

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: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 12:13 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/27/2015 Time: 12:13 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST HINSDALE HOSPITAL (140122) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	915,197	63,746	-29,722	0	1.00
2.00 Subprovider - IPF	0	8	-74		0	2.00
3.00 Subprovider - IRF	0	6,151	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	259		0	9.00
200.00 Total	0	921,356	63,931	-29,722	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: 140122			Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 12:10 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 120 NORTH OAK STREET	PO Box:		Zip Code: 60521-		County: DUPAGE				1.00
2.00	City: HINSDALE	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	
		Hospital and Hospital-Based Component Identification:								
3.00	Hospital	ADVENTIST HINSDALE HOSPITAL	140122	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	HINSDALE HOSPITAL PSYCH SUB	14S122	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	HINSDALE HOSPITAL REHAB SUB II	14T122	16974	5	01/01/1987	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	HEALTH CARE AT HOME	147207	16974		01/01/1994	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST THOMAS HOSPICE	141507	16974		01/01/2004				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)					1		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	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.	4,586	2,208	4	34	603	0		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.	56	0	0	0	99			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 12:10 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140122

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

Worksheet S-2
Part I
Date/Time Prepared:
5/27/2015 12:10 pm

		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)				Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	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 Nonprovider Site	Unweighted FTEs in Hospital	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)	FAMILY PRACTICE	1350	1.33	27.27	0.046503 65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 12:10 pm		
		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)	FAMILY PRACTICE	1350	1.27	25.78	0.046950
				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.				Y	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)				N	0
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	N
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 12:10 pm	
		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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
					1.00 2.00 3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,668,768	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
DO NOT USE THIS LINE					
119.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 12:10 pm				
		1.00	2.00					
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00			
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HF8013	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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001	141.00			
142.00	Street: 111 NORTH ORLANDO AVE	PO Box:			142.00			
143.00	City: WINTER PARK	State: FL	Zip Code: 32789		143.00			
				1.00				
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00			
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00			
				1.00	2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00			
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
				1.00				
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.25	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 12:10 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2013	09/30/2014	170.00
			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: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 12:10 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
1.00					
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MI KE		THOMPSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYSTEM SUNBELT			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MI KE. THOMPSON3@AHSS.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/01/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140122

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

Worksheet S-2
Part V
Date/Time Prepared:
5/27/2015 12:10 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	HARLIN	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM SUNBELT	4.00
5.00	Phone Number	(407)357-2338	5.00
6.00	E-mail Address	MIKE.THOMPSON3@AHSS.ORG	6.00
7.00	Department	CORPORATE REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/27/2015 12:10 pm
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140122

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	180	65,700	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)		180	65,700	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	59	21,535	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)		239	87,235	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	17	6,205		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			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)		271				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)		10	3,650			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: 140122

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,299	3,344	35,660			1.00
2.00 HMO and other (see instructions)	1,995	603				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	160	97				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)	15,299	3,344	35,660			7.00
8.00 INTENSIVE CARE UNIT	1,831	2,694	10,089			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		725	4,929			13.00
14.00 Total (see instructions)	17,130	6,763	50,678	27.05	1,585.06	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	984	648	5,004	0.00	25.64	16.00
17.00 SUBPROVIDER - IRF	2,704	58	3,835	0.00	18.38	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	38,086	0	82,223	0.00	79.73	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	40.91	24.00
24.10 HOSPICE (non-distinct part)	0	0	319			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)				27.05	1,749.72	27.00
28.00 Observation Bed Days		211	1,884			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	69	475			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			1,053			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140122

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,626	902	10,931	1.00
2.00 HMO and other (see instructions)			416	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	3,626	902	10,931	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	118	121	814	16.00
17.00 SUBPROVIDER - IRF	0.00	0	270	6	389	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					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: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part II Date/Time Prepared: 5/27/2015 12:10 pm			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	107,943,986	45,852	107,989,838	3,680,513.00	29.34	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		809,639	0	809,639	8,744.00	92.59	4.00
4.01	Physicians - Part A - Teaching		431,631	0	431,631	5,044.00	85.57	4.01
5.00	Physician-Part B		1,172,834	0	1,172,834	5,360.00	218.81	5.00
6.00	Non-physician-Part B		39,671	0	39,671	3,372.00	11.76	6.00
7.00	Interns & residents (in an approved program)	21.00	1,471,061	0	1,471,061	57,176.00	25.73	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		1,280,457	0	1,280,457	16,915.00	75.70	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		15,999,698	5,808	16,005,506	414,531.00	38.61	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,019,658	0	1,019,658	15,466.00	65.93	11.00
12.00	Contract labor: Top level management and other management and administrative services		52,655	0	52,655	302.94	173.81	12.00
13.00	Contract labor: Physician-Part A - Administrative		499,404	0	499,404	6,324.00	78.97	13.00
14.00	Home office salaries & wage-related costs		15,103,749	0	15,103,749	199,517.00	75.70	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		173,991	0	173,991	2,247.00	77.43	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		19,037,886	0	19,037,886			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,923,657	0	2,923,657			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		67,232	0	67,232			22.00
22.01	Physician Part A - Teaching		58,947	0	58,947			22.01
23.00	Physician Part B		95,047	0	95,047			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		154,851	0	154,851			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,085,880	173,212	1,259,092	39,250.00	32.08	26.00
27.00	Administrative & General	5.00	12,348,639	-1,946,129	10,402,510	396,571.00	26.23	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,129,794	250,315	2,380,109	110,811.00	21.48	30.00
31.00	Laundry & Linen Service	8.00	93,043	0	93,043	5,773.00	16.12	31.00
32.00	Housekeeping	9.00	1,470,569	0	1,470,569	118,771.00	12.38	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,454,031	-1,213,231	240,800	24,645.00	9.77	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	240,359	1,213,231	1,453,590	77,612.00	18.73	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,756,189	612,756	3,368,945	75,523.00	44.61	38.00
39.00	Central Services and Supply	14.00	1,146,444	160,942	1,307,386	70,228.00	18.62	39.00
40.00	Pharmacy	15.00	3,355,831	0	3,355,831	69,848.00	48.04	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140122

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,881,534	546,558	2,428,092	105,135.00	23.09	41.00
42.00	Social Service	17.00 1,616,176	0	1,616,176	44,988.00	35.92	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140122

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2015 12:10 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	103,548,332	45,852	103,594,184	3,592,646.00	28.84	1.00
2.00	Excluded area salaries (see instructions)	15,999,698	5,808	16,005,506	414,531.00	38.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	87,548,634	40,044	87,588,678	3,178,115.00	27.56	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,675,466	0	16,675,466	221,609.94	75.25	4.00
5.00	Subtotal wage-related costs (see inst.)	19,105,118	0	19,105,118	0.00	21.81	5.00
6.00	Total (sum of lines 3 thru 5)	123,329,218	40,044	123,369,262	3,399,724.94	36.29	6.00
7.00	Total overhead cost (see instructions)	29,578,489	-202,346	29,376,143	1,139,155.00	25.79	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 12:10 pm
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		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	3,293,715	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
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)	9,890,789	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	93,301	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	787,483	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	7,441,656	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	371,205	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	459,472	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,337,621	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140122

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

Worksheet S-3
Part V
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,019,658	22,337,620	1.00
2.00	Hospital	988,808	19,413,963	2.00
3.00	Subprovider - IPF	180	340,461	3.00
4.00	Subprovider - IRF	2,484	226,945	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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,138,201	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	28,186	493,111	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	724,939	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140122 Component CCN: 147207		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/27/2015 12:10 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,136.00	0.00	0.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
				0	1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			30.24	0.00	30.24	5.00
6.00	Direct Nursing Service			24.71	0.00	24.71	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			19.59	0.00	19.59	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.31	0.00	2.31	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.35	0.00	0.35	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.09	0.00	1.09	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.43	0.00	1.43	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	18,111	994	1,192	571	20,868	21.00
22.00	Skilled Nursing Visit Charges	3,667,707	220,640	191,323	112,121	4,191,791	22.00
23.00	Physical Therapy Visits	12,224	95	372	385	13,076	23.00
24.00	Physical Therapy Visit Charges	2,741,703	21,420	66,461	85,060	2,914,644	24.00
25.00	Occupational Therapy Visits	1,875	24	14	79	1,992	25.00
26.00	Occupational Therapy Visit Charges	426,440	5,600	1,400	17,820	451,260	26.00
27.00	Speech Pathology Visits	412	13	0	14	439	27.00
28.00	Speech Pathology Visit Charges	93,680	3,120	0	3,140	99,940	28.00
29.00	Medical Social Service Visits	341	5	9	25	380	29.00
30.00	Medical Social Service Visit Charges	78,400	1,100	1,820	5,760	87,080	30.00
31.00	Home Health Aide Visits	1,277	29	0	25	1,331	31.00
32.00	Home Health Aide Visit Charges	155,540	3,650	0	3,120	162,310	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	34,240	1,160	1,587	1,099	38,086	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	7,163,470	255,530	261,004	227,021	7,907,025	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,363		412	90	2,865	36.00
37.00	Total Number of Outlier Episodes		24		2	26	37.00
38.00	Total Non-Routine Medical Supply Charges	571,773	64,045	24,100	10,757	670,675	38.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140122
Component CCN: 141507

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/27/2015 12:10 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	31,113	458	0	0	1,525	33,096	2.00
3.00	Inpatient Respite Care	5	0	0	0	0	5	3.00
4.00	General Inpatient Care	724	8	0	0	127	859	4.00
5.00	Total Hospice Days	31,842	466	0	0	1,652	33,960	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	798	11	0	0	72	881	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/27/2015 12:10 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.240527	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,470,726	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		72,594,662	6.00	
7.00	Medicaid cost (line 1 times line 6)		17,460,976	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)		9,990,250	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)		619,940	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		149,112	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)		149,112	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)		10,139,362	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,513,242	0	6,513,242	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,566,611	0	1,566,611	21.00
22.00	Partial payment by patients approved for charity care	1,297	0	1,297	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,565,314	0	1,565,314	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?		Y	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		2,330	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,390,928	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		446,561	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		5,944,367	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,429,781	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,995,095	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,134,457	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140122

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

Worksheet A
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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		0	19,676,119	19,676,119	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	8,712,245	8,712,245	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			989,647	17,098,910	4.00
5.01	00590	SHARED SERVICES	1,085,880	15,023,383	16,109,263		
5.02	00591	OTHER A&G	6,897,069	9,537,879	16,434,948	-16,019,971	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	414,426	91,610	506,036	-934	5.02
7.00	00700	OPERATION OF PLANT	5,037,144	30,745,461	35,782,605	10,808,440	5.03
8.00	00800	LAUNDRY & LINEN SERVICE	2,129,794	7,596,613	9,726,407	293,517	7.00
9.00	00900	HOUSEKEEPING	93,043	540,128	633,171	-210	8.00
10.00	01000	DIETARY	1,470,569	473,285	1,943,854	-3,222	9.00
11.00	01100	CAFETERIA	1,454,031	1,030,102	2,484,133	-1,977,004	10.00
13.00	01300	NURSING ADMINISTRATION	240,359	33,051	273,410	1,972,637	11.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,756,189	1,243,567	3,999,756	789,953	13.00
15.00	01500	PHARMACY	1,146,444	1,063,601	2,210,045	495,555	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,355,831	10,224,179	13,580,010	-9,806,539	15.00
17.00	01700	SOCIAL SERVICE	1,881,534	456,974	2,338,508	831,071	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,616,176	277,474	1,893,650	-1,077	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,471,061	369,443	1,840,504	0	21.00
			1,596,198	604,261	2,200,459	-5,430	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,734,915	4,027,392	21,762,307	-4,654,802	30.00
31.00	03100	INTENSIVE CARE UNIT	6,632,849	1,707,370	8,340,219	-553,505	31.00
40.00	04000	SUBPROVIDER - I PF	1,857,738	206,913	2,064,651	-330	40.00
41.00	04100	SUBPROVIDER - I RF	1,238,335	382,624	1,620,959	-1,304	41.00
43.00	04300	NURSERY	0	0	0	1,412,440	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,352,702	2,196,071	8,548,773	-16,069	50.00
51.00	05100	RECOVERY ROOM	798,372	92,068	890,440	-309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,026,005	52.00
53.00	05300	ANESTHESIOLOGY	201,871	651,956	853,827	-4,381	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,146,290	1,612,869	5,759,159	-373,357	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	763,943	183,102	947,045	-408	55.00
56.00	05600	RADIOISOTOPE	216,433	17,971	234,404	-442	56.00
57.00	05700	CT SCAN	484,928	234,620	719,548	-710	57.00
58.00	05800	MRI	825,477	176,852	1,002,329	-593	58.00
59.00	05900	CARDIAC CATHETERIZATION	639,987	93,151	733,138	-3,735	59.00
60.00	06000	LABORATORY	7,525,472	6,550,240	14,075,712	-115,675	60.00
65.00	06500	RESPIRATORY THERAPY	1,912,625	569,212	2,481,837	-51,968	65.00
66.00	06600	PHYSICAL THERAPY	1,925,236	482,793	2,408,029	-234,670	66.00
67.00	06700	OCCUPATIONAL THERAPY	556,935	43,285	600,220	-90	67.00
68.00	06800	SPEECH PATHOLOGY	122,237	9,330	131,567	-295	68.00
69.00	06900	ELECTROCARDIOLOGY	799,535	1,770,529	2,570,064	-46,799	69.00
69.01	06901	CARDIAC REHAB	433,838	170,342	604,180	-116,428	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	148,666	487,050	635,716	-531	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,203,412	8,203,412	41,250	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,730,136	16,730,136	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,527,190	73.00
74.00	07400	RENAL DIALYSIS	0	312,965	312,965	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	802,602	4,814,887	5,617,489	-342,214	76.01
76.02	03952	DIABETES EDUCATION	19,275	7,922	27,197	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,906,546	389,059	2,295,605	-76,340	90.00
91.00	09100	EMERGENCY	2,629,163	2,057,069	4,686,232	-660	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	685,280	121,842	807,122	-267,441	92.01
93.00	04040	PARTIAL HOSP	1,033,363	439,568	1,472,931	-230,385	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	6,211,443	2,048,991	8,260,434	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		27,664,658	27,664,658	-24,220,564	113.00
116.00	11600	HOSPICE	2,690,675	2,768,895	5,459,570	-447,677	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	103,942,479	166,536,155	270,478,634	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	154,338	210,227	364,565	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,800,358	8,993,875	11,794,233	0	192.00
194.00	07950	FOUNDATION	474,571	205,121	679,692	0	194.00
194.01	07951	MARKETING	109,571	1,470,131	1,579,702	0	194.01
194.02	07952	OP PHARMACY	462,669	1,189,825	1,652,494	0	194.02
200.00		TOTAL (SUM OF LINES 118-199)	107,943,986	178,605,334	286,549,320	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140122

