATORY	155,385	10,759,637	10,915,022		-67,745	10,847,277	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,388,870	1,388,870		-1,275,846	113,024	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,455,107	830,527	2,285,634		-762,624	1,523,010	65.00
66.00	06600	PHYSICAL THERAPY	3,065,525	745,622	3,811,147		-732,424	3,078,723	66.00
66.01	06601	RNRC PHYSICAL THERAPY	1,902	319	2,221		-319	1,902	66.01
66.02	06602	DAY REHABILITATION FACILITY	518,707	220,118	738,825		-116,935	621,890	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,634,413	374,514	2,008,927		-322,501	1,686,426	67.00
68.00	06800	SPEECH PATHOLOGY	919,572	468,360	1,387,932		-443,453	944,479	68.00
69.00	06900	ELECTROCARDIOLOGY	1,161,789	1,292,395	2,454,184		-274,859	2,179,325	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	884,959	783,587	1,668,546		-78,530	1,590,016	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0		0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		24,013,997	24,013,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		10,217,385	10,217,385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		15,347,918	15,347,918	73.00
74.00	07400	RENAL DIALYSIS	1,062,222	755,062	1,817,284		-510,925	1,306,359	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,216,017	1,132,959	3,348,976		-1,069,837	2,279,139	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140117

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

Worksheet A
Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	09001	WELLNESS PROGRAM	134,468	92,726	227,194	-51,527	175,667	90.01
91.00	09100	EMERGENCY	3,751,527	607,907	4,359,434	-1,574,586	2,784,848	91.00
91.01	04040	FAMILY PRACTICE	2,931,841	1,062,109	3,993,950	-712,846	3,281,104	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,616,958	487,417	2,104,375	-478,470	1,625,905	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,610,189	169,700,306	266,310,495	-79,672	266,230,823	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	2,255	2,255	79,672	81,927	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118-199)	96,610,189	169,702,561	266,312,750	0	266,312,750	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140117

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

Worksheet A
Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	5,132,148	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,071,227	10,007,015	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-238,215	23,050,418	4.00
5.10	00541	NON PATIENT PHONES	0	402,599	5.10
5.20	00551	DATA PROCESSING	3,899,187	3,899,187	5.20
5.30	00561	PURCHASING AND STORES	0	0	5.30
5.50	00582	CASHIERS AR AND COLLECTIONS	7,032,666	7,032,666	5.50
5.60	00592	ADMINISTRATION & GENERAL	-16,281,007	35,147,650	5.60
5.90	00593	RNP ADMINISTRATION	396,907	1,623,670	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	1,141,674	6.00
7.00	00700	OPERATION OF PLANT	0	8,061,268	7.00
7.01	00701	ELECTRICITY	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	792,106	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	-37,341	8.00
8.01	00801	RNP LAUNDRY	-56,307	109,407	8.01
9.00	00900	HOUSEKEEPING	0	2,304,547	9.00
9.01	00901	RNP HOUSEKEEPING	0	371,640	9.01
10.00	01000	DIETARY	-1,034,511	-1,493,582	10.00
10.01	01001	RNP DIETARY	-7,076	923,171	10.01
11.00	01100	CAFETERIA	0	3,357,309	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-439,217	593,964	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,907,963	2,713,455	14.00
15.00	01500	PHARMACY	0	2,634,558	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-6,734	4,533,676	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	160,193	17.01
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	-675,458	3,680,070	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-2,345,516	1,348,684	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,871	17,943,017	30.00
31.00	03100	INTENSIVE CARE UNIT	799,991	7,558,512	31.00
41.00	04100	SUBPROVIDER - IIRF	0	4,252,749	41.00
43.00	04300	NURSERY	-88,081	1,296,062	43.00
44.00	04400	SKILLED NURSING FACILITY	0	9,327,668	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-696,022	5,579,670	50.00
51.00	05100	RECOVERY ROOM	0	812,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-140,047	296,664	52.00
53.00	05300	ANESTHESIOLOGY	-608,824	129,565	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,041	3,114,272	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,552,887	55.00
56.00	05600	RADIOISOTOPE	0	1,378,707	56.00
57.00	05700	CT SCAN	0	873,051	57.00
58.00	05800	MRI	0	864,739	58.00
59.00	05900	CARDIAC CATHETERIZATION	-2,800	1,622,163	59.00
60.00	06000	LABORATORY	-191,385	10,655,892	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	113,024	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-13,331	1,509,679	65.00
66.00	06600	PHYSICAL THERAPY	-180	3,078,543	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	1,902	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	621,890	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,686,426	67.00
68.00	06800	SPEECH PATHOLOGY	0	944,479	68.00
69.00	06900	ELECTROCARDIOLOGY	-854,762	1,324,563	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,371,292	218,724	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,013,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,217,385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,347,918	73.00
74.00	07400	RENAL DIALYSIS	0	1,306,359	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	2,279,139	90.00
90.01	09001	WELLNESS PROGRAM	-15,958	159,709	90.01
91.00	09100	EMERGENCY	848,275	3,633,123	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140117

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

Worksheet A
Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
91.01	04040	FAMILY PRACTICE	-434,613	2,846,491	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,625,905	92.01
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)		-9,553,032	256,677,791	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	81,927	193.00
194.00	07950	OTHER	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-9,553,032	256,759,718	200.00

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6
Date/Time Prepared:
5/21/2015 11:21 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,050,934	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
TOTALS			0	22,050,934	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,347,918	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6
Date/Time Prepared:
5/21/2015 11:21 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
TOTALS			0	15,347,918	
C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	24,013,997	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	749,591	2.00
3.00	PHARMACY	15.00	0	39,424	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
TOTALS			0	24,803,012	
D - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,217,385	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
TOTALS			0	10,217,385	
E - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,041,315	1.00
2.00		0.00	0	0	2.00
TOTALS			0	3,041,315	

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
F - CAFETERIA						
1.00	CAFETERIA	11.00	1,095,598	2,261,711	1.00	
2.00	NONPAID WORKERS	193.00	26,042	53,760	2.00	
	TOTALS		1,121,640	2,315,471		
G - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	615,034	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	615,034		
H - NURSE ADMIN						
1.00	SKILLED NURSING FACILITY	44.00	108,842	58,723	1.00	
	TOTALS		108,842	58,723		
I - RADIOLOGY ADMIN						
1.00	RADIOLOGY-THERAPEUTIC	55.00	277,369	145,332	1.00	
2.00	RADIOISOTOPE	56.00	185,416	97,152	2.00	
3.00	CT SCAN	57.00	117,008	61,308	3.00	
4.00	MRI	58.00	62,400	32,695	4.00	
	TOTALS		642,193	336,487		
J - RESIDENT						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3,680,070	0	1.00	
	TOTALS		3,680,070	0		
K - THERAPY SUPV						
1.00	OCCUPATIONAL THERAPY	67.00	39,429	0	1.00	
2.00	SPEECH PATHOLOGY	68.00	16,593	0	2.00	
	TOTALS		56,022	0		
L - RADIOLOGY SUPV						
1.00	ELECTROCARDIOLOGY	69.00	32,572	0	1.00	
2.00	ELECTROENCEPHALOGRAPHY	70.00	4,185	0	2.00	
	TOTALS		36,757	0		
M - DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,935,788	1.00	
	TOTALS		0	8,935,788		
N - SECURITY						
1.00	ADMINISTRATION & GENERAL	5.60	628,739	409,166	1.00	
	TOTALS		628,739	409,166		
500.00	Grand Total: Increases		6,274,263	88,131,233	500.00	

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	ADMINISTRATION & GENERAL	5.60	0	1,054,051	0		1.00
2.00	RNP ADMINISTRATION	5.90	0	214,073	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	183,557	0		3.00
4.00	OPERATION OF PLANT	7.00	0	434,909	0		4.00
5.00	RNP OPERATION OF PLANT	7.02	0	42,187	0		5.00
6.00	RNP LAUNDRY	8.01	0	67,581	0		6.00
7.00	HOUSEKEEPING	9.00	0	687,679	0		7.00
8.00	RNP HOUSEKEEPING	9.01	0	140,766	0		8.00
9.00	DIETARY	10.00	0	680,060	0		9.00
10.00	RNP DIETARY	10.01	0	78,259	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	441,373	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	151,217	0		12.00
13.00	PHARMACY	15.00	0	499,184	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	826,662	0		14.00
15.00	RNP SOCIAL SERVICE	17.01	0	44,991	0		15.00
16.00	I&R SERVICES-OTHER PRGM	22.00	0	1,234,311	0		16.00
COSTS APPRV							
17.00	ADULTS & PEDIATRICS	30.00	0	3,802,305	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	1,298,305	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	967,266	0		19.00
20.00	NURSERY	43.00	0	133,427	0		20.00
21.00	SKILLED NURSING FACILITY	44.00	0	1,640,159	0		21.00
22.00	OPERATING ROOM	50.00	0	779,969	0		22.00
23.00	RECOVERY ROOM	51.00	0	144,417	0		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	58,607	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	35,760	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	944,389	0		26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	0	313,859	0		27.00
28.00	RADIOISOTOPE	56.00	0	216,479	0		28.00
29.00	CT SCAN	57.00	0	137,331	0		29.00
30.00	MRI	58.00	0	72,635	0		30.00
31.00	CARDIAC CATHETERIZATION	59.00	0	294,455	0		31.00
32.00	LABORATORY	60.00	0	30,048	0		32.00
33.00	RESPIRATORY THERAPY	65.00	0	355,962	0		33.00
34.00	PHYSICAL THERAPY	66.00	0	648,649	0		34.00
35.00	RNRC PHYSICAL THERAPY	66.01	0	319	0		35.00
36.00	DAY REHABILITATION FACILITY	66.02	0	111,124	0		36.00
37.00	OCCUPATIONAL THERAPY	67.00	0	350,991	0		37.00
38.00	SPEECH PATHOLOGY	68.00	0	183,023	0		38.00
39.00	ELECTROCARDIOLOGY	69.00	0	268,042	0		39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	0	61,084	0		40.00
41.00	RENAL DIALYSIS	74.00	0	226,733	0		41.00
42.00	CLINIC	90.00	0	452,102	0		42.00
43.00	WELLNESS PROGRAM	90.01	0	24,625	0		43.00
44.00	EMERGENCY	91.00	0	776,598	0		44.00
45.00	FAMILY PRACTICE	91.01	0	579,617	0		45.00
46.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	361,794	0		46.00
TOTALS			0	22,050,934			
B - DRUGS							
1.00	ADMINISTRATION & GENERAL	5.60	0	1,933,271	0		1.00
2.00	OPERATION OF PLANT	7.00	0	3	0		2.00
3.00	HOUSEKEEPING	9.00	0	14	0		3.00
4.00	DIETARY	10.00	0	8	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	52	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,377	0		6.00
7.00	PHARMACY	15.00	0	12,077,557	0		7.00
9.00	ADULTS & PEDIATRICS	30.00	0	191,534	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	89,694	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	8,479	0		11.00
12.00	NURSERY	43.00	0	7,166	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	3,993	0		13.00
14.00	OPERATING ROOM	50.00	0	122,186	0		14.00
15.00	RECOVERY ROOM	51.00	0	6,409	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	80,837	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	100,508	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	14,666	0		18.00
19.00	RADIOISOTOPE	56.00	0	12,046	0		19.00
20.00	CT SCAN	57.00	0	129,547	0		20.00
21.00	MRI	58.00	0	75,689	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	85,232	0		22.00
23.00	LABORATORY	60.00	0	10	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	2,015	0		24.00

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
26.00	DAY REHABILITATION FACILITY	66.02	0	4	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	4	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	3,391	0		28.00
29.00	RENAL DIALYSIS	74.00	0	22,408	0		29.00
30.00	CLINIC	90.00	0	66,103	0		30.00
31.00	WELLNESS PROGRAM	90.01	0	15,585	0		31.00
32.00	EMERGENCY	91.00	0	212,125	0		32.00
33.00	FAMILY PRACTICE	91.01	0	59,071	0		33.00
34.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	19,934	0		34.00
TOTALS			0	15,347,918			
C - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	54,415	0		1.00
2.00	ADMINISTRATION & GENERAL	5.60	0	313,088	0		2.00
3.00	RNP ADMINISTRATION	5.90	0	43,066	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	138,629	0		4.00
5.00	OPERATION OF PLANT	7.00	0	171,637	0		5.00
6.00	RNP OPERATION OF PLANT	7.02	0	53,570	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	1,111,661	0		7.00
8.00	RNP LAUNDRY	8.01	0	56,344	0		8.00
9.00	HOUSEKEEPING	9.00	0	193,143	0		9.00
10.00	RNP HOUSEKEEPING	9.01	0	48,320	0		10.00
11.00	DIETARY	10.00	0	1,263,743	0		11.00
12.00	RNP DIETARY	10.01	0	676,801	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	30,844	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	20,457	0		14.00
15.00	RNP SOCIAL SERVICE	17.01	0	524	0		15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	202,385	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	1,581,712	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	756,667	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	188,259	0		19.00
20.00	NURSERY	43.00	0	31,307	0		20.00
21.00	SKILLED NURSING FACILITY	44.00	0	238,467	0		21.00
22.00	OPERATING ROOM	50.00	0	8,534,892	0		22.00
23.00	RECOVERY ROOM	51.00	0	28,327	0		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,694	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	374,099	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	973,038	0		26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	0	94,056	0		27.00
28.00	RADIOISOTOPE	56.00	0	447,629	0		28.00
29.00	CT SCAN	57.00	0	113,597	0		29.00
30.00	MRI	58.00	0	20,227	0		30.00
31.00	CARDIAC CATHETERIZATION	59.00	0	3,423,027	0		31.00
32.00	LABORATORY	60.00	0	37,687	0		32.00
33.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	1,275,846	0		33.00
34.00	RESPIRATORY THERAPY	65.00	0	367,890	0		34.00
35.00	PHYSICAL THERAPY	66.00	0	27,309	0		35.00
37.00	DAY REHABILITATION FACILITY	66.02	0	5,807	0		37.00
38.00	OCCUPATIONAL THERAPY	67.00	0	10,935	0		38.00
39.00	SPEECH PATHOLOGY	68.00	0	276,669	0		39.00
40.00	ELECTROCARDIOLOGY	69.00	0	35,998	0		40.00
41.00	ELECTROENCEPHALOGRAPHY	70.00	0	14,903	0		41.00
42.00	RENAL DIALYSIS	74.00	0	261,784	0		42.00
43.00	CLINIC	90.00	0	546,642	0		43.00
44.00	WELLNESS PROGRAM	90.01	0	11,317	0		44.00
45.00	EMERGENCY	91.00	0	585,863	0		45.00
46.00	FAMILY PRACTICE	91.01	0	74,158	0		46.00
47.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	75,449	0		47.00
48.00	NONPAID WORKERS	193.00	0	130	0		48.00
TOTALS			0	24,803,012			
D - IMPLANTS							
1.00	ADULTS & PEDIATRICS	30.00	0	76,754	0		1.00
2.00	OPERATING ROOM	50.00	0	7,388,289	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,858	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	2,695,675	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	444	0		5.00
6.00	SPEECH PATHOLOGY	68.00	0	354	0		6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,728	0		7.00
8.00	CLINIC	90.00	0	4,990	0		8.00
9.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	21,293	0		9.00

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6
Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	TOTALS		0	10,217,385		
E - CAPITAL INTEREST						
1.00	ADMINISTRATION & GENERAL	5.60	0	3,041,315	11	1.00
2.00		0.00	0	0	11	2.00
	TOTALS		0	3,041,315		
F - CAFETERIA						
1.00	DIETARY	10.00	1,121,640	2,315,471	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		1,121,640	2,315,471		
G - PROPERTY INSURANCE						
1.00	ADMINISTRATION & GENERAL	5.60	0	615,034	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	615,034		
H - NURSE ADMIN						
1.00	RNP ADMINISTRATION	5.90	108,842	58,723	0	1.00
	TOTALS		108,842	58,723		
I - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	642,193	336,487	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		642,193	336,487		
J - RESIDENT						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	3,680,070	0	0	1.00
	TOTALS		3,680,070	0		
K - THERAPY SUPV						
1.00	PHYSICAL THERAPY	66.00	56,022	0	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		56,022	0		
L - RADIOLOGY SUPV						
1.00	RESPIRATORY THERAPY	65.00	36,757	0	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		36,757	0		
M - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,935,788	9	1.00
	TOTALS		0	8,935,788		
N - SECURITY						
1.00	OPERATION OF PLANT	7.00	628,739	409,166	0	1.00
	TOTALS		628,739	409,166		
500.00	Grand Total: Decreases		6,274,263	88,131,233		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140117

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	580,293	0	0	0	0	1.00
2.00	Land Improvements	308,710	0	0	0	0	2.00
3.00	Buildings and Fixtures	11,124,871	3,454,583	0	3,454,583	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	126,838,252	1,869,976	0	1,869,976	7,916	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	138,852,126	5,324,559	0	5,324,559	7,916	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	138,852,126	5,324,559	0	5,324,559	7,916	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	580,293	0				1.00
2.00	Land Improvements	308,710	0				2.00
3.00	Buildings and Fixtures	14,579,454	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	128,700,312	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	144,168,769	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	144,168,769	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140117

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	10,411,587	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)	10,411,587	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	10,411,587				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	10,411,587				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140117

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

Worksheet A-7
Part III
Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	5,217,538	0	5,217,538	0.353494	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,542,367	0	9,542,367	0.646506	0	2.00
3.00	Total (sum of lines 1-2)	14,759,905	0	14,759,905	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,475,799	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,007,015	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,482,814	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 col.s. 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	3,041,315	615,034	0	0	5,132,148	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,007,015	2.00
3.00	Total (sum of lines 1-2)	3,041,315	615,034	0	0	15,139,163	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.	
				Cost Center	Line #			
				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	-136,344		ADMINISTRATION & GENERAL	5.60	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	-7,302,519				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,536,740				0	12.00
13.00	Laundry and linen service	B	-56,307	RNP LAUNDRY		8.01	0	13.00
14.00	Cafeteria-employees and guests	B	-1,034,511	DIETARY		10.00	0	14.00
15.00	Rental of quarters to employee and others			0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00	Sale of drugs to other than patients			0		0.00	0	17.00
18.00	Sale of medical records and abstracts			0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00	Vending machines	B	-231	RNP DIETARY		10.01	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	MISC REVENUE	B	-1,006,489	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.01	MISC REVENUE	B	-721,490	ADMINISTRATION & GENERAL		5.60	0	33.01

Provider CCN: 140117

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

Worksheet A-8

Date/Time Prepared:
 5/21/2015 11:21 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
33.07	MISC REVENUE	B	-15,905	RNP ADMINISTRATION	5.90	0	33.07
33.12	MISC REVENUE	B	-6,845	RNP DIETARY	10.01	0	33.12
33.16	MISC REVENUE	B	-439,217	NURSING ADMINISTRATION	13.00	0	33.16
33.18	MISC REVENUE	B	-23,737	CENTRAL SERVICES & SUPPLY	14.00	0	33.18
33.19	MISC REVENUE	B	-6,734	MEDICAL RECORDS & LIBRARY	16.00	0	33.19
33.20	MISC REVENUE	B	-113,359	I&R SERVICES-OTHER PRGM	22.00	0	33.20
				COSTS APPRV			
33.25	MISC REVENUE	B	-3,871	ADULTS & PEDIATRICS	30.00	0	33.25
33.50	MISC REVENUE	B	-1,235	DELIVERY ROOM & LABOR ROOM	52.00	0	33.50
40.00	MISC REVENUE	B	-4,041	RADIOLOGY-DIAGNOSTIC	54.00	0	40.00
41.00	MISC REVENUE	B	-180	PHYSICAL THERAPY	66.00	0	41.00
43.00	MISC REVENUE	B	-89,763	ELECTROCARDIOLOGY	69.00	0	43.00
44.00	MISC REVENUE	B	-15,958	WELLNESS PROGRAM	90.01	0	44.00
45.00	MISC REVENUE	B	-111,036	FAMILY PRACTICE	91.01	0	45.00
45.01			0		0.00	0	45.01
45.02			0		0.00	0	45.02
45.03			0		0.00	0	45.03
46.00			0		0.00	0	46.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,553,032				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: 140117

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2015 11:21 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO BENEFITS	768,274	0
2.00	5.20	DATA PROCESSING	HO DATA PROCESSING	3,899,187	0
3.00	5.50	CASHIERS AR AND COLLECTIONS	HO PT ACCTS	7,032,666	0
3.01	5.60	ADMINISTRATION & GENERAL	HO A & G	11,937,793	27,010,709
3.02	0.00			0	0
3.03	2.00	CAP REL COSTS-MVBLE EQUIP	HO EQUIP DEPR	1,071,227	0
3.05	14.00	CENTRAL SERVICES & SUPPLY	HO CENT SUPPLY	1,931,700	0
3.06	31.00	INTENSIVE CARE UNIT	HO ICU	948,825	0
3.07	5.90	RNP ADMINISTRATION		957,777	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			28,547,449	27,010,709

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

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

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

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

6.00	B	RMC	100.00	RMC	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140117

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

Worksheet A-8-1

Date/Time Prepared:
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	768,274	0		1.00
2.00	3,899,187	0		2.00
3.00	7,032,666	0		3.00
3.01	-15,072,916	0		3.01
3.02	0	9		3.02
3.03	1,071,227	9		3.03
3.05	1,931,700	0		3.05
3.06	948,825	0		3.06
3.07	957,777	0		3.07
4.00	0	0		4.00
5.00	1,536,740			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140117

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

Worksheet A-8-2

Date/Time Prepared: 5/21/2015 11:21 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.60 ADMINISTRATION & GENERAL	350,257	350,257	0	0	0	2.00
3.00	5.90 RNP ADMINISTRATION	562,393	528,193	34,200	177,700	204	3.00
4.00	21.00 I&R SERVICES-SALARY & FRINGES APPRV	675,458	0	0	0	0	4.00
5.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	2,880,546	1,986,125	894,421	162,000	8,325	5.00
6.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00 INTENSIVE CARE UNIT	148,834	148,834	0	0	0	7.00
8.00	41.00 SUBPROVIDER - IRF	88,081	0	88,081	177,700	2,080	8.00
9.00	43.00 NURSERY	88,081	88,081	0	0	0	9.00
10.00	50.00 OPERATING ROOM	696,022	696,022	0	0	0	10.00
11.00	52.00 DELIVERY ROOM & LABOR ROOM	138,812	138,812	0	0	0	11.00
12.00	53.00 ANESTHESIOLOGY	608,824	608,824	0	0	0	12.00
13.00	59.00 CARDIAC CATHETERIZATION	2,800	2,800	0	0	0	13.00
14.00	60.00 LABORATORY	191,385	191,385	0	0	0	14.00
15.00	65.00 RESPIRATORY THERAPY	13,331	13,331	0	0	0	15.00
16.00	69.00 ELECTROCARDIOLOGY	764,999	764,999	0	0	0	16.00
17.00	70.00 ELECTROENCEPHALOGRAPHY	1,371,292	1,371,292	0	0	0	17.00
20.00	91.00 EMERGENCY	-848,275	-848,275	0	0	0	20.00
21.00	91.01 FAMILY PRACTICE	1,295,577	64,760	1,230,817	162,000	12,480	21.00
200.00		9,028,417	6,105,440	2,247,519		23,089	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	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.60 ADMINISTRATION & GENERAL	0	0	0	0	0	2.00
3.00	5.90 RNP ADMINISTRATION	17,428	871	0	0	0	3.00
4.00	21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	4.00
5.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	648,389	32,419	0	0	0	5.00
6.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	41.00 SUBPROVIDER - IRF	177,700	8,885	0	0	0	8.00
9.00	43.00 NURSERY	0	0	0	0	0	9.00
10.00	50.00 OPERATING ROOM	0	0	0	0	0	10.00
11.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	11.00
12.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	13.00
14.00	60.00 LABORATORY	0	0	0	0	0	14.00
15.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0	15.00
16.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	17.00
20.00	91.00 EMERGENCY	0	0	0	0	0	20.00
21.00	91.01 FAMILY PRACTICE	972,000	48,600	0	0	0	21.00
200.00		1,815,517	90,775	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	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	1.00
2.00	5.60 ADMINISTRATION & GENERAL	0	0	0	350,257	2.00
3.00	5.90 RNP ADMINISTRATION	0	17,428	16,772	544,965	3.00
4.00	21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	675,458	4.00
5.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	648,389	246,032	2,232,157	5.00
6.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	6.00
7.00	31.00 INTENSIVE CARE UNIT	0	0	0	148,834	7.00
8.00	41.00 SUBPROVIDER - IRF	0	177,700	0	0	8.00
9.00	43.00 NURSERY	0	0	0	88,081	9.00
10.00	50.00 OPERATING ROOM	0	0	0	696,022	10.00
11.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	138,812	11.00
12.00	53.00 ANESTHESIOLOGY	0	0	0	608,824	12.00
13.00	59.00 CARDIAC CATHETERIZATION	0	0	0	2,800	13.00
14.00	60.00 LABORATORY	0	0	0	191,385	14.00
15.00	65.00 RESPIRATORY THERAPY	0	0	0	13,331	15.00
16.00	69.00 ELECTROCARDIOLOGY	0	0	0	764,999	16.00
17.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	1,371,292	17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140117

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2015 11:21 am

	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		
20.00	91.00	EMERGENCY	0	0	0	-848,275		20.00
21.00	91.01	FAMILY PRACTICE	0	972,000	258,817	323,577		21.00
200.00			0	1,815,517	521,621	7,302,519		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	5,132,148	5,132,148				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	10,007,015		10,007,015			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	23,050,418	87,241	3,572	23,141,231		4.00
5.10 00541 NON PATIENT PHONES	402,599	28,120	600	0	431,319	5.10
5.20 00551 DATA PROCESSING	3,899,187	0	0	0	0	5.20
5.30 00561 PURCHASING AND STORES	0	0	0	0	11,378	5.30
5.50 00582 CASHIERS AR AND COLLECTIONS	7,032,666	0	5,655	0	19,652	5.50
5.60 00592 ADMINISTRATION & GENERAL	35,147,650	327,845	170,815	1,258,160	79,649	5.60
5.90 00593 RNP ADMINISTRATION	1,623,670	0	49,638	157,883	1,034	5.90
6.00 00600 MAINTENANCE & REPAIRS	1,141,674	36,785	148,155	143,475	10,343	6.00
7.00 00700 OPERATION OF PLANT	8,061,268	1,040,509	222,032	227,664	7,240	7.00
7.01 00701 ELECTRICITY	0	0	0	0	8,275	7.01
7.02 00702 RNP OPERATION OF PLANT	792,106	0	178,940	40,066	0	7.02
8.00 00800 LAUNDRY & LINEN SERVICE	-37,341	63,949	0	0	1,034	8.00
8.01 00801 RNP LAUNDRY	109,407	0	42,460	39,029	0	8.01
9.00 00900 HOUSEKEEPING	2,304,547	43,610	21,833	358,093	1,034	9.00
9.01 00901 RNP HOUSEKEEPING	371,640	0	0	87,753	0	9.01
10.00 01000 DIETARY	-1,493,582	129,760	61,572	116,248	7,240	10.00
10.01 01001 RNP DIETARY	923,171	0	13,202	33,656	0	10.01
11.00 01100 CAFETERIA	3,357,309	47,886	0	264,489	6,206	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	593,964	22,329	55,217	272,861	19,652	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,713,455	77,308	276,445	99,519	1,034	14.00
15.00 01500 PHARMACY	2,634,558	61,471	111,224	604,617	9,309	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,533,676	74,908	26,429	866,425	28,961	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 01701 RNP SOCIAL SERVICE	160,193	0	829	38,615	0	17.01
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	3,680,070	0	126	888,409	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	1,348,684	38,527	12,383	528,755	11,378	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	17,943,017	1,045,314	2,913,416	4,222,451	40,339	30.00
31.00 03100 INTENSIVE CARE UNIT	7,558,512	181,207	93,922	1,543,303	2,069	31.00
41.00 04100 SUBPROVIDER - IRF	4,252,749	141,349	54,449	1,012,057	3,103	41.00
43.00 04300 NURSERY	1,296,062	6,060	18,300	175,285	2,069	43.00
44.00 04400 SKILLED NURSING FACILITY	9,327,668	0	0	1,621,860	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,579,670	165,915	1,308,966	863,624	5,172	50.00
51.00 05100 RECOVERY ROOM	812,765	13,076	743	195,382	1,034	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	296,664	158,850	127,898	64,548	1,034	52.00
53.00 05300 ANESTHESIOLOGY	129,565	15,348	227,138	30,275	2,069	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,114,272	232,200	562,613	745,525	21,721	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,552,887	95,722	687,790	464,171	12,412	55.00
56.00 05600 RADIOISOTOPE	1,378,707	41,882	143,789	307,020	4,137	56.00
57.00 05700 CT SCAN	873,051	18,697	16,821	193,747	0	57.00
58.00 05800 MRI	864,739	35,667	628,400	103,324	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,622,163	65,429	597,045	373,809	1,034	59.00
60.00 06000 LABORATORY	10,655,892	97,938	155,491	37,512	24,824	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	113,024	3,745	172	0	1,034	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	1,509,679	22,053	83,542	342,405	5,172	65.00
66.00 06600 PHYSICAL THERAPY	3,078,543	52,806	17,697	726,527	11,378	66.00
66.01 06601 RNRC PHYSICAL THERAPY	1,902	0	0	459	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	621,890	38,449	27,758	125,222	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	1,686,426	44,006	1,731	404,084	7,240	67.00
68.00 06800 SPEECH PATHOLOGY	944,479	12,042	9,999	226,001	1,034	68.00
69.00 06900 ELECTROCARDIOLOGY	1,324,563	128,061	164,158	288,332	9,309	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	218,724	10,180	324,291	214,649	1,034	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	24,013,997	0	21,122	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	10,217,385	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	15,347,918	10,202	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,306,359	26,584	36,766	256,432	2,069	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2,279,139	151,515	152,862	534,971	12,412	90.00
90.01 09001 WELLNESS PROGRAM	159,709	15,391	1,382	32,462	1,034	90.01
91.00 09100 EMERGENCY	3,633,123	121,081	212,647	905,660	12,412	91.00
91.01 04040 FAMILY PRACTICE	2,846,491	62,151	13,723	707,779	21,721	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1,625,905	0	0	390,351	0	92.01
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	256,677,791	5,093,168	10,005,758	23,134,944	430,285
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,034	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	81,927	38,980	1,257	6,287	0	193.00
194.00 07950 OTHER	0	0	0	0	0	194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	256,759,718	5,132,148	10,007,015	23,141,231	431,319

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/21/2015 11:21 am	
Cost Center Description			DATA PROCESSING	PURCHASING AND STORES	CASHIERS AR AND COLLECTIONS	Subtotal	ADMINISTRATION & GENERAL
			5.20	5.30	5.50	5A.50	5.60
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	00541	NON PATIENT PHONES					5.10
5.20	00551	DATA PROCESSING	3,899,187				5.20
5.30	00561	PURCHASING AND STORES	138,617	149,995			5.30
5.50	00582	CASHIERS AR AND COLLECTIONS	145,786	0	7,203,759		5.50
5.60	00592	ADMINISTRATION & GENERAL	512,642	9,599	0	37,506,360	37,506,360
5.90	00593	RNP ADMINISTRATION	86,635	3,264	0	1,922,124	0
6.00	00600	MAINTENANCE & REPAIRS	0	1,007	0	1,481,439	254,301
7.00	00700	OPERATION OF PLANT	21,510	14,682	0	9,594,905	1,647,042
7.01	00701	ELECTRICITY	0	0	0	8,275	1,420
7.02	00702	RNP OPERATION OF PLANT	0	1,027	0	1,012,139	173,742
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,511	0	30,153	5,176
8.01	00801	RNP LAUNDRY	0	133	0	191,029	32,792
9.00	00900	HOUSEKEEPING	0	2,182	0	2,731,299	468,849
9.01	00901	RNP HOUSEKEEPING	0	123	0	459,516	78,880
10.00	01000	DIETARY	11,950	2,952	0	-1,163,860	0
10.01	01001	RNP DIETARY	0	1,478	0	971,507	166,767
11.00	01100	CAFETERIA	10,157	0	0	3,686,047	632,739
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	87,233	81	0	1,051,337	180,470
14.00	01400	CENTRAL SERVICES & SUPPLY	18,522	3,623	0	3,189,906	547,573
15.00	01500	PHARMACY	225,252	352	0	3,646,783	625,999
16.00	01600	MEDICAL RECORDS & LIBRARY	430,189	1,251	0	5,961,839	1,023,397
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	0	0	0	199,637	34,269
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	4,568,605	784,238
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,170	376	0	1,947,273	334,265
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	198,962	815	781,584	27,145,898	4,659,740
31.00	03100	INTENSIVE CARE UNIT	51,384	348	205,503	9,636,248	1,654,139
41.00	04100	SUBPROVIDER - I&R	22,107	228	153,617	5,639,659	968,093
43.00	04300	NURSERY	22,107	245	35,339	1,555,467	267,008
44.00	04400	SKILLED NURSING FACILITY	0	1,865	111,390	11,062,783	1,899,015
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,617	9,129	517,372	8,493,465	1,457,971
51.00	05100	RECOVERY ROOM	14,340	8	103,969	1,141,317	195,916
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,679	120	1,194	678,987	116,554
53.00	05300	ANESTHESIOLOGY	0	49	154,114	558,558	95,881
54.00	05400	RADIOLOGY-DIAGNOSTIC	510,252	911	276,982	5,464,476	938,021
55.00	05500	RADIOLOGY-THERAPEUTIC	28,679	680	128,170	3,970,511	681,570
56.00	05600	RADIOISOTOPE	65,723	916	175,191	2,117,365	363,463
57.00	05700	CT SCAN	0	15	298,771	1,401,102	240,510
58.00	05800	MRI	0	954	119,514	1,752,598	300,847
59.00	05900	CARDIAC CATHETERIZATION	0	64	432,573	3,092,117	530,787
60.00	06000	LABORATORY	699,655	20,420	738,590	12,430,322	2,133,764
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	102,170	3,129	48,318	271,592	46,621
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	22,107	249	126,146	2,111,353	362,431
66.00	06600	PHYSICAL THERAPY	34,056	69	122,532	4,043,608	694,118
66.01	06601	RNRC PHYSICAL THERAPY	0	22	29,440	31,823	5,463
66.02	06602	DAY REHABILITATION FACILITY	0	31	20,102	833,452	143,069
67.00	06700	OCCUPATIONAL THERAPY	57,956	9	65,941	2,267,393	389,216
68.00	06800	SPEECH PATHOLOGY	0	8	34,855	1,228,418	210,868
69.00	06900	ELECTROCARDIOLOGY	14,340	804	208,081	2,137,648	366,944
70.00	07000	ELECTROENCEPHALOGRAPHY	14,340	92	15,386	798,696	137,103
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,246	328,380	24,382,745	4,185,493
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,336	247,381	10,485,102	1,799,852
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,836	1,015,430	16,396,386	2,814,571
74.00	07400	RENAL DIALYSIS	59,748	271	61,219	1,749,448	300,307
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	95,000	248	141,945	3,368,092	578,160
90.01	09001	WELLNESS PROGRAM	0	101	572	210,651	36,160
91.00	09100	EMERGENCY	58,554	678	407,162	5,351,317	918,596

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DATA PROCESSING	PURCHASING AND STORES	CASHIERS AR AND COLLECTIONS	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
91.01	04040	FAMILY PRACTICE	59,748	457	227	3,712,297	637,245	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	96,769	2,113,025	362,718	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,899,187	149,994	7,203,759	256,630,232	37,484,133	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,034	177	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	1	0	128,452	22,050	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	3,899,187	149,995	7,203,759	256,759,718	37,506,360	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/21/2015 11:21 am		
Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES						5.30
5.50	00582	CASHIERS AR AND COLLECTIONS						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	1,922,124					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	1,735,740				6.00
7.00	00700	OPERATION OF PLANT	0	1,176,104	12,418,051			7.00
7.01	00701	ELECTRICITY	0	0	0	9,695		7.01
7.02	00702	RNP OPERATION OF PLANT	109,277	76,446	0	0	1,371,604	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	219,878	172	24,286	8.00
8.01	00801	RNP LAUNDRY	41,908	6,573	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	13,633	149,945	117	16,562	9.00
9.01	00901	RNP HOUSEKEEPING	77,201	3,599	0	0	0	9.01
10.00	01000	DIETARY	0	69,391	446,159	348	49,279	10.00
10.01	01001	RNP DIETARY	224,139	10,517	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	164,647	129	18,186	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,450	76,774	60	8,480	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,390	61	265,811	208	29,359	14.00
15.00	01500	PHARMACY	0	905	211,359	165	23,345	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,411	257,559	201	28,448	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	29,081	0	0	0	0	17.01
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	119	132,467	103	14,631	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,502	3,594,145	2,809	396,984	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	623,049	486	68,817	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,929	486,006	379	53,681	41.00
43.00	04300	NURSERY	0	0	20,836	16	2,301	43.00
44.00	04400	SKILLED NURSING FACILITY	1,431,767	562	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	297,593	570,471	445	63,010	50.00
51.00	05100	RECOVERY ROOM	0	0	44,959	35	4,966	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,562	546,178	426	60,327	52.00
53.00	05300	ANESTHESIOLOGY	0	0	52,773	41	5,829	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	678	798,383	623	88,183	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	304	329,124	257	36,353	55.00
56.00	05600	RADIOISOTOPE	0	4,707	144,005	112	15,906	56.00
57.00	05700	CT SCAN	0	128	64,286	50	7,101	57.00
58.00	05800	MRI	0	128	122,633	96	13,545	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	224,966	176	24,848	59.00
60.00	06000	LABORATORY	0	29,364	336,743	263	37,194	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	12,877	10	1,422	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	119	75,824	59	8,375	65.00
66.00	06600	PHYSICAL THERAPY	0	674	181,565	142	20,054	66.00
66.01	06601	RNRC PHYSICAL THERAPY	361	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	4,370	132,200	103	14,602	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	674	151,308	118	16,712	67.00
68.00	06800	SPEECH PATHOLOGY	0	574	41,405	32	4,573	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,200	440,317	344	48,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	696	35,003	27	3,866	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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	35,076	27	3,874	73.00
74.00	07400	RENAL DIALYSIS	0	3,129	91,403	71	10,096	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	11,408	520,961	407	57,541	90.00
90.01	09001	WELLNESS PROGRAM	0	0	52,919	41	5,845	90.01
91.00	09100	EMERGENCY	0	0	416,316	325	45,983	91.00
91.01	04040	FAMILY PRACTICE	0	2,230	213,696	167	23,603	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