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

Worksheet A
Date/Time Prepared:
5/27/2015 12:10 pm

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	-2,113,585	17,562,534	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-417,908	8,294,337	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,308,783	15,790,127	4.00
5.01	00590	SHARED SERVICES	544,299	959,276	5.01
5.02	00591	OTHER A&G	-19,759	485,343	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-14,458,330	32,132,715	5.03
7.00	00700	OPERATION OF PLANT	-616,252	9,403,672	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	632,961	8.00
9.00	00900	HOUSEKEEPING	0	1,940,632	9.00
10.00	01000	DIETARY	-12,209	494,920	10.00
11.00	01100	CAFETERIA	-703,918	1,542,129	11.00
13.00	01300	NURSING ADMINISTRATION	-186,761	4,602,948	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,705,600	14.00
15.00	01500	PHARMACY	0	3,773,471	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,167	3,200,746	16.00
17.00	01700	SOCIAL SERVICE	-20,141	1,872,432	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-217,927	1,622,577	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-452,574	1,742,455	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,812,391	15,295,114	30.00
31.00	03100	INTENSIVE CARE UNIT	-255,710	7,531,004	31.00
40.00	04000	SUBPROVIDER - I PF	-3,268	2,061,053	40.00
41.00	04100	SUBPROVIDER - I RF	-100	1,619,555	41.00
43.00	04300	NURSERY	0	1,412,440	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	8,532,704	50.00
51.00	05100	RECOVERY ROOM	0	890,131	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,026,005	52.00
53.00	05300	ANESTHESIOLOGY	-311,793	537,653	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-21,864	5,363,938	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-9,990	936,647	55.00
56.00	05600	RADIOISOTOPE	0	233,962	56.00
57.00	05700	CT SCAN	-93	718,745	57.00
58.00	05800	MRI	0	1,001,736	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	729,403	59.00
60.00	06000	LABORATORY	-93,250	13,866,787	60.00
65.00	06500	RESPIRATORY THERAPY	-15,975	2,413,894	65.00
66.00	06600	PHYSICAL THERAPY	-159	2,173,200	66.00
67.00	06700	OCCUPATIONAL THERAPY	-83	600,047	67.00
68.00	06800	SPEECH PATHOLOGY	-97	131,175	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,506,590	1,016,675	69.00
69.01	06901	CARDIAC REHAB	-44,338	443,414	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-35,170	600,015	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-1,354,389	6,890,273	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,730,136	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-44,595	9,482,595	73.00
74.00	07400	RENAL DIALYSIS	0	312,965	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	-4,247,447	1,027,828	76.01
76.02	03952	DIABETES EDUCATION	-39,671	-12,474	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-40,709	2,178,556	90.00
91.00	09100	EMERGENCY	-934,530	3,751,042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	539,681	92.01
93.00	04040	PARTIAL HOSP	-4,019	1,238,527	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	476,825	8,737,259	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-3,444,094	0	113.00
116.00	11600	HOSPICE	-744,149	4,267,744	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-34,440,330	236,038,304	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	364,565	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-37,093	11,757,140	192.00
194.00	07950	FOUNDATION	0	679,692	194.00
194.01	07951	MARKETING	0	1,579,702	194.01
194.02	07952	OP PHARMACY	0	1,652,494	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-34,477,423	252,071,897	200.00

COST CENTERS USED IN COST REPORT	Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet Non-CMS W Date/Time Prepared: 5/27/2015 12:10 pm
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 SHARED SERVICES	00590		5.01
5.02 OTHER A&G	00591		5.02
5.03 OTHER ADMINISTRATIVE AND GENERAL	00560	PURCHASING RECEIVING AND STORES	5.03
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
43.00 NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MRI	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
69.01 CARDIAC REHAB	06901		69.01
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.00 OTHER ANCILLARY	03020	ACUPUNCTURE	76.00
76.01 HEART AND VASCULAR CNTR	03950		76.01
76.02 DIABETES EDUCATION	03952		76.02
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	09201		92.01
93.00 PARTIAL HOSP	04040	FAMILY PRACTICE	93.00
OTHER REIMBURSABLE COST CENTERS			
101.00 HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	11300		113.00
116.00 HOSPICE	11600		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00 FOUNDATION	07950		194.00
194.01 MARKETING	07951		194.01
194.02 OP PHARMACY	07952		194.02
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140122

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

Worksheet A-6
Date/Time Prepared:
5/27/2015 12:10 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	1,213,231	761,247	1.00
	TOTALS		1,213,231	761,247	
B - NURSERY					
1.00	NURSERY	43.00	1,193,905	218,535	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,248,465	777,540	2.00
	TOTALS		4,442,370	996,075	
C - RECRUITMENT BONUS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	17,850	0	1.00
2.00	OTHER A&G	5.02	5,000	0	2.00
3.00	NURSING ADMINISTRATION	13.00	4,500	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	5,000	0	4.00
5.00	OPERATING ROOM	50.00	4,501	0	5.00
6.00	PHYSICAL THERAPY	66.00	693	0	6.00
7.00	EMERGENCY	91.00	2,500	0	7.00
8.00	HOME HEALTH AGENCY	101.00	808	0	8.00
9.00	MARKETING	194.01	5,000	0	9.00
	TOTALS		45,852	0	
D - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,815,809	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	9,815,809	
E - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	41,250	1.00
	TOTALS		0	41,250	
F - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,601,928	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,323,003	2.00
	TOTALS		0	19,924,931	
G - CNO					
1.00	NURSING ADMINISTRATION	13.00	381,535	166,731	1.00
	TOTALS		381,535	166,731	
H - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	510,189	1.00
	TOTALS		0	510,189	
I - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,240,119	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,215,906	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	14,403	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

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	3,470,428		
J - PROPERTY TAX						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	163,927		1.00
	TOTALS		0	163,927		
K - ROUTINE, ICU, PCU						
1.00	ADULTS & PEDIATRICS	30.00	226,638	40,296		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	540,409		2.00
	TOTALS		226,638	580,705		
L - SHARED SERVICES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	155,362	834,405		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	5,832,991	6,404,164		2.00
3.00	OPERATION OF PLANT	7.00	250,315	51,713		3.00
4.00	NURSING ADMINISTRATION	13.00	226,721	18,878		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	160,942	447,862		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	546,558	284,843		6.00
7.00	LABORATORY	60.00	229,696	164,659		7.00
	TOTALS		7,402,585	8,206,524		
M - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,159,956		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,173,336		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	120,853		3.00
	TOTALS		0	4,454,145		
500.00	Grand Total: Increases		13,712,211	49,091,961		500.00

RECLASSIFICATIONS

Provider CCN: 140122

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

Worksheet A-6
Date/Time Prepared:
5/27/2015 12:10 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	1,213,231	761,247	0		1.00
	TOTALS		1,213,231	761,247			
B - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	4,442,370	996,075	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		4,442,370	996,075			
C - RECRUITMENT BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,850	0		1.00
2.00	OTHER A&G	5.02	0	5,000	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	4,500	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	5,000	0		4.00
5.00	OPERATING ROOM	50.00	0	4,501	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	693	0		6.00
7.00	EMERGENCY	91.00	0	2,500	0		7.00
8.00	HOME HEALTH AGENCY	101.00	0	808	0		8.00
9.00	MARKETING	194.01	0	5,000	0		9.00
	TOTALS		0	45,852			
D - BILLABLE DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,850	0		1.00
2.00	LABORATORY	60.00	0	7,420	0		2.00
3.00	PHARMACY	15.00	0	9,806,539	0		3.00
	TOTALS		0	9,815,809			
E - BILLABLE SUPPLIES							
1.00	LABORATORY	60.00	0	41,250	0		1.00
	TOTALS		0	41,250			
F - DEPRECIATION							
1.00	SHARED SERVICES	5.01	0	322,439	9		1.00
2.00	INTEREST EXPENSE	113.00	0	19,602,492	9		2.00
	TOTALS		0	19,924,931			
G - CNO							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	381,535	166,731	0		1.00
	TOTALS		381,535	166,731			
H - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	510,189	12		1.00
	TOTALS		0	510,189			
I - RENT AND LEASES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	120	10		1.00
2.00	SHARED SERVICES	5.01	0	593,939	10		2.00
3.00	OTHER A&G	5.02	0	934	0		3.00
4.00	OPERATION OF PLANT	7.00	0	8,511	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	210	0		5.00
6.00	HOUSEKEEPING	9.00	0	3,222	0		6.00
7.00	DIETARY	10.00	0	2,526	0		7.00
8.00	CAFETERIA	11.00	0	1,841	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	3,912	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	111,399	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	330	0		11.00
12.00	SOCIAL SERVICE	17.00	0	1,077	0		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,430	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	23,700	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	13,096	0		15.00
16.00	SUBPROVIDER - IPF	40.00	0	330	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	1,304	0		17.00
18.00	OPERATING ROOM	50.00	0	16,069	0		18.00
19.00	RECOVERY ROOM	51.00	0	309	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	4,381	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	373,357	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	408	0		22.00
23.00	RADIOISOTOPE	56.00	0	442	0		23.00
24.00	CT SCAN	57.00	0	710	0		24.00
25.00	MRI	58.00	0	593	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	3,735	0		26.00
27.00	LABORATORY	60.00	0	461,360	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	51,968	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	234,670	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	90	0		30.00
31.00	SPEECH PATHOLOGY	68.00	0	295	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	46,799	0		32.00
33.00	CARDIAC REHAB	69.01	0	116,428	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	531	0		34.00

RECLASSIFICATIONS

Provider CCN: 140122

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		
35.00	DRUGS CHARGED TO PATIENTS	73.00	0	288,619	0		35.00
36.00	HEART AND VASCULAR CNTR	76.01	0	342,214	0		36.00
37.00	CLINIC	90.00	0	76,340	0		37.00
38.00	EMERGENCY	91.00	0	660	0		38.00
39.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	507	0		39.00
40.00	PARTIAL HOSP	93.00	0	230,385	0		40.00
41.00	HOSPICE	116.00	0	447,677	0		41.00
	TOTALS		0	3,470,428			
J - PROPERTY TAX							
1.00	INTEREST EXPENSE	113.00	0	163,927	13		1.00
	TOTALS		0	163,927			
K - ROUTINE, ICU, PCU							
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	226,638	40,296	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	540,409	0		2.00
	TOTALS		226,638	580,705			
L - SHARED SERVICES							
1.00	SHARED SERVICES	5.01	6,897,069	8,206,524	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	505,516	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		7,402,585	8,206,524			
M - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	4,454,145	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	4,454,145			
500.00	Grand Total: Decreases		13,666,359	49,137,813			500.00

RECLASSIFICATIONS

Provider CCN: 140122

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

Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/27/2015 12:10 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - CAFETERIA									
1.00	CAFETERIA	11.00	1,213,231	761,247	DIETARY	10.00	1,213,231	761,247	1.00
	TOTALS		1,213,231	761,247	TOTALS		1,213,231	761,247	
B - NURSERY									
1.00	NURSERY	43.00	1,193,905	218,535	ADULTS & PEDIATRICS	30.00	4,442,370	996,075	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,248,465	777,540		0.00	0	0	2.00
	TOTALS		4,442,370	996,075	TOTALS		4,442,370	996,075	
C - RECRUITMENT BONUS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	17,850	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,850	1.00
2.00	OTHER A&G	5.02	5,000	0	OTHER A&G	5.02	0	5,000	2.00
3.00	NURSING	13.00	4,500	0	NURSING	13.00	0	4,500	3.00
4.00	ADMINISTRATION	30.00	5,000	0	ADMINISTRATION	30.00	0	5,000	4.00
5.00	OPERATING ROOM	50.00	4,501	0	OPERATING ROOM	50.00	0	4,501	5.00
6.00	PHYSICAL THERAPY	66.00	693	0	PHYSICAL THERAPY	66.00	0	693	6.00
7.00	EMERGENCY	91.00	2,500	0	EMERGENCY	91.00	0	2,500	7.00
8.00	HOME HEALTH AGENCY	101.00	808	0	HOME HEALTH AGENCY	101.00	0	808	8.00
9.00	MARKETING	194.01	5,000	0	MARKETING	194.01	0	5,000	9.00
	TOTALS		45,852	0	TOTALS		0	45,852	
D - BILLABLE DRUGS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,815,809	CENTRAL SERVICES & SUPPLY	14.00	0	1,850	1.00
2.00		0.00	0	0	LABORATORY	60.00	0	7,420	2.00
3.00		0.00	0	0	PHARMACY	15.00	0	9,806,539	3.00
	TOTALS		0	9,815,809	TOTALS		0	9,815,809	
E - BILLABLE SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	41,250	LABORATORY	60.00	0	41,250	1.00
	TOTALS		0	41,250	TOTALS		0	41,250	
F - DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,601,928	SHARED SERVICES	5.01	0	322,439	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,323,003	INTEREST EXPENSE	113.00	0	19,602,492	2.00
	TOTALS		0	19,924,931	TOTALS		0	19,924,931	
G - CNO									
1.00	NURSING ADMINISTRATION	13.00	381,535	166,731	OTHER ADMINISTRATIVE AND GENERAL	5.03	381,535	166,731	1.00
	TOTALS		381,535	166,731	TOTALS		381,535	166,731	
H - INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	510,189	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	510,189	1.00
	TOTALS		0	510,189	TOTALS		0	510,189	
I - RENT AND LEASES									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,240,119	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	120	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,215,906	SHARED SERVICES	5.01	0	593,939	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	14,403	OTHER A&G	5.02	0	934	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	8,511	4.00
5.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	210	5.00
6.00		0.00	0	0	HOUSEKEEPING	9.00	0	3,222	6.00
7.00		0.00	0	0	DIETARY	10.00	0	2,526	7.00
8.00		0.00	0	0	CAFETERIA	11.00	0	1,841	8.00
9.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	3,912	9.00
10.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	111,399	10.00
11.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	330	11.00
12.00		0.00	0	0	SOCIAL SERVICE	17.00	0	1,077	12.00
13.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,430	13.00
14.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	23,700	14.00
15.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	13,096	15.00
16.00		0.00	0	0	SUBPROVIDER - I PF	40.00	0	330	16.00
17.00		0.00	0	0	SUBPROVIDER - I RF	41.00	0	1,304	17.00
18.00		0.00	0	0	OPERATING ROOM	50.00	0	16,069	18.00
19.00		0.00	0	0	RECOVERY ROOM	51.00	0	309	19.00
20.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	4,381	20.00
21.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	373,357	21.00

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
22.00		0.00	0		0	55.00	0	408	22.00
23.00		0.00	0		0	56.00	0	442	23.00
24.00		0.00	0		0	57.00	0	710	24.00
25.00		0.00	0		0	58.00	0	593	25.00
26.00		0.00	0		0	59.00	0	3,735	26.00
27.00		0.00	0		0	60.00	0	461,360	27.00
28.00		0.00	0		0	65.00	0	51,968	28.00
29.00		0.00	0		0	66.00	0	234,670	29.00
30.00		0.00	0		0	67.00	0	90	30.00
31.00		0.00	0		0	68.00	0	295	31.00
32.00		0.00	0		0	69.00	0	46,799	32.00
33.00		0.00	0		0	69.01	0	116,428	33.00
34.00		0.00	0		0	70.00	0	531	34.00
35.00		0.00	0		0	73.00	0	288,619	35.00
36.00		0.00	0		0	76.01	0	342,214	36.00
37.00		0.00	0		0	90.00	0	76,340	37.00
38.00		0.00	0		0	91.00	0	660	38.00
39.00		0.00	0		0	92.01	0	507	39.00
40.00		0.00	0		0	93.00	0	230,385	40.00
41.00		0.00	0		0	116.00	0	447,677	41.00
	TOTALS		0	3,470,428	TOTALS		0	3,470,428	
J - PROPERTY TAX									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	163,927	INTEREST EXPENSE	113.00	0	163,927	1.00
	TOTALS		0	163,927	TOTALS		0	163,927	
K - ROUTINE, ICU, PCU									
1.00	ADULTS & PEDIATRICS	30.00	226,638	40,296	OBSERVATION BEDS (DISTINCT PART)	92.01	226,638	40,296	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	540,409	INTENSIVE CARE UNIT	31.00	0	540,409	2.00
	TOTALS		226,638	580,705	TOTALS		226,638	580,705	
L - SHARED SERVICES									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	155,362	834,405	SHARED SERVICES	5.01	6,897,069	8,206,524	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	5,832,991	6,404,164	OTHER ADMINISTRATIVE AND GENERAL	5.03	505,516	0	2.00
3.00	OPERATION OF PLANT	7.00	250,315	51,713		0.00	0	0	3.00
4.00	NURSING	13.00	226,721	18,878		0.00	0	0	4.00
5.00	ADMINISTRATION								
6.00	CENTRAL SERVICES & SUPPLY	14.00	160,942	447,862		0.00	0	0	5.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	546,558	284,843		0.00	0	0	6.00
7.00	LABORATORY	60.00	229,696	164,659		0.00	0	0	7.00
	TOTALS		7,402,585	8,206,524	TOTALS		7,402,585	8,206,524	
M - INTEREST									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,159,956	INTEREST EXPENSE	113.00	0	4,454,145	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,173,336		0.00	0	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	120,853		0.00	0	0	3.00
	TOTALS		0	4,454,145	TOTALS		0	4,454,145	
500.00	Grand Total: Increases		13,712,211	49,091,961	Grand Total: Decreases		13,666,359	49,137,813	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2015 12:10 pm

		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	13,051,326	0	0	0	0	1.00
2.00	Land Improvements	576,699	0	0	0	0	2.00
3.00	Buildings and Fixtures	281,322,639	1,644,234	0	1,644,234	1,834,744	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	46,638,664	2,471,322	0	2,471,322	620,203	5.00
6.00	Movable Equipment	96,789,002	5,848,076	0	5,848,076	664,225	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	438,378,330	9,963,632	0	9,963,632	3,119,172	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	438,378,330	9,963,632	0	9,963,632	3,119,172	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,051,326	0				1.00
2.00	Land Improvements	576,699	0				2.00
3.00	Buildings and Fixtures	281,132,129	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	48,489,783	0				5.00
6.00	Movable Equipment	101,972,853	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	445,222,790	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	445,222,790	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

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

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	343,249,936	0	343,249,936	0.770962	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	101,972,852	0	101,972,852	0.229038	0	2.00
3.00	Total (sum of lines 1-2)	445,222,788	0	445,222,788	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	13,740,042	2,240,119	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,078,431	1,215,906	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,818,473	3,456,025	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,072,184	510,189	0	0	17,562,534	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,294,337	2.00
3.00	Total (sum of lines 1-2)	1,072,184	510,189	0	0	25,856,871	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140122

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

Worksheet A-8

Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,631,048	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,173,336	CAP REL COSTS-MVBLE EQUIP		2.00	11 2.00
3.00 Investment income - other (chapter 2)	B	-120,853	OTHER ADMINISTRATIVE AND GENERAL		5.03	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-46,037	OTHER ADMINISTRATIVE AND GENERAL		5.03	0 7.00
8.00 Television and radio service (chapter 21)	A	-17,100	OTHER ADMINISTRATIVE AND GENERAL		5.03	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-658,980				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	955,638				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-703,918	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		0			0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	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 OTHER OPERATING REVENUE	B	-4,350	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00
33.01 OTHER OPERATING REVENUE	B	-230,126	SHARED SERVICES		5.01	0 33.01

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	
33.02 OTHER OPERATING REVENUE	B	-64,160	OTHER ADMINISTRATION AND GENERAL	5.03	0 33.02	
33.03 OTHER OPERATING REVENUE	B	-616,252	OPERATION OF PLANT	7.00	0 33.03	
33.04 OTHER OPERATING REVENUE	B	-12,209	DIETARY	10.00	0 33.04	
33.05 OTHER OPERATING REVENUE	B	-181,073	NURSING ADMINISTRATION	13.00	0 33.05	
33.06 OTHER OPERATING REVENUE	B	-40,794	MEDICAL RECORDS & LIBRARY	16.00	0 33.06	
33.07 OTHER OPERATING REVENUE	B	-149,335	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.07	
33.08 OTHER OPERATING REVENUE	B	-7,461	ADULTS & PEDIATRICS	30.00	0 33.08	
33.09 OTHER OPERATING REVENUE	B	-42,343	INTENSIVE CARE UNIT	31.00	0 33.09	
33.10 OTHER OPERATING REVENUE	B	-3,268	SUBPROVIDER - IPF	40.00	0 33.10	
33.11 OTHER OPERATING REVENUE	B	-100	SUBPROVIDER - IRF	41.00	0 33.11	
33.12 OTHER OPERATING REVENUE	B	-12,898	RADIOLOGY-DIAGNOSTIC	54.00	0 33.12	
33.13 OTHER OPERATING REVENUE	B	-9,990	RADIOLOGY-THERAPEUTIC	55.00	0 33.13	
33.14 OTHER OPERATING REVENUE	B	-25,854	LABORATORY	60.00	0 33.14	
33.15 OTHER OPERATING REVENUE	B	-44,338	CARDIAC REHAB	69.01	0 33.15	
33.16 OTHER OPERATING REVENUE	B	-2,262	DRUGS CHARGED TO PATIENTS	73.00	0 33.16	
33.17 OTHER OPERATING REVENUE	B	-3,150	HEART AND VASCULAR CNTR	76.01	0 33.17	
33.18 OTHER OPERATING REVENUE	B	-40,709	CLINIC	90.00	0 33.18	
33.19 OTHER OPERATING REVENUE	B	-20,208	EMERGENCY	91.00	0 33.19	
33.20 OTHER OPERATING REVENUE	B	-4,019	PARTIAL HOSP	93.00	0 33.20	
33.21 OTHER OPERATING REVENUE	B	-456,724	CAP REL COSTS-BLDG & FIXT	1.00	11 33.21	
33.22 OTHER OPERATING REVENUE	B	-454,262	HOSPICE	116.00	0 33.22	
33.23 NON ALLOWABLE PHYSICIAN FEES	A	-720,035	SHARED SERVICES	5.01	0 33.23	
33.24 NON ALLOWABLE PHYSICIAN FEES	A	-20,967	OTHER ADMINISTRATION AND GENERAL	5.03	9 33.24	
33.25 NON ALLOWABLE PHYSICIAN FEES	A	-311,793	ANESTHESIOLOGY	53.00	0 33.25	
33.26 NON ALLOWABLE PHYSICIAN FEES	A	-1,255,986	ELECTROCARDIOLOGY	69.00	0 33.26	
33.27 NON ALLOWABLE PHYSICIAN FEES	A	-4,157,343	HEART AND VASCULAR CNTR	76.01	0 33.27	
33.28 NON ALLOWABLE PHYSICIAN FEES	A	15,623	HOME HEALTH AGENCY	101.00	0 33.28	
33.29 NON ALLOWABLE PHYSICIAN FEES	A	-81,273	HOSPICE	116.00	0 33.29	
33.30 NON ALLOWABLE BANK FEES	A	-46,252	INTEREST EXPENSE	113.00	0 33.30	
33.31 ADVERTISING	A	-50	OTHER ADMINISTRATION AND GENERAL	5.03	0 33.31	
33.32 ADVERTISING	A	-580	NURSING ADMINISTRATION	13.00	0 33.32	
33.33 ADVERTISING	A	-10,422	LABORATORY	60.00	0 33.33	
33.34 ADVERTISING	A	-5,384	HOME HEALTH AGENCY	101.00	0 33.34	
33.35 RECRUITMENT	A	-139,976	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.35	
33.36 FEDERAL AND STATE INCOME TAX	A	-316,000	INTEREST EXPENSE	113.00	0 33.36	
33.37 PROPERTY TAX	A	-163,927	CAP REL COSTS-BLDG & FIXT	1.00	13 33.37	
33.39 STATE ASSESSMENT	A	-12,571,955	OTHER ADMINISTRATION AND GENERAL	5.03	0 33.39	
33.40 PHYS COLLECTION FEES	A	-17,654	ADULTS & PEDIATRICS	30.00	0 33.40	
33.41 PHYS COLLECTION FEES	A	-8,742	RADIOLOGY-DIAGNOSTIC	54.00	0 33.41	
33.42 PHYS COLLECTION FEES	A	-76,390	ELECTROCARDIOLOGY	69.00	0 33.42	
33.43 PHYS COLLECTION FEES	A	-6,389	HOSPICE	116.00	0 33.43	
33.44 MALPRACTICE	A	-1,697,398	OTHER ADMINISTRATION AND GENERAL	5.03	0 33.44	
33.45 MALPRACTICE	A	-217,927	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 33.45	
33.46 MALPRACTICE	A	-157,965	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.46	
33.47 SPECIAL EVENTS	A	-40,674	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.47	
33.48 SPECIAL EVENTS	A	-5,108	NURSING ADMINISTRATION	13.00	0 33.48	
33.49 SPECIAL EVENTS	A	-10,357	INTENSIVE CARE UNIT	31.00	0 33.49	
33.50 SPECIAL EVENTS	A	-6	RADIOLOGY-DIAGNOSTIC	54.00	0 33.50	
33.51 NON ALLOWABLE DUES AND LOBBYING	A	-35,445	OTHER ADMINISTRATION AND GENERAL	5.03	0 33.51	
33.52 HOSPICE	A	-218	RADIOLOGY-DIAGNOSTIC	54.00	0 33.52	
33.53 HOSPICE	A	-93	CT SCAN	57.00	0 33.53	
33.54 HOSPICE	A	-255	LABORATORY	60.00	0 33.54	
33.55 HOSPICE	A	-6,367	RESPIRATORY THERAPY	65.00	0 33.55	
33.56 HOSPICE	A	-159	PHYSICAL THERAPY	66.00	0 33.56	
33.57 HOSPICE	A	-83	OCCUPATIONAL THERAPY	67.00	0 33.57	
33.58 HOSPICE	A	-97	SPEECH PATHOLOGY	68.00	0 33.58	
33.59 HOSPICE	A	-53	ELECTROCARDIOLOGY	69.00	0 33.59	
33.60 HOSPICE	A	-1,532	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 33.60	
33.61 HOSPICE	A	-42,333	DRUGS CHARGED TO PATIENTS	73.00	0 33.61	

Provider CCN: 140122
 Period: From 01/01/2014 To 12/31/2014
 Worksheet A-8
 Date/Time Prepared: 5/27/2015 12:10 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.62 HOSPICE	A	-1,333	EMERGENCY	91.00	0	33.62
33.63 HOSPICE	A	-335,390	ADULTS & PEDIATRICS	30.00	0	33.63
33.64 SELF INSURED	A	-2,200,530	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.64
33.65 NON ALLOWABLE BORROWING	A	-939,472	INTEREST EXPENSE	113.00	0	33.65
33.66 NON ALLOWABLE PHYSICIAN FEES	A	-1,451,886	ADULTS & PEDIATRICS	30.00	0	33.66
33.67 NON ALLOWABLE PHYSICIAN FEES	A	-909,969	EMERGENCY	91.00	0	33.67
33.68 LEGAL	A	-455,680	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.68
33.69 OTHER NON ALLOW PHYS FEES	A	-203,010	INTENSIVE CARE UNIT	31.00	0	33.69
33.70 OTHER NON ALLOW PHYS FEES	A	-19,759	OTHER A&G	5.02	0	33.70
33.71 OTHER NON ALLOW PHYS FEES	A	-27,310	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.71
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-34,477,423				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: 140122

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2015 12:10 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.01	SHARED SERVICES	15,609,109	16,066,082	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	138,114	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	755,428	0	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	1,141,237	64,490	3.01
3.02	5.01	SHARED SERVICES	3,751,030	1,799,597	3.02
4.00	5.03	OTHER ADMINISTRATIVE AND GEN	13,291,594	12,710,132	4.00
4.04	16.00	MEDICAL RECORDS & LIBRARY	71,961	0	4.04
4.05	71.00	MEDICAL SUPPLIES CHARGED TO	-1,352,857	0	4.05
4.06	101.00	HOME HEALTH AGENCY	849,438	382,852	4.06
4.08	113.00	INTEREST EXPENSE	5,180,378	7,322,748	4.08
4.09	116.00	HOSPICE	0	202,225	4.09
4.10	192.00	PHYSICIANS' PRIVATE OFFICES	147,532	79,200	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		39,582,964	38,627,326	5.00

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

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

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

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

6.00	B		0.00	AHS SUNBELT	0.00	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: 140122

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2015 12:10 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-456,973	0		1.00
2.00	138,114	9		2.00
3.00	755,428	9		3.00
3.01	1,076,747	0		3.01
3.02	1,951,433	0		3.02
4.00	581,462	0		4.00
4.04	71,961	0		4.04
4.05	-1,352,857	0		4.05
4.06	466,586	0		4.06
4.08	-2,142,370	0		4.08
4.09	-202,225	9		4.09
4.10	68,332	9		4.10
5.00	955,638			5.00

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

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

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

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

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

6.00	HOME OFFICE		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: 140122

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

Worksheet A-8-2

Date/Time Prepared: 5/27/2015 12:10 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	17.00	SOCIAL SERVICE	43,213	0	43,213	138,700	346	1.00
2.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	21,750	0	21,750	138,700	174	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	156,012	0	156,012	138,700	2,131	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	26,667	0	26,667	138,700	2,118	4.00
5.00	60.00	LABORATORY	56,719	56,719	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	79,516	79,516	0	0	0	6.00
7.00	76.01	HEART AND VASCULAR CNTR	11,420	11,420	0	0	0	7.00
8.00	192.00	PHYSICIANS' PRIVATE OFFICES	105,425	105,425	0	0	0	8.00
9.00	65.00	DR. A	130,704	0	130,704	138,700	1,816	9.00
10.00	69.00	DR. B	169,930	0	169,930	138,700	1,129	10.00
11.00	69.01	DR. C	3,600	0	3,600	138,700	56	11.00
12.00	70.00	DR. D	173,870	0	173,870	138,700	2,080	12.00
13.00	76.01	DR. E	214,234	0	214,234	138,700	2,080	13.00
14.00	91.00	DR. F	420	0	420	138,700	7	14.00
15.00	91.00	DR. G	21,691	0	21,691	138,700	280	15.00
16.00	22.00	DR. H	13,544	0	13,544	138,700	196	16.00
17.00	22.00	DR. I	167,472	0	167,472	138,700	2,080	17.00
18.00	22.00	DR. J	2,813	2,813	0	0	0	18.00
19.00	22.00	DR. K	40,973	0	40,973	138,700	520	19.00
20.00	22.00	DR. L	183,126	0	183,126	138,700	2,080	20.00
21.00	22.00	DR. M	36,947	0	36,947	138,700	424	21.00
22.00	22.00	DR. N	40,973	0	40,973	138,700	520	22.00
23.00	22.00	DR. O	40,973	0	40,973	138,700	520	23.00
24.00	76.02	DR. P	39,671	39,671	0	0	0	24.00
200.00			1,781,663	295,564	1,486,099		18,557	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	17.00	SOCIAL SERVICE	23,072	1,154	0	0	0	1.00
2.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	11,603	580	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	142,101	7,105	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	141,234	7,062	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	76.01	HEART AND VASCULAR CNTR	0	0	0	0	0	7.00
8.00	192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	8.00
9.00	65.00	DR. A	121,096	6,055	0	0	0	9.00
10.00	69.00	DR. B	75,285	3,764	0	0	0	10.00
11.00	69.01	DR. C	3,734	187	0	0	0	11.00
12.00	70.00	DR. D	138,700	6,935	0	0	0	12.00
13.00	76.01	DR. E	138,700	6,935	0	0	0	13.00
14.00	91.00	DR. F	467	23	0	0	0	14.00
15.00	91.00	DR. G	18,671	934	0	0	0	15.00
16.00	22.00	DR. H	13,070	654	0	0	0	16.00
17.00	22.00	DR. I	138,700	6,935	0	0	0	17.00
18.00	22.00	DR. J	0	0	0	0	0	18.00
19.00	22.00	DR. K	34,675	1,734	0	0	0	19.00
20.00	22.00	DR. L	138,700	6,935	0	0	0	20.00
21.00	22.00	DR. M	28,273	1,414	0	0	0	21.00
22.00	22.00	DR. N	34,675	1,734	0	0	0	22.00
23.00	22.00	DR. O	34,675	1,734	0	0	0	23.00
24.00	76.02	DR. P	0	0	0	0	0	24.00
200.00			1,237,431	61,874	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	17.00	SOCIAL SERVICE	0	23,072	20,141	20,141		1.00
2.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	0	11,603	10,147	10,147		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	142,101	13,911	13,911		3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	141,234	0	0		4.00
5.00	60.00	LABORATORY	0	0	0	56,719		5.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140122