Period:
From 01/01/2014
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Cost Center Description		RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5.90	6.00	7.00	7.01	7.02	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,922,124	1,735,740	12,284,026	9,590	1,356,801	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	134,025	105	14,803	193.00
194.00	07950 OTHER	0	0	0	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	1,922,124	1,735,740	12,418,051	9,695	1,371,604	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/21/2015 11:21 am		
Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES						5.30
5.50	00582	CASHIERS AR AND COLLECTIONS						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	279,665					8.00
8.01	00801	RNP LAUNDRY	0	272,302				8.01
9.00	00900	HOUSEKEEPING	0	0	3,380,405			9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	619,196		9.01
10.00	01000	DIETARY	0	0	88,854	254,411	-255,418	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	22,213	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	12,297	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	39	0	11,107	0	0	14.00
15.00	01500	PHARMACY	44	0	26,180	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16,660	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	23,938	0	17.01
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	2,733	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	3,967	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,153	0	1,140,289	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,256	0	180,881	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	22,978	0	199,921	0	0	41.00
43.00	04300	NURSERY	0	0	27,370	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	272,302	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,065	0	417,295	0	0	50.00
51.00	05100	RECOVERY ROOM	6,789	0	7,933	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,419	0	110,538	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	7,933	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,375	0	77,747	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,280	0	49,980	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	15,867	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	2,942	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	90,705	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	5,553	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	15,073	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,063	0	23,800	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	288,485	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	31,733	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,363	0	19,833	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,760	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	52,362	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	3,967	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,145	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	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,679	0	160,518	0	0	90.00
90.01	09001	WELLNESS PROGRAM	81	0	0	0	0	90.01
91.00	09100	EMERGENCY	39,990	0	200,978	0	0	91.00
91.01	04040	FAMILY PRACTICE	271	0	38,080	0	0	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
		8.00	8.01	9.00	9.01	10.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	279,665	272,302	3,012,032	619,196	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,777	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	300,489	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	63,467	0	0	193.00
194.00	07950 OTHER	0	0	1,640	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	-255,418	201.00
202.00	TOTAL (sum lines 118-201)	279,665	272,302	3,380,405	619,196	-255,418	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/21/2015 11:21 am	
Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES						5.30
5.50	00582	CASHIERS AR AND COLLECTIONS						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	1,372,930					10.01
11.00	01100	CAFETERIA	0	4,523,961				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	118,094	0	1,448,962		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,309	0	0	4,083,763	14.00
15.00	01500	PHARMACY	0	110,926	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	259,241	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	12,531	0	0	0	17.01
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	258,514	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	407,192	956,787	0	38,278	0	30.00
31.00	03100	INTENSIVE CARE UNIT	81,324	246,566	0	242,739	0	31.00
41.00	04100	SUBPROVIDER - I&R	136,995	235,683	0	239,004	0	41.00
43.00	04300	NURSERY	31,115	35,952	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	716,304	458,504	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	223,238	0	198,859	0	50.00
51.00	05100	RECOVERY ROOM	0	33,047	0	233,402	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,299	0	241,805	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,235	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	259,607	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	72,688	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	49,781	0	0	0	56.00
57.00	05700	CT SCAN	0	36,752	0	0	0	57.00
58.00	05800	MRI	0	22,939	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,027	0	0	0	59.00
60.00	06000	LABORATORY	0	23,239	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	75,443	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	148,446	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	25,155	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	32,033	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	81,048	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	45,875	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	57,478	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,463	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,985,661	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,098,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	46,216	0	15,871	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	92,330	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	5,363	0	0	0	90.01
91.00	09100	EMERGENCY	0	189,238	0	239,004	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
91.01	04040	FAMILY PRACTICE	0	142,914	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,372,930	4,523,961	0	1,448,962	4,083,763	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	1,372,930	4,523,961	0	1,448,962	4,083,763	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/21/2015 11:21 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES						5.30
5.50	00582	CASHIERS AR AND COLLECTIONS						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
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	4,645,706					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,548,756				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	299,456		17.01
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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	515,617	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	33,280	0	0	0	31.00
41.00	04100	SUBPROVIDER - I&R	0	41,948	0	0	0	41.00
43.00	04300	NURSERY	0	238,357	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	299,456	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	49,408	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	22,786	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,385	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	40,332	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,879,251	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	296,051	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	885,329	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	433,645	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	56,806	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	230,676	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	115,412	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	79,518	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,071,825	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	319,454	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	449,489	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	4,645,706	118,346	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	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	427,307	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	235,534	0	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

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

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,645,706	7,548,756	0	299,456	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	4,645,706	7,548,756	0	299,456	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10 00541	NON PATIENT PHONES					5.10
5.20 00551	DATA PROCESSING					5.20
5.30 00561	PURCHASING AND STORES					5.30
5.50 00582	CASHIERS AR AND COLLECTIONS					5.50
5.60 00592	ADMINISTRATION & GENERAL					5.60
5.90 00593	RNP ADMINISTRATION					5.90
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	ELECTRICITY					7.01
7.02 00702	RNP OPERATION OF PLANT					7.02
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
8.01 00801	RNP LAUNDRY					8.01
9.00 00900	HOUSEKEEPING					9.00
9.01 00901	RNP HOUSEKEEPING					9.01
10.00 01000	DIETARY					10.00
10.01 01001	RNP DIETARY					10.01
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
17.01 01701	RNP SOCIAL SERVICE					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	5,355,576			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	2,691,339		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,983,280	1,499,192	0	43,452,866
31.00 03100	INTENSIVE CARE UNIT	0	380,925	191,426	0	13,357,136
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	8,026,276
43.00 04300	NURSERY	0	37,715	18,953	0	2,235,090
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	16,140,693
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	331,895	166,787	0	12,303,502
51.00 05100	RECOVERY ROOM	0	0	0	0	1,691,150
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	75,431	37,906	0	1,946,817
53.00 05300	ANESTHESIOLOGY	0	0	0	0	771,582
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	37,715	18,953	0	9,575,012
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,440,118
56.00 05600	RADIOISOTOPE	0	0	0	0	3,596,535
57.00 05700	CT SCAN	0	0	0	0	1,749,929
58.00 05800	MRI	0	0	0	0	2,212,786
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	3,936,863
60.00 06000	LABORATORY	0	75,431	37,906	0	15,628,576
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	394,881
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	188,577	94,765	0	3,162,695
66.00 06600	PHYSICAL THERAPY	0	0	0	0	5,233,882
66.01 06601	RNRC PHYSICAL THERAPY	0	0	0	0	430,805
66.02 06602	DAY REHABILITATION FACILITY	0	0	0	0	1,159,829
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	2,938,202
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	1,531,745
69.00 06900	ELECTROCARDIOLOGY	0	188,577	94,765	0	4,439,928
70.00 07000	ELECTROENCEPHALOGRAPHY	0	37,715	18,953	0	1,364,736
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	31,055,750
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,383,056
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	24,017,953
74.00 07400	RENAL DIALYSIS	0	0	0	0	2,219,686
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	75,431	37,906	0	5,336,740

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

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Cost Center Description			INTERNS & RESIDENTS				PARAMED PRGM	Subtotal		
			NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER					
				APPRV	PRGM COSTS	APPRV				
			20.00	21.00	22.00	23.00	24.00			
90.01	09001	WELLNESS PROGRAM	0	75,431	37,906	0	424,397	90.01		
91.00	09100	EMERGENCY	0	565,730	284,296	0	8,487,307	91.00		
91.01	04040	FAMILY PRACTICE	0	301,723	151,625	0	5,223,851	91.01		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	2,475,743	92.01		
SPECIAL PURPOSE COST CENTERS										
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,355,576	2,691,339	0	256,346,117	118.00		
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,988	190.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	300,489	192.00		
193.00	19300	NONPAID WORKERS	0	0	0	0	362,902	193.00		
194.00	07950	OTHER	0	0	0	0	1,640	194.00		
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05		
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00		
201.00		Negative Cost Centers	0	0	0	0	-255,418	201.00		
202.00		TOTAL (sum lines 118-201)	0	5,355,576	2,691,339	0	256,759,718	202.00		

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.10	00541	NON PATIENT PHONES		5.10
5.20	00551	DATA PROCESSING		5.20
5.30	00561	PURCHASING AND STORES		5.30
5.50	00582	CASHIERS AR AND COLLECTIONS		5.50
5.60	00592	ADMINISTRATION & GENERAL		5.60
5.90	00593	RNP ADMINISTRATION		5.90
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	ELECTRICITY		7.01
7.02	00702	RNP OPERATION OF PLANT		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	RNP LAUNDRY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	RNP HOUSEKEEPING		9.01
10.00	01000	DIETARY		10.00
10.01	01001	RNP DIETARY		10.01
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
17.01	01701	RNP SOCIAL SERVICE		17.01
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-4,482,472	30.00
31.00	03100	INTENSIVE CARE UNIT	-572,351	31.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	-56,668	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-498,682	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-113,337	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-56,668	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	-113,337	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	-283,342	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-283,342	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-56,668	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-113,337	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.01	09001	WELLNESS PROGRAM	-113,337	311,060	90.01
91.00	09100	EMERGENCY	-850,026	7,637,281	91.00
91.01	04040	FAMILY PRACTICE	-453,348	4,770,503	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,475,743	92.01
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)		-8,046,915	248,299,202	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,988	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	300,489	192.00
193.00	19300	NONPAID WORKERS	0	362,902	193.00
194.00	07950	OTHER	0	1,640	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	-255,418	201.00
202.00		TOTAL (sum lines 118-201)	-8,046,915	248,712,803	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 11:21 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	38,398	87,241	3,572	129,211	129,211 4.00
5.10 00541	NON PATIENT PHONES	17,021	28,120	600	45,741	0 5.10
5.20 00551	DATA PROCESSING	0	0	0	0	0 5.20
5.30 00561	PURCHASING AND STORES	0	0	0	0	0 5.30
5.50 00582	CASHIERS AR AND COLLECTIONS	0	0	5,655	5,655	0 5.50
5.60 00592	ADMINISTRATION & GENERAL	2,921,017	327,845	170,815	3,419,677	7,025 5.60
5.90 00593	RNP ADMINISTRATION	11,254	0	49,638	60,892	882 5.90
6.00 00600	MAINTENANCE & REPAIRS	528	36,785	148,155	185,468	801 6.00
7.00 00700	OPERATION OF PLANT	5,070	1,040,509	222,032	1,267,611	1,271 7.00
7.01 00701	ELECTRICITY	0	0	0	0	0 7.01
7.02 00702	RNP OPERATION OF PLANT	0	0	178,940	178,940	224 7.02
8.00 00800	LAUNDRY & LINEN SERVICE	149	63,949	0	64,098	0 8.00
8.01 00801	RNP LAUNDRY	0	0	42,460	42,460	218 8.01
9.00 00900	HOUSEKEEPING	2,106	43,610	21,833	67,549	2,000 9.00
9.01 00901	RNP HOUSEKEEPING	0	0	0	0	490 9.01
10.00 01000	DIETARY	5,940	129,760	61,572	197,272	649 10.00
10.01 01001	RNP DIETARY	8,114	0	13,202	21,316	188 10.01
11.00 01100	CAFETERIA	0	47,886	0	47,886	1,477 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	4,346	22,329	55,217	81,892	1,524 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	156,630	77,308	276,445	510,383	556 14.00
15.00 01500	PHARMACY	3,131	61,471	111,224	175,826	3,376 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	19,328	74,908	26,429	120,665	4,838 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01 01701	RNP SOCIAL SERVICE	0	0	829	829	216 17.01
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	126	126	4,961 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,481	38,527	12,383	55,391	2,952 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,685	1,045,314	2,913,416	3,965,415	23,571 30.00
31.00 03100	INTENSIVE CARE UNIT	2,154	181,207	93,922	277,283	8,618 31.00
41.00 04100	SUBPROVIDER - I&R	49,605	141,349	54,449	245,403	5,651 41.00
43.00 04300	NURSERY	-648	6,060	18,300	23,712	979 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	9,056 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	54,669	165,915	1,308,966	1,529,550	4,822 50.00
51.00 05100	RECOVERY ROOM	441	13,076	743	14,260	1,091 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	20,792	158,850	127,898	307,540	360 52.00
53.00 05300	ANESTHESIOLOGY	706	15,348	227,138	243,192	169 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	90,152	232,200	562,613	884,965	4,163 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	41,624	95,722	687,790	825,136	2,592 55.00
56.00 05600	RADIOISOTOPE	1,191	41,882	143,789	186,862	1,714 56.00
57.00 05700	CT SCAN	0	18,697	16,821	35,518	1,082 57.00
58.00 05800	MRI	11,721	35,667	628,400	675,788	577 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,908	65,429	597,045	664,382	2,087 59.00
60.00 06000	LABORATORY	2,452	97,938	155,491	255,881	209 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,745	172	3,917	0 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	4,590	22,053	83,542	110,185	1,912 65.00
66.00 06600	PHYSICAL THERAPY	3,373	52,806	17,697	73,876	4,057 66.00
66.01 06601	RNRC PHYSICAL THERAPY	0	0	0	0	3 66.01
66.02 06602	DAY REHABILITATION FACILITY	0	38,449	27,758	66,207	699 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	44,006	1,731	45,737	2,256 67.00
68.00 06800	SPEECH PATHOLOGY	0	12,042	9,999	22,041	1,262 68.00
69.00 06900	ELECTROCARDIOLOGY	48,426	128,061	164,158	340,645	1,610 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	10,180	324,291	334,471	1,199 70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	0 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	21,122	21,122	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	10,202	0	10,202	0 73.00
74.00 07400	RENAL DIALYSIS	1,350	26,584	36,766	64,700	1,432 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	LITHIOTRIPSY	0	0	0	0	0 76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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

Worksheet B
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,473	151,515	152,862	307,850	2,987 90.00
90.01	09001 WELLNESS PROGRAM	0	15,391	1,382	16,773	181 90.01
91.00	09100 EMERGENCY	2,898	121,081	212,647	336,626	5,057 91.00
91.01	04040 FAMILY PRACTICE	59,631	62,151	13,723	135,505	3,952 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	2,180 92.01
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,604,706	5,093,168	10,005,758	18,703,632	129,176 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300 NONPAID WORKERS	425	38,980	1,257	40,662	35 193.00
194.00	07950 OTHER	0	0	0	0	0 194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0 194.05
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	3,605,131	5,132,148	10,007,015	18,744,294	129,211 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/21/2015 11:21 am	
Cost Center Description			NON PATIENT PHONES	DATA PROCESSING	PURCHASING AND STORES	CASHERS AR AND COLLECTIONS	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00541	NON PATIENT PHONES	45,741					5.10
5.20	00551	DATA PROCESSING	0	0				5.20
5.30	00561	PURCHASING AND STORES	1,207	0	1,207			5.30
5.50	00582	CASHERS AR AND COLLECTIONS	2,084	0	0	7,739		5.50
5.60	00592	ADMINISTRATION & GENERAL	8,443	0	77	0	3,435,222	5.60
5.90	00593	RNP ADMINISTRATION	110	0	26	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	1,097	0	8	0	23,291	6.00
7.00	00700	OPERATION OF PLANT	768	0	118	0	150,851	7.00
7.01	00701	ELECTRICITY	878	0	0	0	130	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	8	0	15,913	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	110	0	20	0	474	8.00
8.01	00801	RNP LAUNDRY	0	0	1	0	3,003	8.01
9.00	00900	HOUSEKEEPING	110	0	18	0	42,941	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	1	0	7,225	9.01
10.00	01000	DIETARY	768	0	24	0	0	10.00
10.01	01001	RNP DIETARY	0	0	12	0	15,274	10.01
11.00	01100	CAFETERIA	658	0	0	0	57,952	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,084	0	1	0	16,529	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	110	0	29	110	50,152	14.00
15.00	01500	PHARMACY	987	0	3	0	57,335	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,071	0	10	0	93,732	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	3,139	17.01
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	71,828	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,207	0	3	0	30,615	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,278	0	7	803	426,829	30.00
31.00	03100	INTENSIVE CARE UNIT	219	0	3	211	151,501	31.00
41.00	04100	SUBPROVIDER - I&R	329	0	2	158	88,667	41.00
43.00	04300	NURSERY	219	0	2	36	24,455	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	15	114	173,929	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	548	0	73	531	133,534	50.00
51.00	05100	RECOVERY ROOM	110	0	0	107	17,944	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	110	0	1	1	10,675	52.00
53.00	05300	ANESTHESIOLOGY	219	0	0	158	8,782	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,304	0	7	284	85,912	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,316	0	5	132	62,424	55.00
56.00	05600	RADIOISOTOPE	439	0	7	180	33,289	56.00
57.00	05700	CT SCAN	0	0	0	307	22,028	57.00
58.00	05800	MRI	0	0	8	123	27,554	58.00
59.00	05900	CARDIAC CATHETERIZATION	110	0	1	444	48,614	59.00
60.00	06000	LABORATORY	2,633	0	164	759	195,430	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	110	0	25	50	4,270	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	548	0	2	130	33,195	65.00
66.00	06600	PHYSICAL THERAPY	1,207	0	1	126	63,574	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	30	500	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	21	13,104	66.02
67.00	06700	OCCUPATIONAL THERAPY	768	0	0	68	35,648	67.00
68.00	06800	SPEECH PATHOLOGY	110	0	0	36	19,313	68.00
69.00	06900	ELECTROCARDIOLOGY	987	0	6	214	33,608	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	110	0	1	16	12,557	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	155	337	383,346	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	163	254	164,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	186	1,382	257,784	73.00
74.00	07400	RENAL DIALYSIS	219	0	2	63	27,505	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,316	0	2	146	52,953	90.00
90.01	09001	WELLNESS PROGRAM	110	0	1	1	3,312	90.01
91.00	09100	EMERGENCY	1,316	0	5	418	84,133	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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Cost Center Description			NON PATIENT PHONES	DATA PROCESSING	PURCHASING AND STORES	CASHIERS AR AND COLLECTIONS	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
91.01	04040	FAMILY PRACTICE	2,304	0	4	0	58,365	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	99	33,221	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,631	0	1,207	7,739	3,433,186	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	110	0	0	0	16	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	2,020	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	45,741	0	1,207	7,739	3,435,222	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 11:21 am		
Cost Center Description		RNP ADMINISTRATION 5.90	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	ELECTRICITY 7.01	RNP OPERATION OF PLANT 7.02
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.10	00541	NON PATIENT PHONES				5.10
5.20	00551	DATA PROCESSING				5.20
5.30	00561	PURCHASING AND STORES				5.30
5.50	00582	CASHIERS AR AND COLLECTIONS				5.50
5.60	00592	ADMINISTRATION & GENERAL				5.60
5.90	00593	RNP ADMINISTRATION	61,910			5.90
6.00	00600	MAINTENANCE & REPAIRS	0	210,665		6.00
7.00	00700	OPERATION OF PLANT	0	142,741	1,563,360	7.00
7.01	00701	ELECTRICITY	0	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	3,520	9,278	0	207,883
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	27,681	18
8.01	00801	RNP LAUNDRY	1,350	798	0	0
9.00	00900	HOUSEKEEPING	0	1,655	18,877	12
9.01	00901	RNP HOUSEKEEPING	2,487	437	0	0
10.00	01000	DIETARY	0	8,422	56,169	36
10.01	01001	RNP DIETARY	7,219	1,276	0	0
11.00	01100	CAFETERIA	0	0	20,728	13
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	176	9,665	6
14.00	01400	CENTRAL SERVICES & SUPPLY	270	7	33,464	22
15.00	01500	PHARMACY	0	110	26,609	17
16.00	01600	MEDICAL RECORDS & LIBRARY	0	171	32,425	21
17.00	01700	SOCIAL SERVICE	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	937	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	14	16,677	11
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	182	452,482	293
31.00	03100	INTENSIVE CARE UNIT	0	0	78,438	51
41.00	04100	SUBPROVIDER - IRF	0	234	61,185	39
43.00	04300	NURSERY	0	0	2,623	2
44.00	04400	SKILLED NURSING FACILITY	46,115	68	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	36,119	71,819	46
51.00	05100	RECOVERY ROOM	0	0	5,660	4
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	675	68,761	44
53.00	05300	ANESTHESIOLOGY	0	0	6,644	4
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	82	100,512	65
55.00	05500	RADIOLOGY-THERAPEUTIC	0	37	41,435	27
56.00	05600	RADIOISOTOPE	0	571	18,129	12
57.00	05700	CT SCAN	0	16	8,093	5
58.00	05800	MRI	0	16	15,439	10
59.00	05900	CARDIAC CATHETERIZATION	0	0	28,322	18
60.00	06000	LABORATORY	0	3,564	42,394	27
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	1,621	1
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	14	9,546	6
66.00	06600	PHYSICAL THERAPY	0	82	22,858	15
66.01	06601	RNRC PHYSICAL THERAPY	12	0	0	0
66.02	06602	DAY REHABILITATION FACILITY	0	530	16,643	11
67.00	06700	OCCUPATIONAL THERAPY	0	82	19,049	12
68.00	06800	SPEECH PATHOLOGY	0	70	5,213	3
69.00	06900	ELECTROCARDIOLOGY	0	1,117	55,433	36
70.00	07000	ELECTROENCEPHALOGRAPHY	0	85	4,407	3
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,416	3
74.00	07400	RENAL DIALYSIS	0	380	11,507	7
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIpsy	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,385	65,586	42
90.01	09001	WELLNESS PROGRAM	0	0	6,662	4
91.00	09100	EMERGENCY	0	0	52,412	34
91.01	04040	FAMILY PRACTICE	0	271	26,903	17