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

Worksheet A-8-2

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	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		
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	79,516		6.00
7.00	76.01	HEART AND VASCULAR CNTR	0	0	0	11,420		7.00
8.00	192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	105,425		8.00
9.00	65.00	DR. A	0	121,096	9,608	9,608		9.00
10.00	69.00	DR. B	0	75,285	94,645	94,645		10.00
11.00	69.01	DR. C	0	3,734	0	0		11.00
12.00	70.00	DR. D	0	138,700	35,170	35,170		12.00
13.00	76.01	DR. E	0	138,700	75,534	75,534		13.00
14.00	91.00	DR. F	0	467	0	0		14.00
15.00	91.00	DR. G	0	18,671	3,020	3,020		15.00
16.00	22.00	DR. H	0	13,070	474	474		16.00
17.00	22.00	DR. I	0	138,700	28,772	28,772		17.00
18.00	22.00	DR. J	0	0	0	2,813		18.00
19.00	22.00	DR. K	0	34,675	6,298	6,298		19.00
20.00	22.00	DR. L	0	138,700	44,426	44,426		20.00
21.00	22.00	DR. M	0	28,273	8,674	8,674		21.00
22.00	22.00	DR. N	0	34,675	6,298	6,298		22.00
23.00	22.00	DR. O	0	34,675	6,298	6,298		23.00
24.00	76.02	DR. P	0	0	0	39,671		24.00
200.00			0	1,237,431	363,416	658,980		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B Part I Date/Time Prepared: 5/27/2015 12:10 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	17,562,534	17,562,534			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,294,337		8,294,337		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,790,127	44,855	21,184	15,856,166	4.00
5.01 00590	SHARED SERVICES	959,276	0	0	0	5.01
5.02 00591	OTHER A&G	485,343	8,147	3,848	62,311	5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	32,132,715	219,317	103,578	1,483,107	5.03
7.00 00700	OPERATION OF PLANT	9,403,672	10,428,595	4,925,162	353,594	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	632,961	26,804	12,659	13,823	8.00
9.00 00900	HOUSEKEEPING	1,940,632	36,236	17,113	218,471	9.00
10.00 01000	DIETARY	494,920	198,594	93,791	35,774	10.00
11.00 01100	CAFETERIA	1,542,129	61,121	28,866	215,948	11.00
13.00 01300	NURSING ADMINISTRATION	4,602,948	50,922	24,049	500,497	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,705,600	237,457	112,145	194,228	14.00
15.00 01500	PHARMACY	3,773,471	55,719	26,314	498,549	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,200,746	94,434	44,599	360,722	16.00
17.00 01700	SOCIAL SERVICE	1,872,432	5,343	2,523	240,102	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,622,577	0	0	218,544	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,742,455	10,007	4,726	237,134	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,295,114	1,835,259	866,746	2,009,212	30.00
31.00 03100	INTENSIVE CARE UNIT	7,531,004	235,715	111,322	985,389	31.00
40.00 04000	SUBPROVIDER - IPF	2,061,053	122,418	57,815	275,989	40.00
41.00 04100	SUBPROVIDER - IRF	1,619,555	116,293	54,922	183,970	41.00
43.00 04300	NURSERY	1,412,440	67,733	31,989	177,369	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,532,704	572,846	270,540	944,439	50.00
51.00 05100	RECOVERY ROOM	890,131	38,981	18,410	118,608	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,026,005	355,639	167,959	482,598	52.00
53.00 05300	ANESTHESIOLOGY	537,653	62,287	29,416	29,990	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,363,938	415,993	196,463	615,981	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	936,647	98,448	46,495	113,493	55.00
56.00 05600	RADIOISOTOPE	233,962	42,420	20,034	32,154	56.00
57.00 05700	CT SCAN	718,745	8,074	3,813	72,042	57.00
58.00 05800	MRI	1,001,736	88,633	41,859	122,635	58.00
59.00 05900	CARDIAC CATHETERIZATION	729,403	78,124	36,896	95,078	59.00
60.00 06000	LABORATORY	13,866,787	282,726	133,524	1,152,123	60.00
65.00 06500	RESPIRATORY THERAPY	2,413,894	1,107	523	284,143	65.00
66.00 06600	PHYSICAL THERAPY	2,173,200	188,971	89,246	286,120	66.00
67.00 06700	OCCUPATIONAL THERAPY	600,047	47,261	22,320	82,739	67.00
68.00 06800	SPEECH PATHOLOGY	131,175	14,450	6,824	18,160	68.00
69.00 06900	ELECTROCARDIOLOGY	1,016,675	71,172	33,613	118,781	69.00
69.01 06901	CARDIAC REHAB	443,414	20,782	9,815	64,452	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	600,015	68,604	32,400	22,086	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,890,273	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	16,730,136	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	9,482,595	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	312,965	0	0	0	74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01 03950	HEART AND VASCULAR CNTR	1,027,828	122,123	57,676	119,236	76.01
76.02 03952	DIABETES EDUCATION	-12,474	67,394	31,828	2,864	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,178,556	173,473	81,927	283,240	90.00
91.00 09100	EMERGENCY	3,751,042	256,305	121,046	390,965	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	539,681	97,607	46,097	68,137	92.01
93.00 04040	PARTIAL HOSP	1,238,527	166,728	78,741	153,518	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	8,737,259	0	0	922,904	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	4,267,744	99,570	47,024	399,732	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	236,038,304	17,294,687	8,167,840	15,260,951	235,048,745
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	364,565	45,770	21,616	22,929	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	11,757,140	179,687	84,861	416,027	192.00
194.00 07950	FOUNDATION	679,692	17,299	8,170	70,503	194.00
194.01 07951	MARKETING	1,579,702	16,693	7,884	17,021	194.01
194.02 07952	OP PHARMACY	1,652,494	8,398	3,966	68,735	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	252,071,897	17,562,534	8,294,337	15,856,166	252,071,897	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		SHARED SERVICES	Subtotal	OTHER A&G	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5A.01	5.02	5A.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	SHARED SERVICES	959,276				5.01
5.02	00591	OTHER A&G	2,138	561,787	561,787		5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	129,670	34,068,387	76,021	34,144,408	5.03
7.00	00700	OPERATION OF PLANT	95,924	25,206,947	56,312	25,263,259	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,621	688,868	1,539	690,407	8.00
9.00	00900	HOUSEKEEPING	8,452	2,220,904	4,961	2,225,865	9.00
10.00	01000	DIETARY	3,144	826,223	1,846	828,069	10.00
11.00	01100	CAFETERIA	7,060	1,855,124	4,144	1,859,268	11.00
13.00	01300	NURSING ADMINISTRATION	19,782	5,198,198	11,613	5,209,811	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,413	3,261,843	7,287	3,269,130	14.00
15.00	01500	PHARMACY	16,632	4,370,685	9,764	4,380,449	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,136	3,714,637	8,298	3,722,935	16.00
17.00	01700	SOCIAL SERVICE	8,100	2,128,500	4,755	2,133,255	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,033	1,848,154	4,129	1,852,283	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,618	2,001,940	4,472	2,006,412	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,424	20,082,755	44,865	20,127,620	30.00
31.00	03100	INTENSIVE CARE UNIT	33,858	8,897,288	19,877	8,917,165	31.00
40.00	04000	SUBPROVIDER - I PF	9,616	2,526,891	5,645	2,532,536	40.00
41.00	04100	SUBPROVIDER - I RF	7,544	1,982,284	4,428	1,986,712	41.00
43.00	04300	NURSERY	6,454	1,695,985	3,789	1,699,774	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,424	10,359,953	23,144	10,383,097	50.00
51.00	05100	RECOVERY ROOM	4,073	1,070,203	2,391	1,072,594	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,223	5,051,424	11,285	5,062,709	52.00
53.00	05300	ANESTHESIOLOGY	2,519	661,865	1,479	663,344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,183	6,617,558	14,784	6,632,342	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,565	1,199,648	2,680	1,202,328	55.00
56.00	05600	RADIOISOTOPE	1,255	329,825	737	330,562	56.00
57.00	05700	CT SCAN	3,066	805,740	1,800	807,540	57.00
58.00	05800	MRI	4,794	1,259,657	2,814	1,262,471	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,589	943,090	2,107	945,197	59.00
60.00	06000	LABORATORY	58,962	15,494,122	34,614	15,528,736	60.00
65.00	06500	RESPIRATORY THERAPY	10,313	2,709,980	6,054	2,716,034	65.00
66.00	06600	PHYSICAL THERAPY	10,457	2,747,994	6,139	2,754,133	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,874	755,241	1,687	756,928	67.00
68.00	06800	SPEECH PATHOLOGY	652	171,261	383	171,644	68.00
69.00	06900	ELECTROCARDIOLOGY	4,738	1,244,979	2,781	1,247,760	69.00
69.01	06901	CARDIAC REHAB	2,057	540,520	1,208	541,728	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,762	725,867	1,622	727,489	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,321	6,916,594	15,452	6,932,046	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,909	16,794,045	37,518	16,831,563	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,224	9,518,819	21,265	9,540,084	73.00
74.00	07400	RENAL DIALYSIS	1,196	314,161	702	314,863	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	5,069	1,331,932	2,976	1,334,908	76.01
76.02	03952	DIABETES EDUCATION	342	89,954	201	90,155	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,380	2,727,576	6,093	2,733,669	90.00
91.00	09100	EMERGENCY	17,264	4,536,622	10,135	4,546,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,871	754,393	1,685	756,078	92.01
93.00	04040	PARTIAL HOSP	6,255	1,643,769	3,672	1,647,441	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	36,902	9,697,065	21,663	9,718,728	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	18,390	4,832,460	10,796	4,843,256	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	894,248	234,983,717	523,612	234,945,542	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,738	456,618	1,020	457,638	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	47,512	12,485,227	27,892	12,513,119	192.00
194.00	07950	FOUNDATION	2,963	778,627	1,739	780,366	194.00
194.01	07951	MARKETING	6,193	1,627,493	3,636	1,631,129	194.01
194.02	07952	OP PHARMACY	6,622	1,740,215	3,888	1,744,103	194.02
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)	959,276	252,071,897	561,787	252,071,897	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	SHARED SERVICES					5.01
5.02	00591	OTHER A&G					5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00	00700	OPERATION OF PLANT	29,221,418				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	114,149	912,728			8.00
9.00	00900	HOUSEKEEPING	154,315	0	2,728,924		9.00
10.00	01000	DIETARY	845,749	0	79,715	1,883,273	10.00
11.00	01100	CAFETERIA	260,293	0	24,534	0	2,435,401
13.00	01300	NURSING ADMINISTRATION	216,859	0	20,440	0	78,258
14.00	01400	CENTRAL SERVICES & SUPPLY	1,011,253	0	95,314	0	69,439
15.00	01500	PHARMACY	237,287	0	22,365	0	74,693
16.00	01600	MEDICAL RECORDS & LIBRARY	402,163	0	37,905	0	105,192
17.00	01700	SOCIAL SERVICE	22,754	0	2,145	0	46,784
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	65,350
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	42,617	0	4,017	0	25,888
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,815,775	529,088	736,665	1,091,690	414,496
31.00	03100	INTENSIVE CARE UNIT	1,003,835	102,954	94,615	212,430	173,680
40.00	04000	SUBPROVIDER - I PF	521,341	74,244	49,138	153,192	55,960
41.00	04100	SUBPROVIDER - I RF	495,255	86,574	46,680	178,632	38,654
43.00	04300	NURSERY	288,453	119,868	27,188	247,329	37,798
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,439,565	0	229,938	0	186,185
51.00	05100	RECOVERY ROOM	166,007	0	15,647	0	21,823
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,514,553	0	142,752	0	102,815
53.00	05300	ANESTHESIOLOGY	265,259	0	25,002	0	9,081
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,771,578	0	166,978	0	130,510
55.00	05500	RADIOLOGY-THERAPEUTIC	419,260	0	39,517	0	17,306
56.00	05600	RADIOISOTOPE	180,653	0	17,027	0	5,373
57.00	05700	CT SCAN	34,383	0	3,241	0	13,027
58.00	05800	MRI	377,460	0	35,577	0	22,631
59.00	05900	CARDIAC CATHETERIZATION	332,705	0	31,359	0	16,141
60.00	06000	LABORATORY	1,204,037	0	113,485	0	345,768
65.00	06500	RESPIRATORY THERAPY	4,714	0	444	0	56,697
66.00	06600	PHYSICAL THERAPY	804,766	0	75,852	0	52,822
67.00	06700	OCCUPATIONAL THERAPY	201,270	0	18,970	0	15,737
68.00	06800	SPEECH PATHOLOGY	61,538	0	5,800	0	2,853
69.00	06900	ELECTROCARDIOLOGY	303,099	0	28,568	0	22,750
69.01	06901	CARDIAC REHAB	88,503	0	8,342	0	11,862
70.00	07000	ELECTROENCEPHALOGRAPHY	292,162	0	27,537	0	4,968
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
76.01	03950	HEART AND VASCULAR CNTR	520,084	0	49,020	0	17,544
76.02	03952	DIABETES EDUCATION	287,008	0	27,052	0	428
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	738,765	0	69,631	0	47,140
91.00	09100	EMERGENCY	1,091,522	0	102,880	0	79,376
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	415,677	0	39,179	0	17,710
93.00	04040	PARTIAL HOSP	710,039	0	66,924	0	38,511
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	424,037	0	39,967	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,080,742	912,728	2,621,410	1,883,273	2,425,250
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	194,921	0	18,372	0	10,151
192.00	19200	PHYSICIANS' PRIVATE OFFICES	765,228	0	72,126	0	0
194.00	07950	FOUNDATION	73,669	0	6,944	0	0
194.01	07951	MARKETING	71,092	0	6,701	0	0
194.02	07952	OP PHARMACY	35,766	0	3,371	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	29,221,418	912,728	2,728,924	1,883,273	2,435,401

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00560						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	6,341,631					13.00
14.00	01400	0	4,957,337				14.00
15.00	01500	0	0	5,401,114			15.00
16.00	01600	0	0	0	4,851,497		16.00
17.00	01700	0	31	24	0	2,539,227	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	1,165	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,148,867	152,757	1,012	246,961	1,471,932	30.00
31.00	03100	900,467	95,016	1,588	166,699	286,420	31.00
40.00	04000	290,156	1,208	0	39,924	206,549	40.00
41.00	04100	200,348	7,755	10	27,484	240,850	41.00
43.00	04300	195,922	0	0	23,889	333,476	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	965,188	86,688	2,814	400,936	0	50.00
51.00	05100	113,165	4,712	0	62,706	0	51.00
52.00	05200	533,083	0	0	64,998	0	52.00
53.00	05300	47,123	25,281	82,001	127,673	0	53.00
54.00	05400	0	13,731	913	301,136	0	54.00
55.00	05500	0	3,429	137	64,881	0	55.00
56.00	05600	0	324	986	29,628	0	56.00
57.00	05700	0	3,511	932	283,288	0	57.00
58.00	05800	0	2,126	846	165,590	0	58.00
59.00	05900	0	5,330	0	100,807	0	59.00
60.00	06000	0	79,324	611	877,548	0	60.00
65.00	06500	0	18,002	76	126,567	0	65.00
66.00	06600	0	1,340	0	56,395	0	66.00
67.00	06700	0	89	0	18,407	0	67.00
68.00	06800	0	14	0	6,792	0	68.00
69.00	06900	0	3,226	304	123,404	0	69.00
69.01	06901	0	274	3	5,560	0	69.01
70.00	07000	0	2,389	0	37,624	0	70.00
71.00	07100	0	1,295,136	0	227,904	0	71.00
72.00	07200	0	3,069,782	0	378,786	0	72.00
73.00	07300	0	7,269	5,085,282	352,938	0	73.00
74.00	07400	0	0	0	6,432	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	2,061	287	109,359	0	76.01
76.02	03952	0	0	63	175	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	244,390	10,462	0	67,084	0	90.00
91.00	09100	411,468	45,254	687	265,042	0	91.00
92.00	09200						92.00
92.01	09201	91,781	12,764	0	24,898	0	92.01
93.00	04040	199,673	347	71	59,982	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	6,540	151,396	0	0	116.00
118.00		6,341,631	4,957,337	5,330,043	4,851,497	2,539,227	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	71,071	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		6,341,631	4,957,337	5,401,114	4,851,497	2,539,227	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B Part I Date/Time Prepared: 5/27/2015 12:10 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00590	SHARED SERVICES					5.01
5.02 00591	OTHER A&G					5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,207,845				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,394,460			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,178,436	1,278,042	40,346,896	-2,456,478	37,890,418 30.00
31.00 03100	INTENSIVE CARE UNIT	274,936	298,174	13,925,103	-573,110	13,351,993 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	4,321,041	0	4,321,041 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	3,620,228	0	3,620,228 41.00
43.00 04300	NURSERY	0	0	3,240,014	0	3,240,014 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	114,174	123,824	16,559,212	-237,998	16,321,214 50.00
51.00 05100	RECOVERY ROOM	0	0	1,624,706	0	1,624,706 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	8,214,125	0	8,214,125 52.00
53.00 05300	ANESTHESIOLOGY	0	0	1,348,695	0	1,348,695 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	34,225	37,117	10,127,672	-71,342	10,056,330 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	1,935,236	0	1,935,236 55.00
56.00 05600	RADIOISOTOPE	0	0	616,345	0	616,345 56.00
57.00 05700	CT SCAN	0	0	1,272,446	0	1,272,446 57.00
58.00 05800	MRI	0	0	2,064,502	0	2,064,502 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	1,579,631	0	1,579,631 59.00
60.00 06000	LABORATORY	3,061	3,320	20,588,901	-6,381	20,582,520 60.00
65.00 06500	RESPIRATORY THERAPY	0	0	3,348,077	0	3,348,077 65.00
66.00 06600	PHYSICAL THERAPY	45,842	49,717	4,272,379	-95,559	4,176,820 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,129,995	0	1,129,995 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	275,534	0	275,534 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	1,924,608	0	1,924,608 69.00
69.01 06901	CARDIAC REHAB	0	0	741,149	0	741,149 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	1,206,151	0	1,206,151 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,541,185	0	9,541,185 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	22,917,267	0	22,917,267 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	16,480,294	0	16,480,294 73.00
74.00 07400	RENAL DIALYSIS	6,280	6,811	383,718	-13,091	370,627 74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
76.01 03950	HEART AND VASCULAR CNTR	0	0	2,242,414	0	2,242,414 76.01
76.02 03952	DIABETES EDUCATION	0	0	419,006	0	419,006 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	253,113	274,508	4,867,068	-527,621	4,339,447 90.00
91.00 09100	EMERGENCY	127,361	138,126	7,520,850	-265,487	7,255,363 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1,476,548	0	1,476,548 92.01
93.00 04040	PARTIAL HOSP	0	0	2,981,106	0	2,981,106 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	11,241,439	0	11,241,439 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	6,224,028	0	6,224,028 113.00
116.00 11600	HOSPICE	0	0	6,224,028	0	6,224,028 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,037,428	2,209,639	230,577,569	-4,247,067	226,330,502 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	752,784	0	752,784 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	170,417	184,821	15,737,312	-355,238	15,382,074 192.00
194.00 07950	FOUNDATION	0	0	983,245	0	983,245 194.00
194.01 07951	MARKETING	0	0	1,964,484	0	1,964,484 194.01
194.02 07952	OP PHARMACY	0	0	2,056,503	0	2,056,503 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		21.00	22.00			
200.00	Cross Foot Adjustments	0	0	0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	2,207,845	2,394,460	252,071,897	-4,602,305	247,469,592