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5.90	6.00	7.00	7.01	7.02	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	61,910	210,665	1,546,487	997	205,639	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	16,873	11	2,244	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	61,910	210,665	1,563,360	1,008	207,883	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/21/2015 11:21 am	
Cost Center Description		LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
		8.00	8.01	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	00541	NON PATIENT PHONES					5.10
5.20	00551	DATA PROCESSING					5.20
5.30	00561	PURCHASING AND STORES					5.30
5.50	00582	CASHIERS AR AND COLLECTIONS					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE	84,764				8.00
8.01	00801	RNP LAUNDRY	0	47,830			8.01
9.00	00900	HOUSEKEEPING	0	0	135,672		9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	10,640	9.01
10.00	01000	DIETARY	0	0	3,566	4,372	278,747
10.01	01001	RNP DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	892	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	494	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	12	0	446	0	0
15.00	01500	PHARMACY	13	0	1,051	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	669	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	0	0	0	411	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	828	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	159	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,690	0	45,767	0	0
31.00	03100	INTENSIVE CARE UNIT	5,230	0	7,260	0	0
41.00	04100	SUBPROVIDER - IRF	6,964	0	8,024	0	0
43.00	04300	NURSERY	0	0	1,098	0	0
44.00	04400	SKILLED NURSING FACILITY	0	47,830	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,022	0	16,748	0	0
51.00	05100	RECOVERY ROOM	2,058	0	318	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,249	0	4,436	0	0
53.00	05300	ANESTHESIOLOGY	0	0	318	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,448	0	3,120	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	994	0	2,006	0	0
56.00	05600	RADIOISOTOPE	0	0	637	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	892	0	0	0	0
60.00	06000	LABORATORY	0	0	3,640	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	223	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	605	0	0
66.00	06600	PHYSICAL THERAPY	1,838	0	955	0	0
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	4,957	0
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,274	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,322	0	796	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	191	0	0
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	900	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	159	0	0
74.00	07400	RENAL DIALYSIS	953	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,024	0	6,442	0	0
90.01	09001	WELLNESS PROGRAM	25	0	0	0	0
91.00	09100	EMERGENCY	12,120	0	8,066	0	0
91.01	04040	FAMILY PRACTICE	82	0	1,528	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

Period:
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Cost Center Description		LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
		8.00	8.01	9.00	9.01	10.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	84,764	47,830	120,888	10,640	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	111	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	12,060	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	2,547	0	0	193.00
194.00	07950 OTHER	0	0	66	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	11,318	0	0	0	278,747	201.00
202.00	TOTAL (sum lines 118-201)	96,082	47,830	135,672	10,640	278,747	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/21/2015 11:21 am	
Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES						5.30
5.50	00582	CASHIERS AR AND COLLECTIONS						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	45,285					10.01
11.00	01100	CAFETERIA	0	132,362				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	3,455	0	117,111		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	916	0	0	600,817	14.00
15.00	01500	PHARMACY	0	3,245	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,585	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	367	0	0	0	17.01
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	7,564	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,431	27,995	0	3,094	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,682	7,214	0	19,618	0	31.00
41.00	04100	SUBPROVIDER - I&R	4,519	6,896	0	19,317	0	41.00
43.00	04300	NURSERY	1,026	1,052	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	23,627	13,415	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,531	0	16,073	0	50.00
51.00	05100	RECOVERY ROOM	0	967	0	18,865	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,676	0	19,544	0	52.00
53.00	05300	ANESTHESIOLOGY	0	299	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,596	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,127	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,456	0	0	0	56.00
57.00	05700	CT SCAN	0	1,075	0	0	0	57.00
58.00	05800	MRI	0	671	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,786	0	0	0	59.00
60.00	06000	LABORATORY	0	680	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,207	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,343	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	736	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	937	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,371	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,342	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,682	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	248	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	292,137	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	308,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,352	0	1,283	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,701	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	157	0	0	0	90.01
91.00	09100	EMERGENCY	0	5,537	0	19,317	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
91.01	04040	FAMILY PRACTICE	0	4,181	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,285	132,362	0	117,111	600,817	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	45,285	132,362	0	117,111	600,817	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/21/2015 11:21 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES						5.30
5.50	00582	CASHIERS AR AND COLLECTIONS						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
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	272,110					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	267,499				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	5,899		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	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 ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	18,271	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,179	0	0		31.00
41.00	04100	SUBPROVIDER - I&R	0	1,486	0	0		41.00
43.00	04300	NURSERY	0	8,446	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	5,899		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,751	0	0		50.00
51.00	05100	RECOVERY ROOM	0	807	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	297	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,429	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,596	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,491	0	0		55.00
56.00	05600	RADIOISOTOPE	0	31,373	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	15,367	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,013	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	8,174	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	4,090	0	0		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	2,818	0	0		66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	37,981	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,320	0	0		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,928	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	272,110	4,194	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	15,142	0	0		90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0		90.01
91.00	09100	EMERGENCY	0	8,346	0	0		91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
91.01	04040	FAMILY PRACTICE	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	272,110	267,499	0	5,899	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER	0	0	0	0		194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0		194.05
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)	272,110	267,499	0	5,899	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 11:21 am		
Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			22.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.10	00541	NON PATIENT PHONES				5.10
5.20	00551	DATA PROCESSING				5.20
5.30	00561	PURCHASING AND STORES				5.30
5.50	00582	CASHIERS AR AND COLLECTIONS				5.50
5.60	00592	ADMINISTRATION & GENERAL				5.60
5.90	00593	RNP ADMINISTRATION				5.90
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	ELECTRICITY				7.01
7.02	00702	RNP OPERATION OF PLANT				7.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
8.01	00801	RNP LAUNDRY				8.01
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	RNP HOUSEKEEPING				9.01
10.00	01000	DIETARY				10.00
10.01	01001	RNP DIETARY				10.01
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
17.01	01701	RNP SOCIAL SERVICE				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		77,743		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			116,811	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				5,076,276
31.00	03100	INTENSIVE CARE UNIT				569,937
41.00	04100	SUBPROVIDER - IRF				457,010
43.00	04300	NURSERY				63,999
44.00	04400	SKILLED NURSING FACILITY				320,068
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				1,837,717
51.00	05100	RECOVERY ROOM				62,944
52.00	05200	DELIVERY ROOM & LABOR ROOM				425,512
53.00	05300	ANESTHESIOLOGY				262,097
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,172,419
55.00	05500	RADIOLOGY-THERAPEUTIC				954,232
56.00	05600	RADIOISOTOPE				277,080
57.00	05700	CT SCAN				69,200
58.00	05800	MRI				722,239
59.00	05900	CARDIAC CATHETERIZATION				750,422
60.00	06000	LABORATORY				526,385
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL				12,446
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0
65.00	06500	RESPIRATORY THERAPY				167,793
66.00	06600	PHYSICAL THERAPY				180,061
66.01	06601	RNRC PHYSICAL THERAPY				9,056
66.02	06602	DAY REHABILITATION FACILITY				100,365
67.00	06700	OCCUPATIONAL THERAPY				109,798
68.00	06800	SPEECH PATHOLOGY				50,083
69.00	06900	ELECTROCARDIOLOGY				482,808
70.00	07000	ELECTROENCEPHALOGRAPHY				365,194
70.01	07001	ELECTROPHYSIOLOGY				0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				713,925
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				473,944
73.00	07300	DRUGS CHARGED TO PATIENTS				551,023
74.00	07400	RENAL DIALYSIS				110,933
76.97	07697	CARDIAC REHABILITATION				0
76.98	07698	HYPERBARIC OXYGEN THERAPY				0
76.99	07699	LITHOTRIPSY				0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				467,297