COST ALLOCATION STATISTICS

Provider CCN: 140122

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

Worksheet Non-CMS W
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	SHARED SERVICES	-1	ACCUM. COST	5.01
5.02	OTHER A&G	-2	ACCUM. COST	5.02
5.03	OTHER ADMINISTRATIVE AND GENERAL	-3	ACCUM. COST	5.03
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	2	TOTAL PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	2	TOTAL PATIENT DAYS	10.00
11.00	CAFETERIA	3	FTES	11.00
13.00	NURSING ADMINISTRATION	4	DIRECT NRSING	13.00
14.00	CENTRAL SERVICES & SUPPLY	5	COSTED REQUIS.	14.00
15.00	PHARMACY	6	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	CHARGES	16.00
17.00	SOCIAL SERVICE	2	TOTAL PATIENT DAYS	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	8	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	8	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	44,855	21,184	66,039	66,039 4.00
5.01 00590	SHARED SERVICES	0	0	0	0	0 5.01
5.02 00591	OTHER A&G	0	8,147	3,848	11,995	260 5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	0	219,317	103,578	322,895	6,180 5.03
7.00 00700	OPERATION OF PLANT	0	10,428,595	4,925,162	15,353,757	1,473 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	26,804	12,659	39,463	58 8.00
9.00 00900	HOUSEKEEPING	0	36,236	17,113	53,349	910 9.00
10.00 01000	DIETARY	0	198,594	93,791	292,385	149 10.00
11.00 01100	CAFETERIA	0	61,121	28,866	89,987	900 11.00
13.00 01300	NURSING ADMINISTRATION	0	50,922	24,049	74,971	2,085 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	237,457	112,145	349,602	809 14.00
15.00 01500	PHARMACY	0	55,719	26,314	82,033	2,077 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	94,434	44,599	139,033	1,503 16.00
17.00 01700	SOCIAL SERVICE	0	5,343	2,523	7,866	1,000 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	911 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	10,007	4,726	14,733	988 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,835,259	866,746	2,702,005	8,342 30.00
31.00 03100	INTENSIVE CARE UNIT	0	235,715	111,322	347,037	4,106 31.00
40.00 04000	SUBPROVIDER - I PF	0	122,418	57,815	180,233	1,150 40.00
41.00 04100	SUBPROVIDER - I RF	0	116,293	54,922	171,215	767 41.00
43.00 04300	NURSERY	0	67,733	31,989	99,722	739 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	572,846	270,540	843,386	3,935 50.00
51.00 05100	RECOVERY ROOM	0	38,981	18,410	57,391	494 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	355,639	167,959	523,598	2,011 52.00
53.00 05300	ANESTHESIOLOGY	0	62,287	29,416	91,703	125 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	415,993	196,463	612,456	2,567 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	98,448	46,495	144,943	473 55.00
56.00 05600	RADIOISOTOPE	0	42,420	20,034	62,454	134 56.00
57.00 05700	CT SCAN	0	8,074	3,813	11,887	300 57.00
58.00 05800	MRI	0	88,633	41,859	130,492	511 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	78,124	36,896	115,020	396 59.00
60.00 06000	LABORATORY	0	282,726	133,524	416,250	4,800 60.00
65.00 06500	RESPIRATORY THERAPY	0	1,107	523	1,630	1,184 65.00
66.00 06600	PHYSICAL THERAPY	0	188,971	89,246	278,217	1,192 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	47,261	22,320	69,581	345 67.00
68.00 06800	SPEECH PATHOLOGY	0	14,450	6,824	21,274	76 68.00
69.00 06900	ELECTROCARDIOLOGY	0	71,172	33,613	104,785	495 69.00
69.01 06901	CARDIAC REHAB	0	20,782	9,815	30,597	269 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	68,604	32,400	101,004	92 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
76.01 03950	HEART AND VASCULAR CNTR	0	122,123	57,676	179,799	497 76.01
76.02 03952	DIABETES EDUCATION	0	67,394	31,828	99,222	12 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	173,473	81,927	255,400	1,180 90.00
91.00 09100	EMERGENCY	0	256,305	121,046	377,351	1,629 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	97,607	46,097	143,704	284 92.01
93.00 04040	PARTIAL HOSP	0	166,728	78,741	245,469	640 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	3,845 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	99,570	47,024	146,594	1,666 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	17,294,687	8,167,840	25,462,527	63,559 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	45,770	21,616	67,386	96 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	179,687	84,861	264,548	1,733 192.00
194.00 07950	FOUNDATION	0	17,299	8,170	25,469	294 194.00
194.01 07951	MARKETING	0	16,693	7,884	24,577	71 194.01
194.02 07952	OP PHARMACY	0	8,398	3,966	12,364	286 194.02
200.00	Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	17,562,534	8,294,337	25,856,871	66,039	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description			SHARED SERVICES	OTHER A&G	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	5.03	7.00	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
5.01	00590	SHARED SERVICES	0					5.01
5.02	00591	OTHER A&G	0	12,255				5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,602	330,677			5.03
7.00	00700	OPERATION OF PLANT	0	1,235	38,408	15,394,873		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	34	1,047	60,138	100,740	8.00
9.00	00900	HOUSEKEEPING	0	109	3,377	81,299	0	9.00
10.00	01000	DIETARY	0	40	1,256	445,570	0	10.00
11.00	01100	CAFETERIA	0	91	2,821	137,132	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	255	7,903	114,249	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	160	4,959	532,764	0	14.00
15.00	01500	PHARMACY	0	214	6,645	125,011	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	182	5,648	211,874	0	16.00
17.00	01700	SOCIAL SERVICE	0	104	3,236	11,988	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	91	2,810	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	98	3,044	22,452	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	984	30,534	4,117,625	58,397	30.00
31.00	03100	INTENSIVE CARE UNIT	0	436	13,527	528,856	11,363	31.00
40.00	04000	SUBPROVIDER - I PF	0	124	3,842	274,661	8,195	40.00
41.00	04100	SUBPROVIDER - IRF	0	97	3,014	260,918	9,555	41.00
43.00	04300	NURSERY	0	83	2,579	151,967	13,230	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	508	15,751	1,285,249	0	50.00
51.00	05100	RECOVERY ROOM	0	52	1,627	87,458	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	248	7,680	797,920	0	52.00
53.00	05300	ANESTHESIOLOGY	0	32	1,006	139,748	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	324	10,061	933,330	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	59	1,824	220,881	0	55.00
56.00	05600	RADIOISOTOPE	0	16	501	95,174	0	56.00
57.00	05700	CT SCAN	0	39	1,225	18,114	0	57.00
58.00	05800	MRI	0	62	1,915	198,859	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	46	1,434	175,281	0	59.00
60.00	06000	LABORATORY	0	759	23,557	634,329	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	133	4,120	2,484	0	65.00
66.00	06600	PHYSICAL THERAPY	0	135	4,178	423,979	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	37	1,148	106,036	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8	260	32,420	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	61	1,893	159,683	0	69.00
69.01	06901	CARDIAC REHAB	0	26	822	46,627	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36	1,104	153,921	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	339	10,516	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	823	25,533	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	466	14,472	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	15	478	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	65	2,025	273,998	0	76.01
76.02	03952	DIABETES EDUCATION	0	4	137	151,206	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	134	4,147	389,207	0	90.00
91.00	09100	EMERGENCY	0	222	6,897	575,052	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	37	1,147	218,993	0	92.01
93.00	04040	PARTIAL HOSP	0	81	2,499	374,074	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	475	14,743	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	237	7,347	223,398	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	11,418	304,697	14,793,925	100,740	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22	694	102,691	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	612	18,982	403,149	0	192.00
194.00	07950	FOUNDATION	0	38	1,184	38,811	0	194.00
194.01	07951	MARKETING	0	80	2,474	37,454	0	194.01
194.02	07952	OP PHARMACY	0	85	2,646	18,843	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	12,255	330,677	15,394,873	100,740	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140122		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 12:10 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00560						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	139,044					9.00
10.00	01000	4,062	743,462				10.00
11.00	01100	1,250	0	232,181			11.00
13.00	01300	1,041	0	7,461	207,965		13.00
14.00	01400	4,856	0	6,620	0	899,770	14.00
15.00	01500	1,140	0	7,121	0	0	15.00
16.00	01600	1,931	0	10,029	0	0	16.00
17.00	01700	109	0	4,460	0	6	17.00
21.00	02100	0	0	6,230	0	0	21.00
22.00	02200	205	0	2,468	0	211	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	37,533	430,967	39,516	70,469	27,726	30.00
31.00	03100	4,821	83,861	16,558	29,530	17,246	31.00
40.00	04000	2,504	60,476	5,335	9,515	219	40.00
41.00	04100	2,378	70,519	3,685	6,570	1,407	41.00
43.00	04300	1,385	97,639	3,603	6,425	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,716	0	17,750	31,652	15,734	50.00
51.00	05100	797	0	2,081	3,711	855	51.00
52.00	05200	7,274	0	9,802	17,482	0	52.00
53.00	05300	1,274	0	866	1,545	4,589	53.00
54.00	05400	8,508	0	12,442	0	2,492	54.00
55.00	05500	2,013	0	1,650	0	622	55.00
56.00	05600	868	0	512	0	59	56.00
57.00	05700	165	0	1,242	0	637	57.00
58.00	05800	1,813	0	2,158	0	386	58.00
59.00	05900	1,598	0	1,539	0	967	59.00
60.00	06000	5,782	0	32,964	0	14,398	60.00
65.00	06500	23	0	5,405	0	3,267	65.00
66.00	06600	3,865	0	5,036	0	243	66.00
67.00	06700	967	0	1,500	0	16	67.00
68.00	06800	296	0	272	0	2	68.00
69.00	06900	1,456	0	2,169	0	586	69.00
69.01	06901	425	0	1,131	0	50	69.01
70.00	07000	1,403	0	474	0	434	70.00
71.00	07100	0	0	0	0	235,070	71.00
72.00	07200	0	0	0	0	557,175	72.00
73.00	07300	0	0	0	0	1,319	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	2,498	0	1,673	0	374	76.01
76.02	03952	1,378	0	41	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	3,548	0	4,494	8,014	1,899	90.00
91.00	09100	5,242	0	7,567	13,494	8,214	91.00
92.00	09200						92.00
92.01	09201	1,996	0	1,688	3,010	2,317	92.01
93.00	04040	3,410	0	3,671	6,548	63	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	2,036	0	0	0	1,187	116.00
118.00		133,566	743,462	231,213	207,965	899,770	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	936	0	968	0	0	190.00
192.00	19200	3,675	0	0	0	0	192.00
194.00	07950	354	0	0	0	0	194.00
194.01	07951	341	0	0	0	0	194.01
194.02	07952	172	0	0	0	0	194.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		139,044	743,462	232,181	207,965	899,770	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
				15.00	16.00		17.00
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00590 SHARED SERVICES						5.01	
5.02 00591 OTHER A&G						5.02	
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL						5.03	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY	224,241					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	370,200				16.00	
17.00 01700 SOCIAL SERVICE	1	0	28,770			17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	10,042		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	44,199	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	42	18,852	16,678			30.00	
31.00 03100 INTENSIVE CARE UNIT	66	12,725	3,245			31.00	
40.00 04000 SUBPROVIDER - IPF	0	3,048	2,340			40.00	
41.00 04100 SUBPROVIDER - IRF	0	2,098	2,729			41.00	
43.00 04300 NURSERY	0	1,824	3,778			43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	117	30,606	0			50.00	
51.00 05100 RECOVERY ROOM	0	4,787	0			51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,962	0			52.00	
53.00 05300 ANESTHESIOLOGY	3,404	9,746	0			53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	38	22,988	0			54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	6	4,953	0			55.00	
56.00 05600 RADIOISOTOPE	41	2,262	0			56.00	
57.00 05700 CT SCAN	39	21,625	0			57.00	
58.00 05800 MRI	35	12,641	0			58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	7,695	0			59.00	
60.00 06000 LABORATORY	25	66,840	0			60.00	
65.00 06500 RESPIRATORY THERAPY	3	9,662	0			65.00	
66.00 06600 PHYSICAL THERAPY	0	4,305	0			66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	1,405	0			67.00	
68.00 06800 SPEECH PATHOLOGY	0	518	0			68.00	
69.00 06900 ELECTROCARDIOLOGY	13	9,420	0			69.00	
69.01 06901 CARDIAC REHAB	0	424	0			69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,872	0			70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,398	0			71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	28,916	0			72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	211,127	26,942	0			73.00	
74.00 07400 RENAL DIALYSIS	0	491	0			74.00	
76.00 03020 OTHER ANCILLARY	0	0	0			76.00	
76.01 03950 HEART AND VASCULAR CNTR	12	8,348	0			76.01	
76.02 03952 DIABETES EDUCATION	3	13	0			76.02	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	5,121	0			90.00	
91.00 09100 EMERGENCY	29	20,233	0			91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	1,901	0			92.01	
93.00 04040 PARTIAL HOSP	3	4,579	0			93.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
116.00 11600 HOSPICE	6,286	0	0			116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		221,290	370,200	28,770	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	2,951	0	0			192.00	
194.00 07950 FOUNDATION	0	0	0			194.00	
194.01 07951 MARKETING	0	0	0			194.01	
194.02 07952 OP PHARMACY	0	0	0			194.02	
200.00	Cross Foot Adjustments				10,042	44,199	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140122		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 12:10 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS		
					SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
202.00	TOTAL (sum lines 118-201)	15.00 224,241	16.00 370,200	17.00 28,770	21.00 10,042	22.00 44,199	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00590				5.01
5.02	00591				5.02
5.03	00560				5.03
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	7,559,670	0	7,559,670	30.00
31.00	03100	1,073,377	0	1,073,377	31.00
40.00	04000	551,642	0	551,642	40.00
41.00	04100	534,952	0	534,952	41.00
43.00	04300	382,974	0	382,974	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,256,404	0	2,256,404	50.00
51.00	05100	159,253	0	159,253	51.00
52.00	05200	1,370,977	0	1,370,977	52.00
53.00	05300	254,038	0	254,038	53.00
54.00	05400	1,605,206	0	1,605,206	54.00
55.00	05500	377,424	0	377,424	55.00
56.00	05600	162,021	0	162,021	56.00
57.00	05700	55,273	0	55,273	57.00
58.00	05800	348,872	0	348,872	58.00
59.00	05900	303,976	0	303,976	59.00
60.00	06000	1,199,704	0	1,199,704	60.00
65.00	06500	27,911	0	27,911	65.00
66.00	06600	721,150	0	721,150	66.00
67.00	06700	181,035	0	181,035	67.00
68.00	06800	55,126	0	55,126	68.00
69.00	06900	280,561	0	280,561	69.00
69.01	06901	80,371	0	80,371	69.01
70.00	07000	261,340	0	261,340	70.00
71.00	07100	263,323	0	263,323	71.00
72.00	07200	612,447	0	612,447	72.00
73.00	07300	254,326	0	254,326	73.00
74.00	07400	984	0	984	74.00
76.00	03020	0	0	0	76.00
76.01	03950	469,289	0	469,289	76.01
76.02	03952	252,016	0	252,016	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	673,144	0	673,144	90.00
91.00	09100	1,015,930	0	1,015,930	91.00
92.00	09200		0		92.00
92.01	09201	375,077	0	375,077	92.01
93.00	04040	641,037	0	641,037	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	19,063	0	19,063	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	388,751	0	388,751	116.00
118.00		24,768,644	0	24,768,644	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	172,793	0	172,793	190.00
192.00	19200	695,650	0	695,650	192.00
194.00	07950	66,150	0	66,150	194.00
194.01	07951	64,997	0	64,997	194.01
194.02	07952	34,396	0	34,396	194.02
200.00		54,241	0	54,241	200.00
201.00		0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118-201)	25,856,871	0	25,856,871		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00	4.00	5A.01	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	1,189,883					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		1,189,883				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,039	3,039	106,730,746			4.00
5.01 00590 SHARED SERVICES	0	0	0	-959,276	251,112,621	5.01
5.02 00591 OTHER A&G	552	552	419,426	0	559,649	5.02
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL	14,859	14,859	9,983,084	0	33,938,717	5.03
7.00 00700 OPERATION OF PLANT	706,550	706,550	2,380,109	0	25,111,023	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,816	1,816	93,043	0	686,247	8.00
9.00 00900 HOUSEKEEPING	2,455	2,455	1,470,569	0	2,212,452	9.00
10.00 01000 DIETARY	13,455	13,455	240,800	0	823,079	10.00
11.00 01100 CAFETERIA	4,141	4,141	1,453,590	0	1,848,064	11.00
13.00 01300 NURSING ADMINISTRATION	3,450	3,450	3,368,945	0	5,178,416	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	16,088	16,088	1,307,386	0	3,249,430	14.00
15.00 01500 PHARMACY	3,775	3,775	3,355,831	0	4,354,053	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,398	6,398	2,428,092	0	3,700,501	16.00
17.00 01700 SOCIAL SERVICE	362	362	1,616,176	0	2,120,400	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,471,061	0	1,841,121	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	678	678	1,596,198	0	1,994,322	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	124,341	124,341	13,524,183	0	20,006,331	30.00
31.00 03100 INTENSIVE CARE UNIT	15,970	15,970	6,632,849	0	8,863,430	31.00
40.00 04000 SUBPROVIDER - IPF	8,294	8,294	1,857,738	0	2,517,275	40.00
41.00 04100 SUBPROVIDER - IRF	7,879	7,879	1,238,335	0	1,974,740	41.00
43.00 04300 NURSERY	4,589	4,589	1,193,905	0	1,689,531	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	38,811	38,811	6,357,203	0	10,320,529	50.00
51.00 05100 RECOVERY ROOM	2,641	2,641	798,372	0	1,066,130	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	24,095	24,095	3,248,465	0	5,032,201	52.00
53.00 05300 ANESTHESIOLOGY	4,220	4,220	201,871	0	659,346	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	28,184	28,184	4,146,290	0	6,592,375	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	6,670	6,670	763,943	0	1,195,083	55.00
56.00 05600 RADIOISOTOPE	2,874	2,874	216,433	0	328,570	56.00
57.00 05700 CT SCAN	547	547	484,928	0	802,674	57.00
58.00 05800 MRI	6,005	6,005	825,477	0	1,254,863	58.00
59.00 05900 CARDIAC CATHETERIZATION	5,293	5,293	639,987	0	939,501	59.00
60.00 06000 LABORATORY	19,155	19,155	7,755,168	0	15,435,160	60.00
65.00 06500 RESPIRATORY THERAPY	75	75	1,912,625	0	2,699,667	65.00
66.00 06600 PHYSICAL THERAPY	12,803	12,803	1,925,929	0	2,737,537	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,202	3,202	556,935	0	752,367	67.00
68.00 06800 SPEECH PATHOLOGY	979	979	122,237	0	170,609	68.00
69.00 06900 ELECTROCARDIOLOGY	4,822	4,822	799,535	0	1,240,241	69.00
69.01 06901 CARDIAC REHAB	1,408	1,408	433,838	0	538,463	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	4,648	4,648	148,666	0	723,105	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,890,273	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,730,136	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	9,482,595	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	312,965	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 03950 HEART AND VASCULAR CNTR	8,274	8,274	802,602	0	1,326,863	76.01
76.02 03952 DIABETES EDUCATION	4,566	4,566	19,275	0	89,612	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	11,753	11,753	1,906,546	0	2,717,196	90.00
91.00 09100 EMERGENCY	17,365	17,365	2,631,663	0	4,519,358	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	6,613	6,613	458,642	0	751,522	92.01
93.00 04040 PARTIAL HOSP	11,296	11,296	1,033,363	0	1,637,514	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	6,212,251	0	9,660,163	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	6,746	6,746	2,690,675	0	4,814,070	116.00
118.00	1,171,736	1,171,736	102,724,239	-959,276	234,089,469	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,101	3,101	154,338	0	454,880	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	12,174	12,174	2,800,358	0	12,437,715	192.00
194.00 07950 FOUNDATION	1,172	1,172	474,571	0	775,664	194.00
194.01 07951 MARKETING	1,131	1,131	114,571	0	1,621,300	194.01
194.02 07952 OP PHARMACY	569	569	462,669	0	1,733,593	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	17,562,534	8,294,337	15,856,166		959,276	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.759883	6.970716	0.148562		0.003820	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			66,039		0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000619		0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591	-561,787	251,510,110				5.02
5.03	00560		34,068,387	-34,144,408	217,927,489		5.03
7.00	00700		25,206,947		25,263,259	464,883	7.00
8.00	00800		688,868		690,407	1,816	8.00
9.00	00900		2,220,904		2,225,865	2,455	9.00
10.00	01000		826,223		828,069	13,455	10.00
11.00	01100		1,855,124		1,859,268	4,141	11.00
13.00	01300		5,198,198		5,209,811	3,450	13.00
14.00	01400		3,261,843		3,269,130	16,088	14.00
15.00	01500		4,370,685		4,380,449	3,775	15.00
16.00	01600		3,714,637		3,722,935	6,398	16.00
17.00	01700		2,128,500		2,133,255	362	17.00
21.00	02100		1,848,154		1,852,283	0	21.00
22.00	02200		2,001,940		2,006,412	678	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		20,082,755		20,127,620	124,341	30.00
31.00	03100		8,897,288		8,917,165	15,970	31.00
40.00	04000		2,526,891		2,532,536	8,294	40.00
41.00	04100		1,982,284		1,986,712	7,879	41.00
43.00	04300		1,695,985		1,699,774	4,589	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		10,359,953		10,383,097	38,811	50.00
51.00	05100		1,070,203		1,072,594	2,641	51.00
52.00	05200		5,051,424		5,062,709	24,095	52.00
53.00	05300		661,865		663,344	4,220	53.00
54.00	05400		6,617,558		6,632,342	28,184	54.00
55.00	05500		1,199,648		1,202,328	6,670	55.00
56.00	05600		329,825		330,562	2,874	56.00
57.00	05700		805,740		807,540	547	57.00
58.00	05800		1,259,657		1,262,471	6,005	58.00
59.00	05900		943,090		945,197	5,293	59.00
60.00	06000		15,494,122		15,528,736	19,155	60.00
65.00	06500		2,709,980		2,716,034	75	65.00
66.00	06600		2,747,994		2,754,133	12,803	66.00
67.00	06700		755,241		756,928	3,202	67.00
68.00	06800		171,261		171,644	979	68.00
69.00	06900		1,244,979		1,247,760	4,822	69.00
69.01	06901		540,520		541,728	1,408	69.01
70.00	07000		725,867		727,489	4,648	70.00
71.00	07100		6,916,594		6,932,046	0	71.00
72.00	07200		16,794,045		16,831,563	0	72.00
73.00	07300		9,518,819		9,540,084	0	73.00
74.00	07400		314,161		314,863	0	74.00
76.00	03020		0		0	0	76.00
76.01	03950		1,331,932		1,334,908	8,274	76.01
76.02	03952		89,954		90,155	4,566	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		2,727,576		2,733,669	11,753	90.00
91.00	09100		4,536,622		4,546,757	17,365	91.00
92.00	09200						92.00
92.01	09201		754,393		756,078	6,613	92.01
93.00	04040		1,643,769		1,647,441	11,296	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100		9,697,065		9,718,728	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600		4,832,460		4,843,256	6,746	116.00
118.00		-561,787	234,421,930	-34,144,408	200,801,134	446,736	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		456,618		457,638	3,101	190.00
192.00	19200		12,485,227		12,513,119	12,174	192.00
194.00	07950		778,627		780,366	1,172	194.00
194.01	07951		1,627,493		1,631,129	1,131	194.01
194.02	07952		1,740,215		1,744,103	569	194.02
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	7.00	
202.00	Cost to be allocated (per Wkst. B, Part I)		561,787		34,144,408	29,221,418	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.002234		0.156678	62.857575	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		12,255		330,677	15,394,873	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000049		0.001517	33.115586	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00560						5.03
7.00	00700						7.00
8.00	00800	61,517					8.00
9.00	00900	0	460,612				9.00
10.00	01000	0	13,455	61,517			10.00
11.00	01100	0	4,141	0	102,447		11.00
13.00	01300	0	3,450	0	3,292	1,070,285	13.00
14.00	01400	0	16,088	0	2,921	0	14.00
15.00	01500	0	3,775	0	3,142	0	15.00
16.00	01600	0	6,398	0	4,425	0	16.00
17.00	01700	0	362	0	1,968	0	17.00
21.00	02100	0	0	0	2,749	0	21.00
22.00	02200	0	678	0	1,089	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	35,660	124,341	35,660	17,436	362,667	30.00
31.00	03100	6,939	15,970	6,939	7,306	151,973	31.00
40.00	04000	5,004	8,294	5,004	2,354	48,970	40.00
41.00	04100	5,835	7,879	5,835	1,626	33,813	41.00
43.00	04300	8,079	4,589	8,079	1,590	33,066	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	38,811	0	7,832	162,896	50.00
51.00	05100	0	2,641	0	918	19,099	51.00
52.00	05200	0	24,095	0	4,325	89,969	52.00
53.00	05300	0	4,220	0	382	7,953	53.00
54.00	05400	0	28,184	0	5,490	0	54.00
55.00	05500	0	6,670	0	728	0	55.00
56.00	05600	0	2,874	0	226	0	56.00
57.00	05700	0	547	0	548	0	57.00
58.00	05800	0	6,005	0	952	0	58.00
59.00	05900	0	5,293	0	679	0	59.00
60.00	06000	0	19,155	0	14,545	0	60.00
65.00	06500	0	75	0	2,385	0	65.00
66.00	06600	0	12,803	0	2,222	0	66.00
67.00	06700	0	3,202	0	662	0	67.00
68.00	06800	0	979	0	120	0	68.00
69.00	06900	0	4,822	0	957	0	69.00
69.01	06901	0	1,408	0	499	0	69.01
70.00	07000	0	4,648	0	209	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	8,274	0	738	0	76.01
76.02	03952	0	4,566	0	18	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	11,753	0	1,983	41,246	90.00
91.00	09100	0	17,365	0	3,339	69,444	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	6,613	0	745	15,490	92.01
93.00	04040	0	11,296	0	1,620	33,699	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	6,746	0	0	0	116.00
118.00		61,517	442,465	61,517	102,020	1,070,285	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	3,101	0	427	0	190.00
192.00	19200	0	12,174	0	0	0	192.00
194.00	07950	0	1,172	0	0	0	194.00
194.01	07951	0	1,131	0	0	0	194.01
194.02	07952	0	569	0	0	0	194.02
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	912,728	2,728,924	1,883,273	2,435,401	6,341,631	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.837004	5.924561	30.613863	23.772302	5.925180	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	100,740	139,044	743,462	232,181	207,965	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.637596	0.301868	12.085472	2.266352	0.194308	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared: 5/27/2015 12:10 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590 SHARED SERVICES						5.01
5.02 00591 OTHER A&G						5.02
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	27,022,512					14.00
15.00 01500 PHARMACY	0	9,933,431				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	923,533,766			16.00
17.00 01700 SOCIAL SERVICE	170	44	0	61,517		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	56,253	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	6,350	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	832,683	1,862	47,013,235	35,660	30,025	30.00
31.00 03100 INTENSIVE CARE UNIT	517,935	2,921	31,734,035	6,939	7,005	31.00
40.00 04000 SUBPROVIDER - IPF	6,587	0	7,600,175	5,004	0	40.00
41.00 04100 SUBPROVIDER - IRF	42,271	18	5,231,993	5,835	0	41.00
43.00 04300 NURSERY	0	0	4,547,644	8,079	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	472,540	5,175	76,325,092	0	2,909	50.00
51.00 05100 RECOVERY ROOM	25,685	0	11,937,250	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	12,373,567	0	0	52.00
53.00 05300 ANESTHESIOLOGY	137,809	150,811	24,304,700	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	74,846	1,679	57,326,462	0	872	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	18,689	252	12,351,240	0	0	55.00
56.00 05600 RADIOISOTOPE	1,764	1,813	5,640,177	0	0	56.00
57.00 05700 CT SCAN	19,141	1,714	53,928,822	0	0	57.00
58.00 05800 MRI	11,587	1,555	31,522,980	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	29,053	0	19,190,448	0	0	59.00
60.00 06000 LABORATORY	432,399	1,123	167,023,534	0	78	60.00
65.00 06500 RESPIRATORY THERAPY	98,129	139	24,094,276	0	0	65.00
66.00 06600 PHYSICAL THERAPY	7,306	0	10,735,744	0	1,168	66.00
67.00 06700 OCCUPATIONAL THERAPY	484	0	3,504,171	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	74	0	1,292,913	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	17,586	560	23,492,084	0	0	69.00
69.01 06901 CARDIAC REHAB	1,496	6	1,058,426	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	13,024	0	7,162,475	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,059,808	0	43,385,505	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	16,733,413	0	72,108,484	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	39,623	9,352,571	67,187,891	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	1,224,500	0	160	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 03950 HEART AND VASCULAR CNTR	11,237	527	20,818,394	0	0	76.01
76.02 03952 DIABETES EDUCATION	0	116	33,270	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	57,029	0	12,770,631	0	6,449	90.00
91.00 09100 EMERGENCY	246,678	1,264	50,455,316	0	3,245	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	69,576	0	4,739,674	0	0	92.01
93.00 04040 PARTIAL HOSP	1,890	131	11,418,658	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	35,650	278,440	0	0	0	116.00
118.00	27,022,512	9,802,721	923,533,766	61,517	51,911	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	130,710	0	0	4,342	192.00
194.00 07950 FOUNDATION	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 OP PHARMACY	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	21.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,957,337	5,401,114	4,851,497	2,539,227	2,207,845	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.183452	0.543731	0.005253	41.276834	39.248485	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	899,770	224,241	370,200	28,770	10,042	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.033297	0.022574	0.000401	0.467676	0.178515	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS	
		SERVICES-OTHER PRGM COSTS	
		APPRV (ASSIGNED TIME)	
		22.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00590	SHARED SERVICES	5.01
5.02	00591	OTHER A&G	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	5.03
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
		56,253	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
43.00	04300	NURSERY	43.00
		30,025	
		7,005	
		0	
		0	
		0	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	CARDIAC REHAB	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	OTHER ANCILLARY	76.00
76.01	03950	HEART AND VASCULAR CNTR	76.01
76.02	03952	DIABETES EDUCATION	76.02
		2,909	
		0	
		0	
		0	
		872	
		0	
		0	
		0	
		0	
		0	
		78	
		0	
		0	
		1,168	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		160	
		0	
		0	
		0	
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
93.00	04040	PARTIAL HOSP	93.00
		6,449	
		3,245	
		0	
		0	
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
		0	
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		51,911	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	FOUNDATION	194.00
194.01	07951	MARKETING	194.01
194.02	07952	OP PHARMACY	194.02
		0	
		4,342	
		0	
		0	
		0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		22.00		
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,394,460		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	42.565908		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	44,199		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.785718		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 12:10 pm