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS				Subtotal	
			NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED PRGM		
				Y & FRINGES APPRV	PRGM COSTS APPRV			
			20.00	21.00	22.00	23.00	24.00	
90.01	09001	WELLNESS PROGRAM					28,112	90.01
91.00	09100	EMERGENCY					540,356	91.00
91.01	04040	FAMILY PRACTICE					236,689	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)					35,500	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	18,182,920	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					237	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					12,060	192.00
193.00	19300	NONPAID WORKERS					64,392	193.00
194.00	07950	OTHER					66	194.00
194.05	07955	NON EMPLOYEE CHILD CARE					0	194.05
200.00		Cross Foot Adjustments	0	77,743	116,811	0	194,554	200.00
201.00		Negative Cost Centers	0	0	0	0	290,065	201.00
202.00		TOTAL (sum lines 118-201)	0	77,743	116,811	0	18,744,294	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 11:21 am
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total			
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.10 00541	NON PATIENT PHONES				5.10
5.20 00551	DATA PROCESSING				5.20
5.30 00561	PURCHASING AND STORES				5.30
5.50 00582	CASHIERS AR AND COLLECTIONS				5.50
5.60 00592	ADMINISTRATION & GENERAL				5.60
5.90 00593	RNP ADMINISTRATION				5.90
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	ELECTRICITY				7.01
7.02 00702	RNP OPERATION OF PLANT				7.02
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
8.01 00801	RNP LAUNDRY				8.01
9.00 00900	HOUSEKEEPING				9.00
9.01 00901	RNP HOUSEKEEPING				9.01
10.00 01000	DIETARY				10.00
10.01 01001	RNP DIETARY				10.01
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
17.01 01701	RNP SOCIAL SERVICE				17.01
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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	5,076,276		30.00
31.00 03100	INTENSIVE CARE UNIT	0	569,937		31.00
41.00 04100	SUBPROVIDER - I RF	0	457,010		41.00
43.00 04300	NURSERY	0	63,999		43.00
44.00 04400	SKILLED NURSING FACILITY	0	320,068		44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	1,837,717		50.00
51.00 05100	RECOVERY ROOM	0	62,944		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	425,512		52.00
53.00 05300	ANESTHESIOLOGY	0	262,097		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,172,419		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	954,232		55.00
56.00 05600	RADIOISOTOPE	0	277,080		56.00
57.00 05700	CT SCAN	0	69,200		57.00
58.00 05800	MRI	0	722,239		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	750,422		59.00
60.00 06000	LABORATORY	0	526,385		60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	12,446		62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500	RESPIRATORY THERAPY	0	167,793		65.00
66.00 06600	PHYSICAL THERAPY	0	180,061		66.00
66.01 06601	RNRC PHYSICAL THERAPY	0	9,056		66.01
66.02 06602	DAY REHABILITATION FACILITY	0	100,365		66.02
67.00 06700	OCCUPATIONAL THERAPY	0	109,798		67.00
68.00 06800	SPEECH PATHOLOGY	0	50,083		68.00
69.00 06900	ELECTROCARDIOLOGY	0	482,808		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	365,194		70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0		70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	713,925		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	473,944		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	551,023		73.00
74.00 07400	RENAL DIALYSIS	0	110,933		74.00
76.97 07697	CARDIAC REHABILITATION	0	0		76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	467,297		90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.01	09001	WELLNESS PROGRAM	0	28,112	90.01
91.00	09100	EMERGENCY	0	540,356	91.00
91.01	04040	FAMILY PRACTICE	0	236,689	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	35,500	92.01
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	18,182,920	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	237	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,060	192.00
193.00	19300	NONPAID WORKERS	0	64,392	193.00
194.00	07950	OTHER	0	66	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	194,554	200.00
201.00		Negative Cost Centers	0	290,065	201.00
202.00		TOTAL (sum lines 118-201)	0	18,744,294	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1
Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON PATIENT PHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	724,931				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,787,137			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,323	995	95,858,166		4.00
5.10 00541	NON PATIENT PHONES	3,972	167		417	5.10
5.20 00551	DATA PROCESSING	0	0		0	7,209,220
5.30 00561	PURCHASING AND STORES	0	0		11	256,289
5.50 00582	CASHERS AR AND COLLECTIONS	0	1,575		19	269,545
5.60 00592	ADMINISTRATION & GENERAL	46,309	47,575	5,211,692	77	947,826
5.90 00593	RNP ADMINISTRATION	0	13,825	654,002	1	160,180
6.00 00600	MAINTENANCE & REPAIRS	5,196	41,264	594,318	10	0
7.00 00700	OPERATION OF PLANT	146,975	61,840	943,056	7	39,769
7.01 00701	ELECTRICITY	0	0	0	8	0
7.02 00702	RNP OPERATION OF PLANT	0	49,838	165,965	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	9,033	0	0	1	0
8.01 00801	RNP LAUNDRY	0	11,826	161,672	0	0
9.00 00900	HOUSEKEEPING	6,160	6,081	1,483,333	1	0
9.01 00901	RNP HOUSEKEEPING	0	0	363,500	0	0
10.00 01000	DIETARY	18,329	17,149	481,536	7	22,094
10.01 01001	RNP DIETARY	0	3,677	139,412	0	0
11.00 01100	CAFETERIA	6,764	0	1,095,598	6	18,780
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	3,154	15,379	1,130,276	19	161,285
14.00 01400	CENTRAL SERVICES & SUPPLY	10,920	76,995	412,238	1	34,245
15.00 01500	PHARMACY	8,683	30,978	2,504,511	9	416,469
16.00 01600	MEDICAL RECORDS & LIBRARY	10,581	7,361	3,589,004	28	795,378
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
17.01 01701	RNP SOCIAL SERVICE	0	231	159,955	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	35	3,680,070	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,442	3,449	2,190,270	11	13,256
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	147,654	811,439	17,490,657	39	367,862
31.00 03100	INTENSIVE CARE UNIT	25,596	26,159	6,392,846	2	95,004
41.00 04100	SUBPROVIDER - IRF	19,966	15,165	4,192,257	3	40,874
43.00 04300	NURSERY	856	5,097	726,086	2	40,874
44.00 04400	SKILLED NURSING FACILITY	0	0	6,718,253	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,436	364,571	3,577,403	5	80,643
51.00 05100	RECOVERY ROOM	1,847	207	809,332	1	26,513
52.00 05200	DELIVERY ROOM & LABOR ROOM	22,438	35,622	267,380	1	53,025
53.00 05300	ANESTHESIOLOGY	2,168	63,262	125,407	2	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	32,799	156,698	3,088,197	21	943,407
55.00 05500	RADIOLOGY-THERAPEUTIC	13,521	191,562	1,922,741	12	53,025
56.00 05600	RADIOISOTOPE	5,916	40,048	1,271,771	4	121,516
57.00 05700	CT SCAN	2,641	4,685	802,559	0	0
58.00 05800	MRI	5,038	175,021	427,999	0	0
59.00 05900	CARDIAC CATHETERIZATION	9,242	166,288	1,548,436	1	0
60.00 06000	LABORATORY	13,834	43,307	155,385	24	1,293,593
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	529	48	0	1	188,902
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,115	23,268	1,418,350	5	40,874
66.00 06600	PHYSICAL THERAPY	7,459	4,929	3,009,503	11	62,967
66.01 06601	RNRC PHYSICAL THERAPY	0	0	1,902	0	0
66.02 06602	DAY REHABILITATION FACILITY	5,431	7,731	518,707	0	0
67.00 06700	OCCUPATIONAL THERAPY	6,216	482	1,673,842	7	107,155
68.00 06800	SPEECH PATHOLOGY	1,701	2,785	936,165	1	0
69.00 06900	ELECTROCARDIOLOGY	18,089	45,721	1,194,361	9	26,513
70.00 07000	ELECTROENCEPHALOGRAPHY	1,438	90,321	889,144	1	26,513
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,883	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,441	0	0	0	0
74.00 07400	RENAL DIALYSIS	3,755	10,240	1,062,222	2	110,469
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON PATIENT PHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21,402	42,575	2,216,017	12	175,646	90.00
90.01	09001	WELLNESS PROGRAM	2,174	385	134,468	1	0	90.01
91.00	09100	EMERGENCY	17,103	59,226	3,751,527	12	108,260	91.00
91.01	04040	FAMILY PRACTICE	8,779	3,822	2,931,841	21	110,469	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1,616,958	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	719,425	2,786,787	95,832,124	416	7,209,220	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	5,506	350	26,042	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	5,132,148	10,007,015	23,141,231	431,319	3,899,187	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.079499	3.590428	0.241411	1,034.338129	0.540861	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			129,211	45,741	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001348	109.690647	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING AND STORES (SUPPLY COST)	CASHIERS AR AND COLLECTIONS (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
			5.30	5.50	5A.60	5.60	5.90	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00541	NON PATIENT PHONES						5.10
5.20	00551	DATA PROCESSING						5.20
5.30	00561	PURCHASING AND STORES	38,879,094					5.30
5.50	00582	CASHIERS AR AND COLLECTIONS	0	1,233,173,693				5.50
5.60	00592	ADMINISTRATION & GENERAL	2,488,089	0	-37,506,360	218,495,094		5.60
5.90	00593	RNP ADMINISTRATION	846,058	0	-1,922,124	0	14,430,874	5.90
6.00	00600	MAINTENANCE & REPAIRS	261,032	0	0	1,481,439	0	6.00
7.00	00700	OPERATION OF PLANT	3,805,570	0	0	9,594,905	0	7.00
7.01	00701	ELECTRICITY	0	0	0	8,275	0	7.01
7.02	00702	RNP OPERATION OF PLANT	266,179	0	0	1,012,139	820,426	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	650,910	0	0	30,153	0	8.00
8.01	00801	RNP LAUNDRY	34,556	0	0	191,029	314,639	8.01
9.00	00900	HOUSEKEEPING	565,456	0	0	2,731,299	0	9.00
9.01	00901	RNP HOUSEKEEPING	31,760	0	0	459,516	579,607	9.01
10.00	01000	DIETARY	765,097	0	1,163,860	0	0	10.00
10.01	01001	RNP DIETARY	383,047	0	0	971,507	1,682,791	10.01
11.00	01100	CAFETERIA	0	0	0	3,686,047	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	20,991	0	0	1,051,337	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	939,041	0	0	3,189,906	62,994	14.00
15.00	01500	PHARMACY	91,234	0	0	3,646,783	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	324,212	0	0	5,961,839	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	15	0	0	199,637	218,336	17.01
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	4,568,605	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	97,584	0	0	1,947,273	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	211,349	133,787,083	0	27,145,898	0	30.00
31.00	03100	INTENSIVE CARE UNIT	90,129	35,176,891	0	9,636,248	0	31.00
41.00	04100	SUBPROVIDER - I RF	59,143	26,295,313	0	5,639,659	0	41.00
43.00	04300	NURSERY	63,608	6,049,124	0	1,555,467	0	43.00
44.00	04400	SKILLED NURSING FACILITY	483,336	19,067,074	0	11,062,783	10,749,370	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,366,345	88,560,756	0	8,493,465	0	50.00
51.00	05100	RECOVERY ROOM	2,095	17,796,848	0	1,141,317	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,047	204,320	0	678,987	0	52.00
53.00	05300	ANESTHESIOLOGY	12,688	26,380,387	0	558,558	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	236,094	47,412,219	0	5,464,476	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	176,348	21,939,472	0	3,970,511	0	55.00
56.00	05600	RADIOISOTOPE	237,469	29,988,158	0	2,117,365	0	56.00
57.00	05700	CT SCAN	4,015	51,141,853	0	1,401,102	0	57.00
58.00	05800	MRI	247,374	20,457,738	0	1,752,598	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,559	74,045,290	0	3,092,117	0	59.00
60.00	06000	LABORATORY	5,292,949	126,427,597	0	12,430,322	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	811,100	8,270,833	0	271,592	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	64,578	21,593,012	0	2,111,353	0	65.00
66.00	06600	PHYSICAL THERAPY	17,988	20,974,339	0	4,043,608	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	5,775	5,039,311	0	31,823	2,711	66.01
66.02	06602	DAY REHABILITATION FACILITY	8,023	3,440,924	0	833,452	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,233	11,287,389	0	2,267,393	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,121	5,966,227	0	1,228,418	0	68.00
69.00	06900	ELECTROCARDIOLOGY	208,281	35,618,074	0	2,137,648	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,948	2,633,730	0	798,696	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,988,596	56,210,181	0	24,382,745	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,271,079	42,345,289	0	10,485,102	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,918,627	173,891,080	0	16,396,386	0	73.00
74.00	07400	RENAL DIALYSIS	70,184	10,479,106	0	1,749,448	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	64,333	24,297,406	0	3,368,092	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description			PURCHASING AND STORES (SUPPLY COST)	CASHIERS AR AND COLLECTIONS (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
			5.30	5.50	5A.60	5.60	5.90	
90.01	09001	WELLNESS PROGRAM	26,308	97,867	0	210,651	0	90.01
91.00	09100	EMERGENCY	175,852	69,695,615	0	5,351,317	0	91.00
91.01	04040	FAMILY PRACTICE	118,516	38,829	0	3,712,297	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	16,564,358	0	2,113,025	0	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,878,921	1,233,173,693	-38,264,624	218,365,608	14,430,874	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,034	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	173	0	0	128,452	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	149,995	7,203,759		37,506,360	1,922,124	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003858	0.005842		0.171658	0.133195	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,207	7,739		3,435,222	61,910	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000031	0.000006		0.015722	0.004290	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description		MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEET)	ELECTRICITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.00	7.00	7.01	7.02	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	00541	NON PATIENT PHONES					5.10
5.20	00551	DATA PROCESSING					5.20
5.30	00561	PURCHASING AND STORES					5.30
5.50	00582	CASHERS AR AND COLLECTIONS					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS	1,303,626				6.00
7.00	00700	OPERATION OF PLANT	883,312	510,156			7.00
7.01	00701	ELECTRICITY	0	0	510,156		7.01
7.02	00702	RNP OPERATION OF PLANT	57,415	0	0	510,156	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,033	9,033	9,033	1,264,166
8.01	00801	RNP LAUNDRY	4,937	0	0	0	0
9.00	00900	HOUSEKEEPING	10,239	6,160	6,160	6,160	0
9.01	00901	RNP HOUSEKEEPING	2,703	0	0	0	0
10.00	01000	DIETARY	52,116	18,329	18,329	18,329	0
10.01	01001	RNP DIETARY	7,899	0	0	0	0
11.00	01100	CAFETERIA	0	6,764	6,764	6,764	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,089	3,154	3,154	3,154	0
14.00	01400	CENTRAL SERVICES & SUPPLY	46	10,920	10,920	10,920	177
15.00	01500	PHARMACY	680	8,683	8,683	8,683	197
16.00	01600	MEDICAL RECORDS & LIBRARY	1,060	10,581	10,581	10,581	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	12,352
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	89	5,442	5,442	5,442	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,128	147,654	147,654	147,654	502,451
31.00	03100	INTENSIVE CARE UNIT	0	25,596	25,596	25,596	78,003
41.00	04100	SUBPROVIDER - I RF	1,449	19,966	19,966	19,966	103,866
43.00	04300	NURSERY	0	856	856	856	0
44.00	04400	SKILLED NURSING FACILITY	422	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	223,507	23,436	23,436	23,436	149,464
51.00	05100	RECOVERY ROOM	0	1,847	1,847	1,847	30,686
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,177	22,438	22,438	22,438	33,535
53.00	05300	ANESTHESIOLOGY	0	2,168	2,168	2,168	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	509	32,799	32,799	32,799	51,420
55.00	05500	RADIOLOGY-THERAPEUTIC	228	13,521	13,521	13,521	14,826
56.00	05600	RADIOISOTOPE	3,535	5,916	5,916	5,916	0
57.00	05700	CT SCAN	96	2,641	2,641	2,641	0
58.00	05800	MRI	96	5,038	5,038	5,038	0
59.00	05900	CARDIAC CATHETERIZATION	0	9,242	9,242	9,242	13,300
60.00	06000	LABORATORY	22,054	13,834	13,834	13,834	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	529	529	529	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	89	3,115	3,115	3,115	0
66.00	06600	PHYSICAL THERAPY	506	7,459	7,459	7,459	27,405
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0
66.02	06602	DAY REHABILITATION FACILITY	3,282	5,431	5,431	5,431	0
67.00	06700	OCCUPATIONAL THERAPY	506	6,216	6,216	6,216	0
68.00	06800	SPEECH PATHOLOGY	431	1,701	1,701	1,701	0
69.00	06900	ELECTROCARDIOLOGY	6,910	18,089	18,089	18,089	19,721
70.00	07000	ELECTROENCEPHALOGRAPHY	523	1,438	1,438	1,438	0
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,441	1,441	1,441	0
74.00	07400	RENAL DIALYSIS	2,350	3,755	3,755	3,755	14,216
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LI THOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,568	21,402	21,402	21,402	30,192
90.01	09001	WELLNESS PROGRAM	0	2,174	2,174	2,174	366

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description			MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEET)	ELECTRICITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.00	7.00	7.01	7.02	8.00	
91.00	09100	EMERGENCY	0	17,103	17,103	17,103	180,765	91.00
91.01	04040	FAMILY PRACTICE	1,675	8,779	8,779	8,779	1,224	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,303,626	504,650	504,650	504,650	1,264,166	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	5,506	5,506	5,506	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	1,735,740	12,418,051	9,695	1,371,604	279,665	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.331471	24.341674	0.019004	2.688597	0.221225	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	210,665	1,563,360	1,008	207,883	96,082	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.161599	3.064474	0.001976	0.407489	0.067051	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		RNP LAUNDRY (RNP POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	RNP HOUSEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DAYS)	RNP DIETARY (PATIENT DAYS)	
		8.01	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	00541						5.10
5.20	00551						5.20
5.30	00561						5.30
5.50	00582						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801	49,828					8.01
9.00	00900	0	127,830				9.00
9.01	00901	0	0	10,631			9.01
10.00	01000	0	3,360	4,368	149,053		10.00
10.01	01001	0	0	0	0	149,053	10.01
11.00	01100	0	840	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	465	0	0	0	13.00
14.00	01400	0	420	0	0	0	14.00
15.00	01500	0	990	0	0	0	15.00
16.00	01600	0	630	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	411	0	0	17.01
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	150	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	43,120	0	44,207	44,207	30.00
31.00	03100	0	6,840	0	8,829	8,829	31.00
41.00	04100	0	7,560	0	14,873	14,873	41.00
43.00	04300	0	1,035	0	3,378	3,378	43.00
44.00	04400	49,828	0	0	77,766	77,766	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	15,780	0	0	0	50.00
51.00	05100	0	300	0	0	0	51.00
52.00	05200	0	4,180	0	0	0	52.00
53.00	05300	0	300	0	0	0	53.00
54.00	05400	0	2,940	0	0	0	54.00
55.00	05500	0	1,890	0	0	0	55.00
56.00	05600	0	600	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	3,430	0	0	0	60.00
62.00	06200	0	210	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	570	0	0	0	65.00
66.00	06600	0	900	0	0	0	66.00
66.01	06601	0	0	4,953	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
67.00	06700	0	1,200	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	750	0	0	0	69.00
70.00	07000	0	180	0	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	899	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	150	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	6,070	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			RNP LAUNDRY (RNP POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOUSEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DAYS)	RNP DIETARY (PATIENT DAYS)	
			8.01	9.00	9.01	10.00	10.01	
91.00	09100	EMERGENCY	0	7,600	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	1,440	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	49,828	113,900	10,631	149,053	149,053	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,363	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	2,400	0	0	0	193.00
194.00	07950	OTHER	0	62	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	272,302	3,380,405	619,196	-255,418	1,372,930	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.464839	26.444536	58.244380	0.000000	9.211019	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	47,830	135,672	10,640	278,747	45,285	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.959902	1.061347	1.000847	1.870120	0.303818	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	00541						5.10
5.20	00551						5.20
5.30	00561						5.30
5.50	00582						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801						8.01
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
11.00	01100						11.00
12.00	01200	1,418,786	0				12.00
13.00	01300	37,036	0	12,416			13.00
14.00	01400	9,819	0	0	10,259,675		14.00
15.00	01500	34,788	0	0	0	5,023,253	15.00
16.00	01600	81,302	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	3,930	0	0	0	0	17.01
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	81,074	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	300,065	0	328	0	0	30.00
31.00	03100	77,327	0	2,080	0	0	31.00
41.00	04100	73,914	0	2,048	0	0	41.00
43.00	04300	11,275	0	0	0	0	43.00
44.00	04400	143,794	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	70,011	0	1,704	0	0	50.00
51.00	05100	10,364	0	2,000	0	0	51.00
52.00	05200	17,970	0	2,072	0	0	52.00
53.00	05300	3,210	0	0	0	0	53.00
54.00	05400	81,417	0	0	0	0	54.00
55.00	05500	22,796	0	0	0	0	55.00
56.00	05600	15,612	0	0	0	0	56.00
57.00	05700	11,526	0	0	0	0	57.00
58.00	05800	7,194	0	0	0	0	58.00
59.00	05900	19,139	0	0	0	0	59.00
60.00	06000	7,288	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	23,660	0	0	0	0	65.00
66.00	06600	46,555	0	0	0	0	66.00
66.01	06601	7,889	0	0	0	0	66.01
66.02	06602	10,046	0	0	0	0	66.02
67.00	06700	25,418	0	0	0	0	67.00
68.00	06800	14,387	0	0	0	0	68.00
69.00	06900	18,026	0	0	0	0	69.00
70.00	07000	2,654	0	0	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	4,988,596	0	71.00
72.00	07200	0	0	0	5,271,079	0	72.00
73.00	07300	0	0	0	0	5,023,253	73.00
74.00	07400	14,494	0	136	0	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	28,956	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	
			11.00	12.00	13.00	14.00	15.00	
90.01	09001	WELLNESS PROGRAM	1,682	0	0	0	0	90.01
91.00	09100	EMERGENCY	59,348	0	2,048	0	0	91.00
91.01	04040	FAMILY PRACTICE	44,820	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,418,786	0	12,416	10,259,675	5,023,253	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	4,523,961	0	1,448,962	4,083,763	4,645,706	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.188614	0.000000	116.701192	0.398040	0.924840	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	132,362	0	117,111	600,817	272,110	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.093292	0.000000	9.432265	0.058561	0.054170	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT))	SOCIAL SERVICE (TIME SPENT))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	17.01	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	00541	NON PATIENT PHONES					5.10
5.20	00551	DATA PROCESSING					5.20
5.30	00561	PURCHASING AND STORES					5.30
5.50	00582	CASHERS AR AND COLLECTIONS					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOUSEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
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	612,211				16.00
17.00	01700	SOCIAL SERVICE	0	100			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	100		17.01
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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,817	100	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,699	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,402	0	0	0	41.00
43.00	04300	NURSERY	19,331	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	100	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,007	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,848	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	680	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,271	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,409	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,010	0	0	0	55.00
56.00	05600	RADIOISOTOPE	71,801	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	35,169	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,607	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18,708	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,360	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	6,449	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86,926	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,908	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,454	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	9,598	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	34,655	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT))	SOCIAL SERVICE (TIME SPENT))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	17.01	19.00	20.00	
91.00	09100	EMERGENCY	19,102	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	612,211	100	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	7,548,756	0	299,456	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.330317	0.000000	2,994.560000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	267,499	0	5,899	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.436939	0.000000	58.990000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.10 00541 NON PATIENT PHONES				5.10
5.20 00551 DATA PROCESSING				5.20
5.30 00561 PURCHASING AND STORES				5.30
5.50 00582 CASHIERS AR AND COLLECTIONS				5.50
5.60 00592 ADMINISTRATION & GENERAL				5.60
5.90 00593 RNP ADMINISTRATION				5.90
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
7.01 00701 ELECTRICITY				7.01
7.02 00702 RNP OPERATION OF PLANT				7.02
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
8.01 00801 RNP LAUNDRY				8.01
9.00 00900 HOUSEKEEPING				9.00
9.01 00901 RNP HOUSEKEEPING				9.01
10.00 01000 DIETARY				10.00
10.01 01001 RNP DIETARY				10.01
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
17.01 01701 RNP SOCIAL SERVICE				17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	1,420			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		1,420		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	791	791	0	30.00
31.00 03100 INTENSIVE CARE UNIT	101	101	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	41.00
43.00 04300 NURSERY	10	10	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	88	88	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	20	20	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10	10	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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	20	20	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	50	50	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	50	50	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	10	10	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	70.01
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00			
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	20	20	0	90.00	
90.01 09001 WELLNESS PROGRAM	20	20	0	90.01	
91.00 09100 EMERGENCY	150	150	0	91.00	
91.01 04040 FAMILY PRACTICE	80	80	0	91.01	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01	
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,420	1,420	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	193.00	
194.00 07950 OTHER	0	0	0	194.00	
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0	194.05	
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)	5,355,576	2,691,339	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,771.532394	1,895.309155	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	77,743	116,811	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	54.748592	82.261268	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 11:21 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		38,970,394	0	38,970,394
31.00	03100 INTENSIVE CARE UNIT		12,784,785	0	12,784,785
41.00	04100 SUBPROVIDER - I RF		8,026,276	0	8,026,276
43.00	04300 NURSERY		2,178,422	0	2,178,422
44.00	04400 SKILLED NURSING FACILITY		16,140,693	0	16,140,693
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		11,804,820	0	11,804,820
51.00	05100 RECOVERY ROOM		1,691,150	0	1,691,150
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,833,480	0	1,833,480
53.00	05300 ANESTHESIOLOGY		771,582	0	771,582
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,518,344	0	9,518,344
55.00	05500 RADIOLOGY-THERAPEUTIC		5,440,118	0	5,440,118
56.00	05600 RADIO SOTOPE		3,596,535	0	3,596,535
57.00	05700 CT SCAN		1,749,929	0	1,749,929
58.00	05800 MRI		2,212,786	0	2,212,786
59.00	05900 CARDIAC CATHETERIZATION		3,936,863	0	3,936,863
60.00	06000 LABORATORY		15,515,239	0	15,515,239
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		394,881	0	394,881
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	2,879,353	0	2,879,353
66.00	06600 PHYSICAL THERAPY	0	5,233,882	0	5,233,882
66.01	06601 RNRC PHYSICAL THERAPY	0	430,805	0	430,805
66.02	06602 DAY REHABILITATION FACILITY	0	1,159,829	0	1,159,829
67.00	06700 OCCUPATIONAL THERAPY	0	2,938,202	0	2,938,202
68.00	06800 SPEECH PATHOLOGY	0	1,531,745	0	1,531,745
69.00	06900 ELECTROCARDIOLOGY		4,156,586	0	4,156,586
70.00	07000 ELECTROENCEPHALOGRAPHY		1,308,068	0	1,308,068
70.01	07001 ELECTROPHYSIOLOGY		0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		31,055,750	0	31,055,750
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		14,383,056	0	14,383,056
73.00	07300 DRUGS CHARGED TO PATIENTS		24,017,953	0	24,017,953
74.00	07400 RENAL DIALYSIS		2,219,686	0	2,219,686
76.97	07697 CARDIAC REHABILITATION		0	0	0
76.98	07698 HYPERBARI C OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		5,223,403	0	5,223,403
90.01	09001 WELLNESS PROGRAM		311,060	0	311,060
91.00	09100 EMERGENCY		7,637,281	0	7,637,281
91.01	04040 FAMILY PRACTICE		4,770,503	258,817	5,029,320
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,303,583	0	1,303,583
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		2,475,743	0	2,475,743
200.00	Subtotal (see instructions)	0	249,602,785	258,817	249,861,602
201.00	Less Observation Beds		1,303,583		1,303,583
202.00	Total (see instructions)	0	248,299,202	258,817	248,558,019

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/21/2015 11:21 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	129,221,486		129,221,486			30.00
31.00	03100	INTENSIVE CARE UNIT	35,176,891		35,176,891			31.00
41.00	04100	SUBPROVIDER - IRF	26,295,313		26,295,313			41.00
43.00	04300	NURSERY	6,049,124		6,049,124			43.00
44.00	04400	SKILLED NURSING FACILITY	19,067,074		19,067,074			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,393,723	35,167,033	88,560,756	0.133296	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,420,297	8,376,551	17,796,848	0.095025	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,983	200,337	204,320	8.973571	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,131,680	12,248,707	26,380,387	0.029248	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,499,700	30,912,519	47,412,219	0.200757	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,737,822	20,201,650	21,939,472	0.247960	0.000000	55.00
56.00	05600	RADIOISOTOPE	8,970,631	21,017,527	29,988,158	0.119932	0.000000	56.00
57.00	05700	CT SCAN	20,513,154	30,628,699	51,141,853	0.034217	0.000000	57.00
58.00	05800	MRI	4,946,286	15,511,452	20,457,738	0.108164	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,903,988	35,141,302	74,045,290	0.053168	0.000000	59.00
60.00	06000	LABORATORY	80,937,926	45,489,671	126,427,597	0.122720	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,389,774	1,881,059	8,270,833	0.047744	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	20,502,999	1,090,013	21,593,012	0.133347	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	14,632,168	6,342,171	20,974,339	0.249537	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	5,039,311	0	5,039,311	0.085489	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	3,440,924	3,440,924	0.337069	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	9,207,705	2,079,684	11,287,389	0.260308	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,333,409	2,632,818	5,966,227	0.256736	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,663,609	18,954,465	35,618,074	0.116699	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	303,967	2,329,763	2,633,730	0.496660	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,345,787	16,864,394	56,210,181	0.552493	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,557,846	11,787,443	42,345,289	0.339661	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,612,449	55,278,631	173,891,080	0.138121	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,165,046	7,314,060	10,479,106	0.211820	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,240,716	19,056,690	24,297,406	0.214978	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	190	97,677	97,867	3.178395	0.000000	90.01
91.00	09100	EMERGENCY	22,258,143	47,437,472	69,695,615	0.109581	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	38,829	38,829	122.859280	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	574,941	3,990,656	4,565,597	0.285523	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,930,125	13,634,233	16,564,358	0.149462	0.000000	92.01
200.00		Subtotal (see instructions)	764,027,263	469,146,430	1,233,173,693			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	764,027,263	469,146,430	1,233,173,693			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 11:21 am
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
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.133296		50.00
51.00	05100 RECOVERY ROOM	0.095025		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8.973571		52.00
53.00	05300 ANESTHESIOLOGY	0.029248		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.200757		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.247960		55.00
56.00	05600 RADIOISOTOPE	0.119932		56.00
57.00	05700 CT SCAN	0.034217		57.00
58.00	05800 MRI	0.108164		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.053168		59.00
60.00	06000 LABORATORY	0.122720		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.047744		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.133347		65.00
66.00	06600 PHYSICAL THERAPY	0.249537		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.085489		66.01
66.02	06602 DAY REHABILITATION FACILITY	0.337069		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.260308		67.00
68.00	06800 SPEECH PATHOLOGY	0.256736		68.00
69.00	06900 ELECTROCARDIOLOGY	0.116699		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.496660		70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.552493		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.339661		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.138121		73.00
74.00	07400 RENAL DIALYSIS	0.211820		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.214978		90.00
90.01	09001 WELLNESS PROGRAM	3.178395		90.01
91.00	09100 EMERGENCY	0.109581		91.00
91.01	04040 FAMILY PRACTICE	129.524840		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.285523		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.149462		92.01
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: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 11:21 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		43,452,866	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		13,357,136	0	0	31.00
41.00	04100 SUBPROVIDER - I RF		8,026,276	0	0	41.00
43.00	04300 NURSERY		2,235,090	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY		16,140,693	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		12,303,502	0	0	50.00
51.00	05100 RECOVERY ROOM		1,691,150	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,946,817	0	0	52.00
53.00	05300 ANESTHESIOLOGY		771,582	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,575,012	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		5,440,118	0	0	55.00
56.00	05600 RADIOI SOTOPE		3,596,535	0	0	56.00
57.00	05700 CT SCAN		1,749,929	0	0	57.00
58.00	05800 MRI		2,212,786	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,936,863	0	0	59.00
60.00	06000 LABORATORY		15,628,576	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		394,881	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	3,162,695	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	5,233,882	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	430,805	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	1,159,829	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	2,938,202	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,531,745	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		4,439,928	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,364,736	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY		0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		31,055,750	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		14,383,056	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		24,017,953	0	0	73.00
74.00	07400 RENAL DIALYSIS		2,219,686	0	0	74.00
76.97	07697 CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		5,336,740	0	0	90.00
90.01	09001 WELLNESS PROGRAM		424,397	0	0	90.01
91.00	09100 EMERGENCY		8,487,307	0	0	91.00
91.01	04040 FAMILY PRACTICE		5,223,851	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,453,525	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		2,475,743	0	0	92.01
200.00	Subtotal (see instructions)	0	257,799,642	0	0	200.00
201.00	Less Observation Beds		1,453,525	0	0	201.00
202.00	Total (see instructions)	0	256,346,117	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/21/2015 11:21 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	129,221,486		129,221,486			30.00
31.00	03100	INTENSIVE CARE UNIT	35,176,891		35,176,891			31.00
41.00	04100	SUBPROVIDER - IRF	26,295,313		26,295,313			41.00
43.00	04300	NURSERY	6,049,124		6,049,124			43.00
44.00	04400	SKILLED NURSING FACILITY	19,067,074		19,067,074			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,393,723	35,167,033	88,560,756	0.138927	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,420,297	8,376,551	17,796,848	0.095025	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,983	200,337	204,320	9.528274	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,131,680	12,248,707	26,380,387	0.029248	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,499,700	30,912,519	47,412,219	0.201952	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,737,822	20,201,650	21,939,472	0.247960	0.000000	55.00
56.00	05600	RADIOISOTOPE	8,970,631	21,017,527	29,988,158	0.119932	0.000000	56.00
57.00	05700	CT SCAN	20,513,154	30,628,699	51,141,853	0.034217	0.000000	57.00
58.00	05800	MRI	4,946,286	15,511,452	20,457,738	0.108164	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,903,988	35,141,302	74,045,290	0.053168	0.000000	59.00
60.00	06000	LABORATORY	80,937,926	45,489,671	126,427,597	0.123617	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,389,774	1,881,059	8,270,833	0.047744	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	20,502,999	1,090,013	21,593,012	0.146468	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	14,632,168	6,342,171	20,974,339	0.249537	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	5,039,311	0	5,039,311	0.085489	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	3,440,924	3,440,924	0.337069	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	9,207,705	2,079,684	11,287,389	0.260308	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,333,409	2,632,818	5,966,227	0.256736	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,663,609	18,954,465	35,618,074	0.124654	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	303,967	2,329,763	2,633,730	0.518176	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,345,787	16,864,394	56,210,181	0.552493	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,557,846	11,787,443	42,345,289	0.339661	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,612,449	55,278,631	173,891,080	0.138121	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,165,046	7,314,060	10,479,106	0.211820	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,240,716	19,056,690	24,297,406	0.219642	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	190	97,677	97,867	4.336467	0.000000	90.01
91.00	09100	EMERGENCY	22,258,143	47,437,472	69,695,615	0.121777	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	38,829	38,829	134.534781	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	574,941	3,990,656	4,565,597	0.318365	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,930,125	13,634,233	16,564,358	0.149462	0.000000	92.01
200.00		Subtotal (see instructions)	764,027,263	469,146,430	1,233,173,693			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	764,027,263	469,146,430	1,233,173,693			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 11:21 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000		66.01
66.02	06602 DAY REHABILITATION FACILITY	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000		70.01
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 HYPERBARIIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WELLNESS PROGRAM	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.01	04040 FAMILY PRACTICE	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
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: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/21/2015 11:21 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,076,276	0	5,076,276	44,633	113.73	30.00
31.00	INTENSIVE CARE UNIT	569,937	0	569,937	10,297	55.35	31.00
41.00	SUBPROVIDER - IRF	457,010	0	457,010	13,426	34.04	41.00
43.00	NURSERY	63,999		63,999	1,920	33.33	43.00
44.00	SKILLED NURSING FACILITY	320,068		320,068	75,866	4.22	44.00
200.00	Total (lines 30-199)	6,487,290		6,487,290	146,142		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	25,792	2,933,324				
31.00	INTENSIVE CARE UNIT	4,740	262,359				
41.00	SUBPROVIDER - IRF	10,291	350,306				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	18,035	76,108				
200.00	Total (lines 30-199)	58,858	3,622,097				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/21/2015 11:21 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS	
						Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,837,717	88,560,756	0.020751	25,205,259	523,034	50.00
51.00	05100 RECOVERY ROOM	62,944	17,796,848	0.003537	4,752,672	16,810	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	425,512	204,320	2.082576	0	0	52.00
53.00	05300 ANESTHESIOLOGY	262,097	26,380,387	0.009935	6,767,121	67,231	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,172,419	47,412,219	0.024728	10,005,259	247,410	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	954,232	21,939,472	0.043494	923,005	40,145	55.00
56.00	05600 RADIOISOTOPE	277,080	29,988,158	0.009240	5,260,102	48,603	56.00
57.00	05700 CT SCAN	69,200	51,141,853	0.001353	11,691,309	15,818	57.00
58.00	05800 MRI	722,239	20,457,738	0.035304	2,586,721	91,322	58.00
59.00	05900 CARDIAC CATHETERIZATION	750,422	74,045,290	0.010135	20,628,308	209,068	59.00
60.00	06000 LABORATORY	526,385	126,427,597	0.004164	45,482,688	189,390	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	12,446	8,270,833	0.001505	3,443,840	5,183	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	167,793	21,593,012	0.007771	11,517,792	89,505	65.00
66.00	06600 PHYSICAL THERAPY	180,061	20,974,339	0.008585	3,562,537	30,584	66.00
66.01	06601 RNRC PHYSICAL THERAPY	9,056	5,039,311	0.001797	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	100,365	3,440,924	0.029168	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	109,798	11,287,389	0.009727	907,082	8,823	67.00
68.00	06800 SPEECH PATHOLOGY	50,083	5,966,227	0.008394	1,019,704	8,559	68.00
69.00	06900 ELECTROCARDIOLOGY	482,808	35,618,074	0.013555	10,604,592	143,745	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	365,194	2,633,730	0.138660	182,780	25,344	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	713,925	56,210,181	0.012701	19,953,781	253,433	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	473,944	42,345,289	0.011192	16,267,461	182,065	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	551,023	173,891,080	0.003169	59,283,049	187,868	73.00
74.00	07400 RENAL DIALYSIS	110,933	10,479,106	0.010586	1,712,930	18,133	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	467,297	24,297,406	0.019232	3,242,473	62,359	90.00
90.01	09001 WELLNESS PROGRAM	28,112	97,867	0.287247	190	55	90.01
91.00	09100 EMERGENCY	540,356	69,695,615	0.007753	13,403,153	103,915	91.00
91.01	04040 FAMILY PRACTICE	236,689	38,829	6.095676	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	169,805	4,565,597	0.037192	389,110	14,472	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	35,500	16,564,358	0.002143	1,756,381	3,764	92.01
200.00	Total (lines 50-199)	11,865,435	1,017,363,805		280,549,299	2,586,638	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/21/2015 11:21 am	
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
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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	44,633	0.00	25,792	0		30.00
31.00	03100	INTENSIVE CARE UNIT	10,297	0.00	4,740	0		31.00
41.00	04100	SUBPROVIDER - IRF	13,426	0.00	10,291	0		41.00
43.00	04300	NURSERY	1,920	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	75,866	0.00	18,035	0		44.00
200.00		Total (lines 30-199)	146,142		58,858	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
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
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	0	66.02
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
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: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	88,560,756	0.000000	0.000000	25,205,259	50.00
51.00	05100	RECOVERY ROOM	0	17,796,848	0.000000	0.000000	4,752,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	204,320	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	26,380,387	0.000000	0.000000	6,767,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47,412,219	0.000000	0.000000	10,005,259	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,939,472	0.000000	0.000000	923,005	55.00
56.00	05600	RADIOISOTOPE	0	29,988,158	0.000000	0.000000	5,260,102	56.00
57.00	05700	CT SCAN	0	51,141,853	0.000000	0.000000	11,691,309	57.00
58.00	05800	MRI	0	20,457,738	0.000000	0.000000	2,586,721	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,045,290	0.000000	0.000000	20,628,308	59.00
60.00	06000	LABORATORY	0	126,427,597	0.000000	0.000000	45,482,688	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	8,270,833	0.000000	0.000000	3,443,840	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	21,593,012	0.000000	0.000000	11,517,792	65.00
66.00	06600	PHYSICAL THERAPY	0	20,974,339	0.000000	0.000000	3,562,537	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	5,039,311	0.000000	0.000000	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	3,440,924	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	11,287,389	0.000000	0.000000	907,082	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,966,227	0.000000	0.000000	1,019,704	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,618,074	0.000000	0.000000	10,604,592	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,633,730	0.000000	0.000000	182,780	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	56,210,181	0.000000	0.000000	19,953,781	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	42,345,289	0.000000	0.000000	16,267,461	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	173,891,080	0.000000	0.000000	59,283,049	73.00
74.00	07400	RENAL DIALYSIS	0	10,479,106	0.000000	0.000000	1,712,930	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	24,297,406	0.000000	0.000000	3,242,473	90.00
90.01	09001	WELLNESS PROGRAM	0	97,867	0.000000	0.000000	190	90.01
91.00	09100	EMERGENCY	0	69,695,615	0.000000	0.000000	13,403,153	91.00
91.01	04040	FAMILY PRACTICE	0	38,829	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,565,597	0.000000	0.000000	389,110	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	16,564,358	0.000000	0.000000	1,756,381	92.01
200.00		Total (lines 50-199)	0	1,017,363,805			280,549,299	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	11,492,925	0		50.00
51.00	05100 RECOVERY ROOM	0	2,592,358	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	26	0		52.00
53.00	05300 ANESTHESIOLOGY	0	4,284,777	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,539,091	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,271,872	0		55.00
56.00	05600 RADIOISOTOPE	0	7,538,702	0		56.00
57.00	05700 CT SCAN	0	12,552,357	0		57.00
58.00	05800 MRI	0	5,284,187	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	19,241,926	0		59.00
60.00	06000 LABORATORY	0	10,903,081	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	889,216	0		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	394,328	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0		66.01
66.02	06602 DAY REHABILITATION FACILITY	0	3,985	0		66.02
67.00	06700 OCCUPATIONAL THERAPY	0	193	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	95,500	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,963,056	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	238,565	0		70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,476,362	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,425,602	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	22,999,921	0		73.00
74.00	07400 RENAL DIALYSIS	0	130,276	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	7,159,294	0		90.00
90.01	09001 WELLNESS PROGRAM	0	644	0		90.01
91.00	09100 EMERGENCY	0	11,636,328	0		91.00
91.01	04040 FAMILY PRACTICE	0	0	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,666,398	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	4,496,729	0		92.01
200.00	Total (lines 50-199)	0	164,277,699	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 11:21 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.133296	11,492,925	0	0	1,531,961	50.00
51.00	05100 RECOVERY ROOM	0.095025	2,592,358	0	0	246,339	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8.973571	26	0	0	233	52.00
53.00	05300 ANESTHESIOLOGY	0.029248	4,284,777	0	0	125,321	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.200757	11,539,091	0	0	2,316,553	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.247960	9,271,872	0	0	2,299,053	55.00
56.00	05600 RADIOISOTOPE	0.119932	7,538,702	0	0	904,132	56.00
57.00	05700 CT SCAN	0.034217	12,552,357	0	0	429,504	57.00
58.00	05800 MRI	0.108164	5,284,187	0	0	571,559	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.053168	19,241,926	0	0	1,023,055	59.00
60.00	06000 LABORATORY	0.122720	10,903,081	404	0	1,338,026	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.047744	889,216	0	0	42,455	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.133347	394,328	0	0	52,582	65.00
66.00	06600 PHYSICAL THERAPY	0.249537	0	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.085489	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.337069	3,985	0	0	1,343	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.260308	193	0	0	50	67.00
68.00	06800 SPEECH PATHOLOGY	0.256736	95,500	0	0	24,518	68.00
69.00	06900 ELECTROCARDIOLOGY	0.116699	6,963,056	0	0	812,582	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.496660	238,565	0	0	118,486	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.552493	6,476,362	2,718	0	3,578,145	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.339661	6,425,602	47,120	0	2,182,526	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.138121	22,999,921	24,346	63,978	3,176,772	73.00
74.00	07400 RENAL DIALYSIS	0.211820	130,276	0	0	27,595	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.214978	7,159,294	0	0	1,539,091	90.00
90.01	09001 WELLNESS PROGRAM	3.178395	644	0	0	2,047	90.01
91.00	09100 EMERGENCY	0.109581	11,636,328	0	0	1,275,120	91.00
91.01	04040 FAMILY PRACTICE	122.859280	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.285523	1,666,398	0	0	475,795	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.149462	4,496,729	0	0	672,090	92.01
200.00	Subtotal (see instructions)		164,277,699	74,588	63,978	24,766,933	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)		164,277,699	74,588	63,978	24,766,933	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 11:21 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	50	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0		66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,502	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	16,005	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,363	8,837		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WELLNESS PROGRAM	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 04040 FAMILY PRACTICE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	20,920	8,837		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	20,920	8,837		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140117 Component CCN: 14T117		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/21/2015 11:21 am	
		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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,837,717	88,560,756	0.020751	9,946	206	50.00
51.00	05100 RECOVERY ROOM	62,944	17,796,848	0.003537	3,394	12	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	425,512	204,320	2.082576	0	0	52.00
53.00	05300 ANESTHESIOLOGY	262,097	26,380,387	0.009935	2,812	28	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,172,419	47,412,219	0.024728	343,907	8,504	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	954,232	21,939,472	0.043494	136,060	5,918	55.00
56.00	05600 RADIOISOTOPE	277,080	29,988,158	0.009240	216,403	2,000	56.00
57.00	05700 CT SCAN	69,200	51,141,853	0.001353	280,212	379	57.00
58.00	05800 MRI	722,239	20,457,738	0.035304	56,393	1,991	58.00
59.00	05900 CARDIAC CATHETERIZATION	750,422	74,045,290	0.010135	0	0	59.00
60.00	06000 LABORATORY	526,385	126,427,597	0.004164	3,147,871	13,108	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	12,446	8,270,833	0.001505	92,374	139	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	167,793	21,593,012	0.007771	1,145,459	8,901	65.00
66.00	06600 PHYSICAL THERAPY	180,061	20,974,339	0.008585	7,137,804	61,278	66.00
66.01	06601 RNRC PHYSICAL THERAPY	9,056	5,039,311	0.001797	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	100,365	3,440,924	0.029168	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	109,798	11,287,389	0.009727	6,050,491	58,853	67.00
68.00	06800 SPEECH PATHOLOGY	50,083	5,966,227	0.008394	1,332,462	11,185	68.00
69.00	06900 ELECTROCARDIOLOGY	482,808	35,618,074	0.013555	82,204	1,114	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	365,194	2,633,730	0.138660	4,930	684	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	713,925	56,210,181	0.012701	1,020,495	12,961	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	473,944	42,345,289	0.011192	19,489	218	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	551,023	173,891,080	0.003169	5,969,294	18,917	73.00
74.00	07400 RENAL DIALYSIS	110,933	10,479,106	0.010586	236,030	2,499	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	467,297	24,297,406	0.019232	1,300	25	90.00
90.01	09001 WELLNESS PROGRAM	28,112	97,867	0.287247	0	0	90.01
91.00	09100 EMERGENCY	540,356	69,695,615	0.007753	0	0	91.00
91.01	04040 FAMILY PRACTICE	236,689	38,829	6.095676	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,565,597	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	35,500	16,564,358	0.002143	0	0	92.01
200.00	Total (lines 50-199)	11,695,630	1,017,363,805		27,289,330	208,920	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117 Component CCN: 14T117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
	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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 140117 Component CCN: 14T117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	88,560,756	0.000000	0.000000	9,946	50.00
51.00	05100 RECOVERY ROOM	0	17,796,848	0.000000	0.000000	3,394	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	204,320	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	26,380,387	0.000000	0.000000	2,812	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	47,412,219	0.000000	0.000000	343,907	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,939,472	0.000000	0.000000	136,060	55.00
56.00	05600 RADIOISOTOPE	0	29,988,158	0.000000	0.000000	216,403	56.00
57.00	05700 CT SCAN	0	51,141,853	0.000000	0.000000	280,212	57.00
58.00	05800 MRI	0	20,457,738	0.000000	0.000000	56,393	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	74,045,290	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	126,427,597	0.000000	0.000000	3,147,871	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	8,270,833	0.000000	0.000000	92,374	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	21,593,012	0.000000	0.000000	1,145,459	65.00
66.00	06600 PHYSICAL THERAPY	0	20,974,339	0.000000	0.000000	7,137,804	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	5,039,311	0.000000	0.000000	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	3,440,924	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	11,287,389	0.000000	0.000000	6,050,491	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,966,227	0.000000	0.000000	1,332,462	68.00
69.00	06900 ELECTROCARDIOLOGY	0	35,618,074	0.000000	0.000000	82,204	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,633,730	0.000000	0.000000	4,930	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	56,210,181	0.000000	0.000000	1,020,495	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	42,345,289	0.000000	0.000000	19,489	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	173,891,080	0.000000	0.000000	5,969,294	73.00
74.00	07400 RENAL DIALYSIS	0	10,479,106	0.000000	0.000000	236,030	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	24,297,406	0.000000	0.000000	1,300	90.00
90.01	09001 WELLNESS PROGRAM	0	97,867	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	69,695,615	0.000000	0.000000	0	91.00
91.01	04040 FAMILY PRACTICE	0	38,829	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,565,597	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	16,564,358	0.000000	0.000000	0	92.01
200.00	Total (lines 50-199)	0	1,017,363,805			27,289,330	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117 Component CCN: 14T117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
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	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
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	5,293	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,592	0	55.00
56.00	05600 RADIOISOTOPE	0	1,465	0	56.00
57.00	05700 CT SCAN	0	5,106	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	31	0	59.00
60.00	06000 LABORATORY	0	4,255	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	101	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	430	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,639	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WELLNESS PROGRAM	0	0	0	90.01
91.00	09100 EMERGENCY	0	8	0	91.00
91.01	04040 FAMILY PRACTICE	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	0	36,920	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140117 Component CCN: 14T117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 11:21 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.133296	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.095025	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8.973571	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.029248	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.200757	5,293	0	0	1,063	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.247960	6,592	0	0	1,635	55.00
56.00 05600 RADIOISOTOPE	0.119932	1,465	0	0	176	56.00
57.00 05700 CT SCAN	0.034217	5,106	0	0	175	57.00
58.00 05800 MRI	0.108164	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.053168	31	0	0	2	59.00
60.00 06000 LABORATORY	0.122720	4,255	0	0	522	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.047744	101	0	0	5	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.133347	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.249537	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0.085489	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0.337069	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.260308	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.256736	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.116699	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.496660	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.552493	430	0	0	238	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.339661	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.138121	13,639	0	0	1,884	73.00
74.00 07400 RENAL DIALYSIS	0.211820	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.000000	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
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.214978	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	3.178395	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.109581	8	0	0	1	91.00