		Title XVII		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		37,890,418	0	37,890,418	30.00	
31.00	03100 INTENSIVE CARE UNIT		13,351,993	0	13,351,993	31.00	
40.00	04000 SUBPROVIDER - I/PF		4,321,041	0	4,321,041	40.00	
41.00	04100 SUBPROVIDER - I/RF		3,620,228	0	3,620,228	41.00	
43.00	04300 NURSERY		3,240,014	0	3,240,014	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		16,321,214	0	16,321,214	50.00	
51.00	05100 RECOVERY ROOM		1,624,706	0	1,624,706	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,214,125	0	8,214,125	52.00	
53.00	05300 ANESTHESIOLOGY		1,348,695	0	1,348,695	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,056,330	0	10,056,330	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		1,935,236	0	1,935,236	55.00	
56.00	05600 RADIOISOTOPE		616,345	0	616,345	56.00	
57.00	05700 CT SCAN		1,272,446	0	1,272,446	57.00	
58.00	05800 MRI		2,064,502	0	2,064,502	58.00	
59.00	05900 CARDIAC CATHETERIZATION		1,579,631	0	1,579,631	59.00	
60.00	06000 LABORATORY		20,582,520	0	20,582,520	60.00	
65.00	06500 RESPIRATORY THERAPY	0	3,348,077	9,608	3,357,685	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,176,820	0	4,176,820	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,129,995	0	1,129,995	67.00	
68.00	06800 SPEECH PATHOLOGY	0	275,534	0	275,534	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,924,608	94,645	2,019,253	69.00	
69.01	06901 CARDIAC REHAB		741,149	0	741,149	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,206,151	35,170	1,241,321	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		9,541,185	0	9,541,185	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		22,917,267	0	22,917,267	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		16,480,294	0	16,480,294	73.00	
74.00	07400 RENAL DIALYSIS		370,627	0	370,627	74.00	
76.00	03020 OTHER ANCILLARY		0	0	0	76.00	
76.01	03950 HEART AND VASCULAR CNTR		2,242,414	75,534	2,317,948	76.01	
76.02	03952 DIABETES EDUCATION		419,006	0	419,006	76.02	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		4,339,447	0	4,339,447	90.00	
91.00	09100 EMERGENCY		7,255,363	3,020	7,258,383	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,901,389	0	1,901,389	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,476,548	0	1,476,548	92.01	
93.00	04040 PARTIAL HOSP		2,981,106	0	2,981,106	93.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		11,241,439		11,241,439	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		6,224,028		6,224,028	116.00	
200.00	Subtotal (see instructions)	0	228,231,891	217,977	228,449,868	200.00	
201.00	Less Observation Beds		1,901,389		1,901,389	201.00	
202.00	Total (see instructions)	0	226,330,502	217,977	226,548,479	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,682,715		43,682,715		30.00
31.00	03100	INTENSIVE CARE UNIT	31,734,035		31,734,035		31.00
40.00	04000	SUBPROVIDER - IPF	7,600,175		7,600,175		40.00
41.00	04100	SUBPROVIDER - IRF	5,231,993		5,231,993		41.00
43.00	04300	NURSERY	4,547,644		4,547,644		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,992,822	43,332,270	76,325,092	0.213838	50.00
51.00	05100	RECOVERY ROOM	5,136,480	6,800,770	11,937,250	0.136104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,796,366	577,201	12,373,567	0.663845	52.00
53.00	05300	ANESTHESIOLOGY	12,411,379	11,893,321	24,304,700	0.055491	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,647,463	40,678,999	57,326,462	0.175422	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	734,326	11,616,914	12,351,240	0.156684	55.00
56.00	05600	RADIOISOTOPE	1,571,989	4,068,188	5,640,177	0.109278	56.00
57.00	05700	CT SCAN	16,361,432	37,567,390	53,928,822	0.023595	57.00
58.00	05800	MRI	5,087,487	26,435,493	31,522,980	0.065492	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,830,241	12,360,207	19,190,448	0.082313	59.00
60.00	06000	LABORATORY	51,959,803	115,063,731	167,023,534	0.123231	60.00
65.00	06500	RESPIRATORY THERAPY	22,882,992	1,211,284	24,094,276	0.138957	65.00
66.00	06600	PHYSICAL THERAPY	6,289,660	4,446,084	10,735,744	0.389057	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,341,029	163,142	3,504,171	0.322471	67.00
68.00	06800	SPEECH PATHOLOGY	1,236,370	56,543	1,292,913	0.213111	68.00
69.00	06900	ELECTROCARDIOLOGY	8,020,854	15,471,230	23,492,084	0.081926	69.00
69.01	06901	CARDIAC REHAB	102,454	955,972	1,058,426	0.700237	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,412,430	5,750,045	7,162,475	0.168399	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,110,111	22,275,394	43,385,505	0.219916	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,482,934	30,625,550	72,108,484	0.317817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,270,934	21,916,957	67,187,891	0.245287	73.00
74.00	07400	RENAL DIALYSIS	1,224,500	0	1,224,500	0.302676	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	36,806	20,781,588	20,818,394	0.107713	76.01
76.02	03952	DIABETES EDUCATION	0	33,270	33,270	12.594109	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	287,813	12,482,818	12,770,631	0.339799	90.00
91.00	09100	EMERGENCY	17,134,668	33,320,648	50,455,316	0.143798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	755,236	2,575,284	3,330,520	0.570899	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	556,895	4,182,779	4,739,674	0.311529	92.01
93.00	04040	PARTIAL HOSP	4,950	11,413,708	11,418,658	0.261073	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	10,560,306	10,560,306		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	6,881,791	6,881,791		116.00
200.00		Subtotal (see instructions)	425,476,986	515,498,877	940,975,863		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	425,476,986	515,498,877	940,975,863		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 12:10 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.213838		50.00
51.00	05100 RECOVERY ROOM	0.136104		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.663845		52.00
53.00	05300 ANESTHESIOLOGY	0.055491		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.175422		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.156684		55.00
56.00	05600 RADIOISOTOPE	0.109278		56.00
57.00	05700 CT SCAN	0.023595		57.00
58.00	05800 MRI	0.065492		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082313		59.00
60.00	06000 LABORATORY	0.123231		60.00
65.00	06500 RESPIRATORY THERAPY	0.139356		65.00
66.00	06600 PHYSICAL THERAPY	0.389057		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.322471		67.00
68.00	06800 SPEECH PATHOLOGY	0.213111		68.00
69.00	06900 ELECTROCARDIOLOGY	0.085955		69.00
69.01	06901 CARDIAC REHAB	0.700237		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173309		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.219916		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.317817		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245287		73.00
74.00	07400 RENAL DIALYSIS	0.302676		74.00
76.00	03020 OTHER ANCILLARY	0.000000		76.00
76.01	03950 HEART AND VASCULAR CNTR	0.111341		76.01
76.02	03952 DIABETES EDUCATION	12.594109		76.02
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.339799		90.00
91.00	09100 EMERGENCY	0.143858		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.570899		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.311529		92.01
93.00	04040 PARTIAL HOSP	0.261073		93.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