91.01 04040 FAMILY PRACTICE	122.859280	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.285523	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.149462	0	0	0	0	92.01
200.00	Subtotal (see instructions)		36,920	0	5,701	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		36,920	0	5,701	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 11:21 am
	Component CCN: 14T117	Title XVIIII	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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0		66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WELLNESS PROGRAM	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 04040 FAMILY PRACTICE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117 Component CCN: 145324	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
	Title XVIII	Skilled Nursing Facility	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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 140117 Component CCN: 145324	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	88,560,756	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	17,796,848	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	204,320	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	26,380,387	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	47,412,219	0.000000	0.000000	9,639	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,939,472	0.000000	0.000000	28	55.00
56.00	05600 RADIOISOTOPE	0	29,988,158	0.000000	0.000000	2	56.00
57.00	05700 CT SCAN	0	51,141,853	0.000000	0.000000	3	57.00
58.00	05800 MRI	0	20,457,738	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	74,045,290	0.000000	0.000000	76	59.00
60.00	06000 LABORATORY	0	126,427,597	0.000000	0.000000	33,626	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	8,270,833	0.000000	0.000000	15,251	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	21,593,012	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	20,974,339	0.000000	0.000000	1,608,511	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	5,039,311	0.000000	0.000000	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	3,440,924	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	11,287,389	0.000000	0.000000	1,455,220	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,966,227	0.000000	0.000000	262,659	68.00
69.00	06900 ELECTROCARDIOLOGY	0	35,618,074	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,633,730	0.000000	0.000000	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	56,210,181	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	42,345,289	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	173,891,080	0.000000	0.000000	1,064,520	73.00
74.00	07400 RENAL DIALYSIS	0	10,479,106	0.000000	0.000000	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	24,297,406	0.000000	0.000000	0	90.00
90.01	09001 WELLNESS PROGRAM	0	97,867	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	69,695,615	0.000000	0.000000	1	91.00
91.01	04040 FAMILY PRACTICE	0	38,829	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,565,597	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	16,564,358	0.000000	0.000000	0	92.01
200.00	Total (lines 50-199)	0	1,017,363,805			4,449,536	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
	Component CCN: 145324	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/21/2015 11:21 am
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Cost Center Description		Title XIX			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Cost		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	5,076,276	0	5,076,276	44,633	113.73	30.00	
31.00	INTENSIVE CARE UNIT	569,937		569,937	10,297	55.35	31.00	
41.00	SUBPROVIDER - IRF	457,010	0	457,010	13,426	34.04	41.00	
43.00	NURSERY	63,999		63,999	1,920	33.33	43.00	
44.00	SKILLED NURSING FACILITY	320,068		320,068	75,866	4.22	44.00	
200.00	Total (Lines 30-199)	6,487,290		6,487,290	146,142		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,153	699,781					30.00
31.00	INTENSIVE CARE UNIT	522	28,893					31.00
41.00	SUBPROVIDER - IRF	429	14,603					41.00
43.00	NURSERY	1,620	53,995					43.00
44.00	SKILLED NURSING FACILITY	40,348	170,269					44.00
200.00	Total (Lines 30-199)	49,072	967,541					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/21/2015 11:21 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,837,717	88,560,756	0.020751	0	0	50.00
51.00	05100 RECOVERY ROOM	62,944	17,796,848	0.003537	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	425,512	204,320	2.082576	0	0	52.00
53.00	05300 ANESTHESIOLOGY	262,097	26,380,387	0.009935	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,172,419	47,412,219	0.024728	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	954,232	21,939,472	0.043494	0	0	55.00
56.00	05600 RADIOISOTOPE	277,080	29,988,158	0.009240	0	0	56.00
57.00	05700 CT SCAN	69,200	51,141,853	0.001353	0	0	57.00
58.00	05800 MRI	722,239	20,457,738	0.035304	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	750,422	74,045,290	0.010135	0	0	59.00
60.00	06000 LABORATORY	526,385	126,427,597	0.004164	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	12,446	8,270,833	0.001505	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	167,793	21,593,012	0.007771	0	0	65.00
66.00	06600 PHYSICAL THERAPY	180,061	20,974,339	0.008585	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	9,056	5,039,311	0.001797	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	100,365	3,440,924	0.029168	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	109,798	11,287,389	0.009727	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	50,083	5,966,227	0.008394	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	482,808	35,618,074	0.013555	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	365,194	2,633,730	0.138660	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	713,925	56,210,181	0.012701	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	473,944	42,345,289	0.011192	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	551,023	173,891,080	0.003169	0	0	73.00
74.00	07400 RENAL DIALYSIS	110,933	10,479,106	0.010586	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	467,297	24,297,406	0.019232	0	0	90.00
90.01	09001 WELLNESS PROGRAM	28,112	97,867	0.287247	0	0	90.01
91.00	09100 EMERGENCY	540,356	69,695,615	0.007753	0	0	91.00
91.01	04040 FAMILY PRACTICE	236,689	38,829	6.095676	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	169,805	4,565,597	0.037192	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	35,500	16,564,358	0.002143	0	0	92.01
200.00	Total (lines 50-199)	11,865,435	1,017,363,805		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/21/2015 11:21 am	
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
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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	44,633	0.00	6,153	0		30.00
31.00	03100	INTENSIVE CARE UNIT	10,297	0.00	522	0		31.00
41.00	04100	SUBPROVIDER - IRF	13,426	0.00	429	0		41.00
43.00	04300	NURSERY	1,920	0.00	1,620	0		43.00
44.00	04400	SKILLED NURSING FACILITY	75,866	0.00	40,348	0		44.00
200.00		Total (lines 30-199)	146,142		49,072	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
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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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	Cost
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	88,560,756	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	17,796,848	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	204,320	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	26,380,387	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47,412,219	0.000000	0.000000	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,939,472	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	29,988,158	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	51,141,853	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	20,457,738	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,045,290	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	126,427,597	0.000000	0.000000	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	8,270,833	0.000000	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	21,593,012	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,974,339	0.000000	0.000000	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	5,039,311	0.000000	0.000000	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	3,440,924	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	11,287,389	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,966,227	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,618,074	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,633,730	0.000000	0.000000	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	56,210,181	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	42,345,289	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	173,891,080	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,479,106	0.000000	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARI C 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								
90.00	09000	CLINIC	0	24,297,406	0.000000	0.000000	0	90.00
90.01	09001	WELLNESS PROGRAM	0	97,867	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	69,695,615	0.000000	0.000000	0	91.00
91.01	04040	FAMILY PRACTICE	0	38,829	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,565,597	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	16,564,358	0.000000	0.000000	0	92.01
200.00		Total (lines 50-199)	0	1,017,363,805			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:21 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
Title XIX						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0		66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0		66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0		70.01
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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 WELLNESS PROGRAM	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
91.01	04040 FAMILY PRACTICE	0	0	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/21/2015 11:21 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		44,633	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,633	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)		43,140	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)		25,792	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		38,970,394	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)		38,970,394	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		38,970,394	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		873.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,519,769	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		22,519,769	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:21 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,784,785	10,297	1,241.60	4,740	5,885,184	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)					46,292,222	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					74,697,175	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)					3,195,683	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,586,638	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,782,321	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					68,914,854	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)					1,493	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					873.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,303,583	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:21 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,076,276	38,970,394	0.130260	1,303,583	169,805	90.00
91.00	Nursing School cost	0	38,970,394	0.000000	1,303,583	0	91.00
92.00	Allied health cost	0	38,970,394	0.000000	1,303,583	0	92.00
93.00	All other Medical Education	0	38,970,394	0.000000	1,303,583	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T117		Date/Time Prepared: 5/21/2015 11:21 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,426	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,426	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)		13,426	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)		10,291	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		8,026,276	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)		8,026,276	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,026,276	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		597.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,152,166	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)		6,152,166	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T117				Date/Time Prepared: 5/21/2015 11:21 am	
		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
Intensive Care Type Inpatient Hospital Units							
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)					5,845,079		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,997,245		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)					350,306		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					208,920		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					559,226		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,438,019		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)					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: 140117 Component CCN: 14T117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:21 am	
		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	457,010	8,026,276	0.056939	0	0	90.00
91.00	Nursing School cost	0	8,026,276	0.000000	0	0	91.00
92.00	Allied health cost	0	8,026,276	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,026,276	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 145324		Date/Time Prepared: 5/21/2015 11:21 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		75,866	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		75,866	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)		75,866	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)		18,035	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,140,693	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)		16,140,693	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		16,140,693	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1	
		Component CCN: 145324		Date/Time Prepared: 5/21/2015 11:21 am	
		Title XVIII	Skilled Nursing Facility	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)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				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)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)				16,140,693 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				212.75 71.00
72.00	Program routine service cost (line 9 x line 71)				3,836,946 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				3,836,946 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				3,836,946 83.00
84.00	Program inpatient ancillary services (see instructions)				1,001,456 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				4,838,402 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
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: 140117 Component CCN: 145324		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:21 am	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/21/2015 11:21 am
		Hospital		Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		44,633	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,633	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)		43,140	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,153	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)		1,920	15.00
16.00	Nursery days (title V or XIX only)		1,620	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		43,452,866	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)		43,452,866	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		43,452,866	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		973.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,990,315	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,990,315	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/21/2015 11:21 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,235,090	1,920	1,164.11	1,620	1,885,858	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,357,136	10,297	1,297.19	522	677,133	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)					8,553,306	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)					1,493	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					973.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,453,525	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:21 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,076,276	43,452,866	0.116823	1,453,525	169,805	90.00
91.00	Nursing School cost	0	43,452,866	0.000000	1,453,525	0	91.00
92.00	Allied health cost	0	43,452,866	0.000000	1,453,525	0	92.00
93.00	All other Medical Education	0	43,452,866	0.000000	1,453,525	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T117		Date/Time Prepared: 5/21/2015 11:21 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,426	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,426	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)		13,426	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)		429	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)		1,920	15.00
16.00	Nursery days (title V or XIX only)		1,620	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		8,026,276	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)		8,026,276	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,026,276	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		597.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		256,465	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)		256,465	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
					Component CCN: 14T117		Date/Time Prepared: 5/21/2015 11:21 am
					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
Intensive Care Type Inpatient Hospital Units							
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
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)						256,465	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)						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: 140117 Component CCN: 14T117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:21 am	
		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	457,010	8,026,276	0.056939	0	0	90.00
91.00	Nursing School cost	0	8,026,276	0.000000	0	0	91.00
92.00	Allied health cost	0	8,026,276	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,026,276	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117 Component CCN: 145324	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/21/2015 11:21 am
		Title XIX	Skilled Nursing Facility	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		75,866	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		75,866	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)		75,866	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)		40,348	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)		1,920	15.00
16.00	Nursery days (title V or XIX only)		1,620	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,140,693	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)		16,140,693	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		16,140,693	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1	
		Component CCN: 145324		Date/Time Prepared: 5/21/2015 11:21 am	
		Title XIX	Skilled Nursing Facility	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)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				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)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)				16,140,693 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				212.75 71.00
72.00	Program routine service cost (line 9 x line 71)				8,584,037 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				8,584,037 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				320,068 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				4.22 76.00
77.00	Program capital-related costs (line 9 x line 76)				170,269 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				8,413,768 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				8,413,768 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				170,269 83.00
84.00	Program inpatient ancillary services (see instructions)				0 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				170,269 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
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: 140117 Component CCN: 145324		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:21 am	
		Title XIX		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/21/2015 11:21 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		72,499,082	30.00
31.00	03100	INTENSIVE CARE UNIT		19,989,796	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133296	25,205,259	50.00
51.00	05100	RECOVERY ROOM	0.095025	4,752,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8.973571	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029248	6,767,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200757	10,005,259	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.247960	923,005	55.00
56.00	05600	RADIOISOTOPE	0.119932	5,260,102	56.00
57.00	05700	CT SCAN	0.034217	11,691,309	57.00
58.00	05800	MRI	0.108164	2,586,721	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.053168	20,628,308	59.00
60.00	06000	LABORATORY	0.122720	45,482,688	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.047744	3,443,840	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.133347	11,517,792	65.00
66.00	06600	PHYSICAL THERAPY	0.249537	3,562,537	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.085489	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.337069	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.260308	907,082	67.00
68.00	06800	SPEECH PATHOLOGY	0.256736	1,019,704	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116699	10,604,592	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.496660	182,780	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.552493	19,953,781	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.339661	16,267,461	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138121	59,283,049	73.00
74.00	07400	RENAL DIALYSIS	0.211820	1,712,930	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.214978	3,242,473	90.00
90.01	09001	WELLNESS PROGRAM	3.178395	190	90.01
91.00	09100	EMERGENCY	0.109581	13,403,153	91.00
91.01	04040	FAMILY PRACTICE	129.524840	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.285523	389,110	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.149462	1,756,381	92.01
200.00		Total (sum of lines 50-94 and 96-98)		280,549,299	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)		280,549,299	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T117		Date/Time Prepared: 5/21/2015 11:21 am	
		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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		5,080		31.00
41.00	04100 SUBPROVIDER - IRF		20,135,744		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.133296	9,946	1,326	50.00
51.00	05100 RECOVERY ROOM	0.095025	3,394	323	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8.973571	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.029248	2,812	82	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.200757	343,907	69,042	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.247960	136,060	33,737	55.00
56.00	05600 RADIOISOTOPE	0.119932	216,403	25,954	56.00
57.00	05700 CT SCAN	0.034217	280,212	9,588	57.00
58.00	05800 MRI	0.108164	56,393	6,100	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.053168	0	0	59.00
60.00	06000 LABORATORY	0.122720	3,147,871	386,307	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.047744	92,374	4,410	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.133347	1,145,459	152,744	65.00
66.00	06600 PHYSICAL THERAPY	0.249537	7,137,804	1,781,146	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.085489	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.337069	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.260308	6,050,491	1,574,991	67.00
68.00	06800 SPEECH PATHOLOGY	0.256736	1,332,462	342,091	68.00
69.00	06900 ELECTROCARDIOLOGY	0.116699	82,204	9,593	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.496660	4,930	2,449	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.552493	1,020,495	563,816	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.339661	19,489	6,620	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.138121	5,969,294	824,485	73.00
74.00	07400 RENAL DIALYSIS	0.211820	236,030	49,996	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	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
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.214978	1,300	279	90.00
90.01	09001 WELLNESS PROGRAM	3.178395	0	0	90.01
91.00	09100 EMERGENCY	0.109581	0	0	91.00
91.01	04040 FAMILY PRACTICE	129.524840	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.285523	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.149462	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		27,289,330	5,845,079	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		27,289,330		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 145324		Date/Time Prepared: 5/21/2015 11:21 am	
		Title XVIII	Skilled Nursing Facility	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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.133296	0	0	50.00
51.00	05100 RECOVERY ROOM	0.095025	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8.973571	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.029248	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.200757	9,639	1,935	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.247960	28	7	55.00
56.00	05600 RADIOISOTOPE	0.119932	2	0	56.00
57.00	05700 CT SCAN	0.034217	3	0	57.00
58.00	05800 MRI	0.108164	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.053168	76	4	59.00
60.00	06000 LABORATORY	0.122720	33,626	4,127	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.047744	15,251	728	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.133347	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.249537	1,608,511	401,383	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.085489	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.337069	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.260308	1,455,220	378,805	67.00
68.00	06800 SPEECH PATHOLOGY	0.256736	262,659	67,434	68.00
69.00	06900 ELECTROCARDIOLOGY	0.116699	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.496660	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.552493	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.339661	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.138121	1,064,520	147,033	73.00
74.00	07400 RENAL DIALYSIS	0.211820	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	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
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.214978	0	0	90.00
90.01	09001 WELLNESS PROGRAM	3.178395	0	0	90.01
91.00	09100 EMERGENCY	0.109581	1	0	91.00
91.01	04040 FAMILY PRACTICE	122.859280	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.285523	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.149462	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		4,449,536	1,001,456	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		4,449,536		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/21/2015 11:21 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		41,915,305	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		15,076,577	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,292,410	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		8,584,544	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		209.82	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		47.57	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)		18.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		10.00	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)		75.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		75.01	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)		75.01	12.00
13.00	Total allowable FTE count for the prior year.		72.45	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.		70.64	14.00
15.00	Sum of lines 12 through 14 divided by 3.		72.70	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		72.70	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.346487	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.338709	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.338709	21.00
22.00	IME payment adjustment (see instructions)		11,101,695	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.56	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		11,101,695	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.98	31.00
32.00	Sum of lines 30 and 31		17.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.23	33.00
34.00	Disproportionate share adjustment (see instructions)		602,689	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/21/2015 11:21 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000208978	0.000066960	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,890,494	512,086	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,413,986	129,074	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,543,060		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		71,531,736		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)		71,531,736		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,632,455		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		3,685,063		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		4,787		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)		80,854,041		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		80,854,041		61.00
62.00	Deductibles billed to program beneficiaries		5,021,344		62.00
63.00	Coinurance billed to program beneficiaries		193,936		63.00
64.00	Allowable bad debts (see instructions)		541,862		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		352,210		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		431,845		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		75,990,971		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		3,500		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)		106,348		70.93
70.94	HRR adjustment amount (see instructions)		-33,531		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/21/2015 11:21 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		76,060,288		71.00
71.01	Sequestration adjustment (see instructions)		1,521,206		71.01
72.00	Interim payments		69,794,167		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)		4,744,915		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)		38,470		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: 140117

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/21/2015 11:21 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	28,589,183	0	28,589,183	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	41,915,305	0	41,915,305	0	41,915,305	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,076,577	0	0	15,076,577	15,076,577	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	1,292,410	0	1,090,512	201,898	1,292,410	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	8,584,544	0	5,971,551	2,612,993	8,584,544	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.338709	0.338709	0.338709	0.338709		5.00
6.00	IME payment adjustment (see instructions)	22.00	11,101,695	0	8,106,957	2,994,738	11,101,695	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	11,101,695	0	8,106,957	2,994,738	11,101,695	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0423	0.0423	0.0423	0.0423		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	602,689	0	443,254	159,435	602,689	11.00
11.01	Uncompensated care payments	36.00	1,543,060	0	1,413,986	476,508	1,890,494	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	71,531,736	0	52,622,580	18,909,156	71,531,736	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	71,531,736	0	52,622,580	18,909,156	71,531,736	15.00
16.00	Payment for inpatient program capital	50.00	5,632,455	0	4,176,384	1,456,071	5,632,455	16.00
17.00	Special add-on payments for new technologies	54.00	4,787	0	7,419	4,787	12,206	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	3,500	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: 140117

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/21/2015 11:21 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	56,806,383	20,370,014	77,176,397	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	4,554,926	0	3,349,558	1,205,368	4,554,926	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	226,669	0	201,128	25,541	226,669	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	0.1504	0.1504	0.1504	0.1504		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	685,061	0	503,774	181,287	685,061	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0364	0.0364	0.0364	0.0364		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	165,799	0	121,924	43,875	165,799	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,632,455	0	4,176,384	1,456,071	5,632,455	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: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/21/2015 11:21 am
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		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. 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	41,915,305	41,915,305		41,915,305	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,076,577		15,076,577	15,076,577	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	1,292,410	1,090,512	201,898	1,292,410	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	8,584,544	5,971,551	2,612,993	8,584,544	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.338709	0.338709	0.338709		5.00
6.00	IME payment adjustment (see instructions)	22.00	11,101,695	8,106,957	2,994,738	11,101,695	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	11,101,695	8,106,957	2,994,738	11,101,695	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0423	0.0423	0.0423		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	602,689	443,254	159,435	602,689	11.00
11.01	Uncompensated care payments	36.00	1,543,060	1,413,986	129,074	1,543,060	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	71,531,736	52,970,014	18,561,722	71,531,736	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	71,531,736	52,970,014	18,561,722	71,531,736	15.00
16.00	Payment for inpatient program capital	50.00	5,632,455	4,176,384	1,456,071	5,632,455	16.00
17.00	Special add-on payments for new technologies	54.00	4,787	0	4,787	4,787	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	3,500	2,618	882	3,500	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			57,149,016	20,023,462	77,172,478	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/21/2015 11:21 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,554,926	3,349,558	1,205,368	4,554,926	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	226,669	201,128	25,541	226,669	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	0.1504	0.1504	0.1504		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	685,061	503,774	181,287	685,061	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0364	0.0364	0.0364		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	165,799	121,924	43,875	165,799	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,632,455	4,176,384	1,456,071	5,632,455	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	106,348	65,194	41,154	106,348	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	-33,531	-33,531	0	-33,531	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.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/21/2015 11:21 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,757	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,766,933	2.00
3.00	PPS payments		25,691,780	3.00
4.00	Outlier payment (see instructions)		245,455	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)		29,757	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		138,566	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)		138,566	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		138,566	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		108,809	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)		29,757	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)		25,937,235	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		9,968	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,376,206	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)		20,580,818	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		916,980	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		21,497,798	30.00
31.00	Primary payer payments		2,923	31.00
32.00	Subtotal (line 30 minus line 31)		21,494,875	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		672,307	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		437,000	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		578,659	36.00
37.00	Subtotal (see instructions)		21,931,875	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-409	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		21,932,284	40.00
40.01	Sequestration adjustment (see instructions)		438,646	40.01
41.00	Interim payments		21,483,105	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		10,533	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/21/2015 11:21 am
		Component CCN: 14T117	Title XVIIII	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,701	2.00
3.00	PPS payments		2,975	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		2,975	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		726	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)		2,249	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)		2,249	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,249	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,249	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)		2,249	40.00
40.01	Sequestration adjustment (see instructions)		45	40.01
41.00	Interim payments		2,205	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140117

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2015 11:21 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		65,740,880		20,153,074	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		3,987,741		1,246,895	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	12/09/2014	65,546	12/09/2014	83,136	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		65,546		83,136	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)		69,794,167		21,483,105	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		4,744,915		10,533	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		74,539,082		21,493,638	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: 140117
Component CCN: 14T117

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2015 11:21 am
PPS

Title XVIII

Subprovider -
IRF

		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		14,257,218		2,205	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		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)		0		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)		14,257,218		2,205	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		294,042		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		14,551,260		2,204	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: 140117
Component CCN: 145324

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2015 11:21 am
PPS

Title XVIII

Skilled Nursing Facility

		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		7,474,008		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		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)		0		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)		7,474,008		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,474,008		0	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: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/21/2015 11:21 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			11,708 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			30,532 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			4,480 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			53,437 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,233,173,693 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			22,778,302 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)			2,058,470 8.00
9.00	Sequestration adjustment amount (see instructions)			41,169 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,017,301 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,074,431 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)			-57,130 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117 Component CCN: 14T117	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/21/2015 11:21 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			14,515,617 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0163 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			457,242 3.00
4.00	Outlier Payments			19,913 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)			36.783562 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)			14,992,772 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)			14,992,772 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			14,992,772 19.00
20.00	Deductibles			87,456 20.00
21.00	Subtotal (line 19 minus line 20)			14,905,316 21.00
22.00	Coinsurance			58,672 22.00
23.00	Subtotal (line 21 minus line 22)			14,846,644 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,432 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,581 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)			14,848,225 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)			14,848,225 32.00
32.01	Sequestration adjustment (see instructions)			296,965 32.01
33.00	Interim payments			14,257,218 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			294,042 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			19,913 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: 140117 Component CCN: 145324	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VI Date/Time Prepared: 5/21/2015 11:21 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		9,129,971	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		9,129,971	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		1,503,432	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		7,626,539	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		7,626,539	15.00
15.01	Sequestration adjustment (see instructions)		152,531	15.01
16.00	Interim payments		7,474,008	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2015 11:21 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		8,553,306		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		8,553,306	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		8,553,306	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		8,553,306	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		8,553,306	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: 140117 Component CCN: 14T117	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2015 11:21 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	256,465		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)	256,465	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)	256,465	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	256,465	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	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
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	256,465	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117 Component CCN: 145324	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2015 11:21 am
		Title XIX	Skilled Nursing Facility	Cost
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	170,269		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)	170,269	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)	170,269	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	170,269	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	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
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	170,269	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: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/21/2015 11:21 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			48.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			18.00	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)			0.05	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))			9.50	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)			75.86	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			75.97	6.00
7.00	Enter the lesser of line 5 or line 6			75.86	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.	26.13	47.68	73.81	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.	26.09	47.61	73.70	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	26.09	47.61		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	25.23	46.82		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	25.45	44.81		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	25.59	46.41		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	25.59	46.41		17.00
18.00	Per resident amount	95,909.23	93,170.03		18.00
19.00	Approved amount for resident costs	2,454,317	4,324,021	6,778,338	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.11	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			6,778,338	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	40,823	5,325		26.00
27.00	Total Inpatient Days (see instructions)	66,863	66,863		27.00
28.00	Ratio of inpatient days to total inpatient days	0.610547	0.079640		28.00
29.00	Program direct GME amount	4,138,494	539,827		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		76,278		30.00
31.00	Net Program direct GME amount			4,602,043	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/21/2015 11:21 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		10,479,106	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		99,661,337	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		99,661,337	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		24,802,391	42.00
43.00	Primary payer payments (see instructions)		2,923	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		24,799,468	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		124,460,805	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.800745	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.199255	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,602,043	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,685,063	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		916,980	50.00

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

Provider CCN: 140117

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

Worksheet G
Date/Time Prepared:
5/21/2015 11:21 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	79,660,706	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	150,118,122	0	0	0	4.00
5.00	Other receivable	468,580	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-106,662,138	0	0	0	6.00
7.00	Inventory	4,154,559	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	839,402,676	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	967,142,505	0	0	0	11.00
FIXED ASSETS						
12.00	Land	580,293	0	0	0	12.00
13.00	Land improvements	308,710	0	0	0	13.00
14.00	Accumulated depreciation	-271,256	0	0	0	14.00
15.00	Buildings	13,767,719	0	0	0	15.00
16.00	Accumulated depreciation	-13,701,824	0	0	0	16.00
17.00	Leasehold improvements	145,000	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	170,545	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	496,190	0	0	0	21.00
22.00	Accumulated depreciation	-407,725	0	0	0	22.00
23.00	Major movable equipment	128,700,312	0	0	0	23.00
24.00	Accumulated depreciation	-103,108,845	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	26,679,119	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,590,515	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,590,515	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	997,412,139	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	74,309,045	0	0	0	37.00
38.00	Salaries, wages, and fees payable	45,223,561	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	413,281,108	0	0	0	43.00
44.00	Other current liabilities	90,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	532,903,714	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	196,519,520	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	196,519,520	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	729,423,234	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	267,988,905				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)	267,988,905	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	997,412,139	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140117

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

Worksheet G-1

Date/Time Prepared:
5/21/2015 11:21 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		313,537,480		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-19,783,827				2.00
3.00	Total (sum of line 1 and line 2)		293,753,653		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARILY RESTRICTED FUNDS	-43,476,918		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-43,476,918		0		10.00
11.00	Subtotal (line 3 plus line 10)		250,276,735		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC	0		0		0	12.00
13.00	RECONCILIATION	0		0		0	13.00
14.00	TRANSFER TO AFFILIATE	0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		250,276,735		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	TEMPORARILY RESTRICTED FUNDS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC		0				12.00
13.00	RECONCILIATION		0				13.00
14.00	TRANSFER TO AFFILIATE		0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140117

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/21/2015 11:21 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	146,242,318		146,242,318	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	26,628,259		26,628,259	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	19,067,074		19,067,074	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)	191,937,651		191,937,651	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,957,192		38,957,192	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)	38,957,192		38,957,192	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	230,894,843		230,894,843	17.00
18.00	Ancillary services	514,065,334	473,678,736	987,744,070	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
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)	744,960,177	473,678,736	1,218,638,913	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		266,312,750		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	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)		266,312,750		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140117

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

Worksheet G-3

Date/Time Prepared:
5/21/2015 11:21 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,218,638,913	1.00
2.00	Less contractual allowances and discounts on patients' accounts	979,756,603	2.00
3.00	Net patient revenues (line 1 minus line 2)	238,882,310	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	266,312,750	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-27,430,440	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,062	6.00
7.00	Income from investments	178,302	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	56,307	13.00
14.00	Revenue from meals sold to employees and guests	1,041,587	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE FROM OTHER SERVICES	5,361,653	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	328,219	24.01
25.00	Total other income (sum of lines 6-24)	6,969,130	25.00
26.00	Total (line 5 plus line 25)	-20,461,310	26.00
27.00	GAIN/LOSS ON SALE/DISCONTINUED OPERA	-677,483	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-677,483	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-19,783,827	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140117

Period:

Worksheet I-1

Component CCN: 142335

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

Date/Time Prepared:
5/21/2015 11:21 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	855,901	HOURS OF SERVICE	10,004.00	4.81	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	128,813	HOURS OF SERVICE	3,248.00	1.56	4.00
5.00	SOCIAL WORKERS	28,710	HOURS OF SERVICE	620.00	0.30	5.00
6.00	DIETICIANS		HOURS OF SERVICE	622.00	0.30	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	44,273	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,057,697				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS		REQUISITIONS			15.00
16.00	OTHER	248,662	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,306,359				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	26,584	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	36,766	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	256,432	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	423,614	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	104,699	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY		REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	65,232	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,219,686				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,219,686				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140117
Component CCN: 142335

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

Worksheet 1-2
Date/Time Prepared: 5/21/2015 11:21 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	131,283	36,766	855,901	157,523	256,432	0	1.00
MAINTENANCE								
2.00	Hemodialysis	109,618	30,699	714,652	131,532	214,116	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	21,665	6,067	141,249	25,991	42,316	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	131,283	36,766	855,901	157,523	256,432	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	0	0	1,437,905	781,781	2,219,686		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	1,200,617	652,769	1,853,386		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	237,288	129,012	366,300		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	0	0	1,437,905	781,781	2,219,686		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,219,686		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period: From 01/01/2014

Worksheet 1-3

Component CCN: 142335

To 12/31/2014

Date/Time Prepared: 5/21/2015 11:21 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	131,283	36,766	855,901	157,523	256,432	1.00
MAINTENANCE							
2.00	Hemodialysis	3,137	17,835.00	15,725.00	10,324.00	913,207	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	8,636	620	3,525.00	3,108.00	2,040.00	180,479
13.00	Method II Home Patient	0	0	0.00	0.00	0.00	0
14.00	EPO	0	0	0.00	0.00	0.00	0
15.00	ARANESP	0	0	0.00	0.00	0.00	0
16.00	Other	0	0	0.00	0.00	0.00	0
17.00	Total Statistical Basis	3,757	21,360.00	18,833.00	12,364.00	1,093,686	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	34.943572	1.721255	45.446875	12.740456	0.234466	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	0	0	0	1,437,905	781,781	1.00
MAINTENANCE							
2.00	Hemodialysis	432,492	276,378	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	85,474	54,621	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	517,966	330,999	0		1,437,905	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	0.000000	0.000000		0.543694	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140117

Period: From 01/01/2014

Worksheet 1-4

Component CCN: 142335

To 12/31/2014

Date/Time Prepared: 5/21/2015 11:21 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	6,183	1,853,386	299.76	5,812	1,742,205	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	6,183	1,853,386		5,812	1,742,205	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	6,183					12.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	1,510,357	259.87				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00				9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00				10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	1,510,357					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet I-5
				Date/Time Prepared: 5/21/2015 11:21 am
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,742,205		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	1,510,357	1,510,357	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	40,841		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	177	177	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	302,036	302,036	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	302,036	302,036	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	302,213	8.00
9.00	Program payment (see instructions)	1,208,144	1,208,144	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,853,386		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	1,853,386		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140117	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/21/2015 11:21 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,554,926	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		226,669	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)		146.40	3.00
4.00	Number of interns & residents (see instructions)		72.70	4.00
5.00	Indirect medical education percentage (see instructions)		15.04	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		685,061	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.98	8.00
9.00	Sum of lines 7 and 8		17.66	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.64	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		165,799	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		5,632,455	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00