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

Worksheet C
Part I
Date/Time Prepared:
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		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		37,890,418	0	37,890,418	30.00	
31.00	03100 INTENSIVE CARE UNIT		13,351,993	0	13,351,993	31.00	
40.00	04000 SUBPROVIDER - I/PF		4,321,041	0	4,321,041	40.00	
41.00	04100 SUBPROVIDER - I/RF		3,620,228	0	3,620,228	41.00	
43.00	04300 NURSERY		3,240,014	0	3,240,014	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		16,321,214	0	16,321,214	50.00	
51.00	05100 RECOVERY ROOM		1,624,706	0	1,624,706	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,214,125	0	8,214,125	52.00	
53.00	05300 ANESTHESIOLOGY		1,348,695	0	1,348,695	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,056,330	0	10,056,330	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		1,935,236	0	1,935,236	55.00	
56.00	05600 RADIOISOTOPE		616,345	0	616,345	56.00	
57.00	05700 CT SCAN		1,272,446	0	1,272,446	57.00	
58.00	05800 MRI		2,064,502	0	2,064,502	58.00	
59.00	05900 CARDIAC CATHETERIZATION		1,579,631	0	1,579,631	59.00	
60.00	06000 LABORATORY		20,582,520	0	20,582,520	60.00	
65.00	06500 RESPIRATORY THERAPY	0	3,348,077	9,608	3,357,685	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,176,820	0	4,176,820	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,129,995	0	1,129,995	67.00	
68.00	06800 SPEECH PATHOLOGY	0	275,534	0	275,534	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,924,608	94,645	2,019,253	69.00	
69.01	06901 CARDIAC REHAB		741,149	0	741,149	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,206,151	35,170	1,241,321	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		9,541,185	0	9,541,185	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		22,917,267	0	22,917,267	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		16,480,294	0	16,480,294	73.00	
74.00	07400 RENAL DIALYSIS		370,627	0	370,627	74.00	
76.00	03020 OTHER ANCILLARY		0	0	0	76.00	
76.01	03950 HEART AND VASCULAR CNTR		2,242,414	75,534	2,317,948	76.01	
76.02	03952 DIABETES EDUCATION		419,006	0	419,006	76.02	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		4,339,447	0	4,339,447	90.00	
91.00	09100 EMERGENCY		7,255,363	3,020	7,258,383	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,901,389	0	1,901,389	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,476,548	0	1,476,548	92.01	
93.00	04040 PARTIAL HOSP		2,981,106	0	2,981,106	93.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		11,241,439		11,241,439	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		6,224,028		6,224,028	116.00	
200.00	Subtotal (see instructions)	0	228,231,891	217,977	228,449,868	200.00	
201.00	Less Observation Beds		1,901,389		1,901,389	201.00	
202.00	Total (see instructions)	0	226,330,502	217,977	226,548,479	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		Hospital			Cost		
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,682,715		43,682,715		30.00
31.00	03100	INTENSIVE CARE UNIT	31,734,035		31,734,035		31.00
40.00	04000	SUBPROVIDER - IPF	7,600,175		7,600,175		40.00
41.00	04100	SUBPROVIDER - IRF	5,231,993		5,231,993		41.00
43.00	04300	NURSERY	4,547,644		4,547,644		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,992,822	43,332,270	76,325,092	0.213838	50.00
51.00	05100	RECOVERY ROOM	5,136,480	6,800,770	11,937,250	0.136104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,796,366	577,201	12,373,567	0.663845	52.00
53.00	05300	ANESTHESIOLOGY	12,411,379	11,893,321	24,304,700	0.055491	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,647,463	40,678,999	57,326,462	0.175422	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	734,326	11,616,914	12,351,240	0.156684	55.00
56.00	05600	RADIOISOTOPE	1,571,989	4,068,188	5,640,177	0.109278	56.00
57.00	05700	CT SCAN	16,361,432	37,567,390	53,928,822	0.023595	57.00
58.00	05800	MRI	5,087,487	26,435,493	31,522,980	0.065492	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,830,241	12,360,207	19,190,448	0.082313	59.00
60.00	06000	LABORATORY	51,959,803	115,063,731	167,023,534	0.123231	60.00
65.00	06500	RESPIRATORY THERAPY	22,882,992	1,211,284	24,094,276	0.138957	65.00
66.00	06600	PHYSICAL THERAPY	6,289,660	4,446,084	10,735,744	0.389057	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,341,029	163,142	3,504,171	0.322471	67.00
68.00	06800	SPEECH PATHOLOGY	1,236,370	56,543	1,292,913	0.213111	68.00
69.00	06900	ELECTROCARDIOLOGY	8,020,854	15,471,230	23,492,084	0.081926	69.00
69.01	06901	CARDIAC REHAB	102,454	955,972	1,058,426	0.700237	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,412,430	5,750,045	7,162,475	0.168399	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,110,111	22,275,394	43,385,505	0.219916	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,482,934	30,625,550	72,108,484	0.317817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,270,934	21,916,957	67,187,891	0.245287	73.00
74.00	07400	RENAL DIALYSIS	1,224,500	0	1,224,500	0.302676	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	36,806	20,781,588	20,818,394	0.107713	76.01
76.02	03952	DIABETES EDUCATION	0	33,270	33,270	12.594109	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	287,813	12,482,818	12,770,631	0.339799	90.00
91.00	09100	EMERGENCY	17,134,668	33,320,648	50,455,316	0.143798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	755,236	2,575,284	3,330,520	0.570899	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	556,895	4,182,779	4,739,674	0.311529	92.01
93.00	04040	PARTIAL HOSP	4,950	11,413,708	11,418,658	0.261073	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	10,560,306	10,560,306		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	6,881,791	6,881,791		116.00
200.00		Subtotal (see instructions)	425,476,986	515,498,877	940,975,863		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	425,476,986	515,498,877	940,975,863		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 12:10 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 OTHER ANCILLARY	0.000000		76.00
76.01	03950 HEART AND VASCULAR CNTR	0.000000		76.01
76.02	03952 DIABETES EDUCATION	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04040 PARTIAL HOSP	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/27/2015 12:10 pm
		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	7,559,670	0	7,559,670	37,544	201.35	30.00
31.00	INTENSIVE CARE UNIT	1,073,377		1,073,377	10,089	106.39	31.00
40.00	SUBPROVIDER - IPF	551,642	0	551,642	5,004	110.24	40.00
41.00	SUBPROVIDER - IRF	534,952	0	534,952	3,835	139.49	41.00
43.00	NURSERY	382,974		382,974	4,929	77.70	43.00
200.00	Total (lines 30-199)	10,102,615		10,102,615	61,401		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	15,299	3,080,454				
31.00	INTENSIVE CARE UNIT	1,831	194,800				
40.00	SUBPROVIDER - IPF	984	108,476				
41.00	SUBPROVIDER - IRF	2,704	377,181				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	20,818	3,760,911				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/27/2015 12:10 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		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	2,256,404	76,325,092	0.029563	15,765,894	466,087	50.00
51.00	05100	RECOVERY ROOM	159,253	11,937,250	0.013341	1,771,232	23,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,370,977	12,373,567	0.110799	14,597	1,617	52.00
53.00	05300	ANESTHESIOLOGY	254,038	24,304,700	0.010452	3,773,910	39,445	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,605,206	57,326,462	0.028001	6,336,364	177,425	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	377,424	12,351,240	0.030558	347,448	10,617	55.00
56.00	05600	RADIOISOTOPE	162,021	5,640,177	0.028726	1,289,266	37,035	56.00
57.00	05700	CT SCAN	55,273	53,928,822	0.001025	8,255,582	8,462	57.00
58.00	05800	MRI	348,872	31,522,980	0.011067	2,304,553	25,504	58.00
59.00	05900	CARDIAC CATHETERIZATION	303,976	19,190,448	0.015840	2,139,963	33,897	59.00
60.00	06000	LABORATORY	1,199,704	167,023,534	0.007183	23,452,333	168,458	60.00
65.00	06500	RESPIRATORY THERAPY	27,911	24,094,276	0.001158	10,459,894	12,113	65.00
66.00	06600	PHYSICAL THERAPY	721,150	10,735,744	0.067173	2,201,921	147,910	66.00
67.00	06700	OCCUPATIONAL THERAPY	181,035	3,504,171	0.051663	1,046,627	54,072	67.00
68.00	06800	SPEECH PATHOLOGY	55,126	1,292,913	0.042637	411,187	17,532	68.00
69.00	06900	ELECTROCARDIOLOGY	280,561	23,492,084	0.011943	4,262,613	50,908	69.00
69.01	06901	CARDIAC REHAB	80,371	1,058,426	0.075934	47,045	3,572	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	261,340	7,162,475	0.036487	341,294	12,453	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	263,323	43,385,505	0.006069	8,079,785	49,036	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	612,447	72,108,484	0.008493	15,311,313	130,039	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	254,326	67,187,891	0.003785	20,507,145	77,620	73.00
74.00	07400	RENAL DIALYSIS	984	1,224,500	0.000804	819,572	659	74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	469,289	20,818,394	0.022542	15,068	340	76.01
76.02	03952	DIABETES EDUCATION	252,016	33,270	7.574872	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	673,144	12,770,631	0.052710	25,814	1,361	90.00
91.00	09100	EMERGENCY	1,015,930	50,455,316	0.020135	6,693,409	134,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	379,354	3,330,520	0.113902	506,239	57,662	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	375,077	4,739,674	0.079136	444,454	35,172	92.01
93.00	04040	PARTIAL HOSP	641,037	11,418,658	0.056139	1,050	59	93.00
200.00		Total (lines 50-199)	14,637,569	830,737,204		136,625,572	1,777,457	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/27/2015 12:10 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	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)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,544	0.00	15,299	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,089	0.00	1,831	0	31.00
40.00	04000	SUBPROVIDER - IPF	5,004	0.00	984	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,835	0.00	2,704	0	41.00
43.00	04300	NURSERY	4,929	0.00	0	0	43.00
200.00		Total (lines 30-199)	61,401		20,818	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	0	93.00
200.00		Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	76,325,092	0.000000	0.000000	15,765,894	50.00
51.00	05100 RECOVERY ROOM	0	11,937,250	0.000000	0.000000	1,771,232	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,373,567	0.000000	0.000000	14,597	52.00
53.00	05300 ANESTHESIOLOGY	0	24,304,700	0.000000	0.000000	3,773,910	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	57,326,462	0.000000	0.000000	6,336,364	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,351,240	0.000000	0.000000	347,448	55.00
56.00	05600 RADIOISOTOPE	0	5,640,177	0.000000	0.000000	1,289,266	56.00
57.00	05700 CT SCAN	0	53,928,822	0.000000	0.000000	8,255,582	57.00
58.00	05800 MRI	0	31,522,980	0.000000	0.000000	2,304,553	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	19,190,448	0.000000	0.000000	2,139,963	59.00
60.00	06000 LABORATORY	0	167,023,534	0.000000	0.000000	23,452,333	60.00
65.00	06500 RESPIRATORY THERAPY	0	24,094,276	0.000000	0.000000	10,459,894	65.00
66.00	06600 PHYSICAL THERAPY	0	10,735,744	0.000000	0.000000	2,201,921	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,504,171	0.000000	0.000000	1,046,627	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,292,913	0.000000	0.000000	411,187	68.00
69.00	06900 ELECTROCARDIOLOGY	0	23,492,084	0.000000	0.000000	4,262,613	69.00
69.01	06901 CARDIAC REHAB	0	1,058,426	0.000000	0.000000	47,045	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,162,475	0.000000	0.000000	341,294	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	43,385,505	0.000000	0.000000	8,079,785	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	72,108,484	0.000000	0.000000	15,311,313	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	67,187,891	0.000000	0.000000	20,507,145	73.00
74.00	07400 RENAL DIALYSIS	0	1,224,500	0.000000	0.000000	819,572	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	20,818,394	0.000000	0.000000	15,068	76.01
76.02	03952 DIABETES EDUCATION	0	33,270	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	12,770,631	0.000000	0.000000	25,814	90.00
91.00	09100 EMERGENCY	0	50,455,316	0.000000	0.000000	6,693,409	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,330,520	0.000000	0.000000	506,239	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	4,739,674	0.000000	0.000000	444,454	92.01
93.00	04040 PARTIAL HOSP	0	11,418,658	0.000000	0.000000	1,050	93.00
200.00	Total (lines 50-199)	0	830,737,204			136,625,572	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
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Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,891,643	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,057,526	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	903	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,810,498	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,986,267	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,007,894	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,068,188	0	0	0	56.00
57.00	05700	CT SCAN	0	11,858,991	0	0	0	57.00
58.00	05800	MRI	0	5,325,533	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,670,364	0	0	0	59.00
60.00	06000	LABORATORY	0	8,944,603	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	438,100	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,097,999	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	426,565	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,380,586	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,166,188	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,661,373	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,350,661	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	5,870,968	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	10,049	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	356,120	0	0	0	90.00
91.00	09100	EMERGENCY	0	6,439,016	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	852,710	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,480,058	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	1,344,083	0	0	0	93.00
200.00		Total (lines 50-199)	0	126,496,886	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
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
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
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
76.00 03020 OTHER ANCILLARY	0	0		76.00
76.01 03950 HEART AND VASCULAR CNTR	0	0		76.01
76.02 03952 DIABETES EDUCATION	0	0		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04040 PARTIAL HOSP	0	0		93.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 12:10 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.213838	16,891,643	0	0	3,612,075	50.00
51.00	05100 RECOVERY ROOM	0.136104	1,057,526	0	0	143,934	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.663845	903	0	0	599	52.00
53.00	05300 ANESTHESIOLOGY	0.055491	1,810,498	0	0	100,466	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.175422	9,986,267	0	0	1,751,811	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.156684	4,007,894	0	0	627,973	55.00
56.00	05600 RADIOISOTOPE	0.109278	4,068,188	0	0	444,563	56.00
57.00	05700 CT SCAN	0.023595	11,858,991	0	0	279,813	57.00
58.00	05800 MRI	0.065492	5,325,533	0	0	348,780	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082313	2,670,364	0	0	219,806	59.00
60.00	06000 LABORATORY	0.123231	8,944,603	0	0	1,102,252	60.00
65.00	06500 RESPIRATORY THERAPY	0.138957	438,100	0	0	60,877	65.00
66.00	06600 PHYSICAL THERAPY	0.389057	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.322471	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.213111	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.081926	10,097,999	0	0	827,289	69.00
69.01	06901 CARDIAC REHAB	0.700237	426,565	0	0	298,697	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.168399	1,380,586	0	0	232,489	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.219916	5,166,188	0	0	1,136,127	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.317817	13,661,373	0	0	4,341,817	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245287	12,350,661	1,054	101,754	3,029,457	73.00
74.00	07400 RENAL DIALYSIS	0.302676	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.107713	5,870,968	0	0	632,380	76.01
76.02	03952 DIABETES EDUCATION	12.594109	10,049	0	0	126,558	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.339799	356,120	0	0	121,009	90.00
91.00	09100 EMERGENCY	0.143798	6,439,016	0	0	925,918	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.570899	852,710	0	0	486,811	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.311529	1,480,058	0	0	461,081	92.01
93.00	04040 PARTIAL HOSP	0.261073	1,344,083	0	0	350,904	93.00
200.00	Subtotal (see instructions)		126,496,886	1,054	101,754	21,663,486	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		126,496,886	1,054	101,754	21,663,486	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 12:10 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
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
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
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	259	24,959	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	93.00
200.00	Subtotal (see instructions)	259	24,959	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	259	24,959	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/27/2015 12:10 pm
	Title VIII	Subprovider - IPF	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	2,256,404	76,325,092	0.029563	2,300	68	50.00
51.00	05100 RECOVERY ROOM	159,253	11,937,250	0.013341	57,000	760	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,370,977	12,373,567	0.110799	0	0	52.00
53.00	05300 ANESTHESIOLOGY	254,038	24,304,700	0.010452	97,205	1,016	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,605,206	57,326,462	0.028001	21,790	610	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	377,424	12,351,240	0.030558	0	0	55.00
56.00	05600 RADIOISOTOPE	162,021	5,640,177	0.028726	0	0	56.00
57.00	05700 CT SCAN	55,273	53,928,822	0.001025	48,263	49	57.00
58.00	05800 MRI	348,872	31,522,980	0.011067	8,390	93	58.00
59.00	05900 CARDIAC CATHETERIZATION	303,976	19,190,448	0.015840	0	0	59.00
60.00	06000 LABORATORY	1,199,704	167,023,534	0.007183	236,658	1,700	60.00
65.00	06500 RESPIRATORY THERAPY	27,911	24,094,276	0.001158	99,656	115	65.00
66.00	06600 PHYSICAL THERAPY	721,150	10,735,744	0.067173	16,084	1,080	66.00
67.00	06700 OCCUPATIONAL THERAPY	181,035	3,504,171	0.051663	4,222	218	67.00
68.00	06800 SPEECH PATHOLOGY	55,126	1,292,913	0.042637	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	280,561	23,492,084	0.011943	0	0	69.00
69.01	06901 CARDIAC REHAB	80,371	1,058,426	0.075934	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	261,340	7,162,475	0.036487	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	263,323	43,385,505	0.006069	2,510	15	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	612,447	72,108,484	0.008493	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	254,326	67,187,891	0.003785	281,768	1,066	73.00
74.00	07400 RENAL DIALYSIS	984	1,224,500	0.000804	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	469,289	20,818,394	0.022542	0	0	76.01
76.02	03952 DIABETES EDUCATION	252,016	33,270	7.574872	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	673,144	12,770,631	0.052710	0	0	90.00
91.00	09100 EMERGENCY	1,015,930	50,455,316	0.020135	206,853	4,165	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,330,520	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	375,077	4,739,674	0.079136	0	0	92.01
93.00	04040 PARTIAL HOSP	641,037	11,418,658	0.056139	870	49	93.00
200.00	Total (lines 50-199)	14,258,215	830,737,204		1,083,569	11,004	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
	Title XVIII	Subprovider - IPF	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
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
	Title XVIIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	76,325,092	0.000000	0.000000	2,300	50.00
51.00 05100 RECOVERY ROOM	0	11,937,250	0.000000	0.000000	57,000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	12,373,567	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	24,304,700	0.000000	0.000000	97,205	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	57,326,462	0.000000	0.000000	21,790	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	12,351,240	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	5,640,177	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	53,928,822	0.000000	0.000000	48,263	57.00
58.00 05800 MRI	0	31,522,980	0.000000	0.000000	8,390	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	19,190,448	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	167,023,534	0.000000	0.000000	236,658	60.00
65.00 06500 RESPIRATORY THERAPY	0	24,094,276	0.000000	0.000000	99,656	65.00
66.00 06600 PHYSICAL THERAPY	0	10,735,744	0.000000	0.000000	16,084	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,504,171	0.000000	0.000000	4,222	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,292,913	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	23,492,084	0.000000	0.000000	0	69.00
69.01 06901 CARDIAC REHAB	0	1,058,426	0.000000	0.000000	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,162,475	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	43,385,505	0.000000	0.000000	2,510	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	72,108,484	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	67,187,891	0.000000	0.000000	281,768	73.00
74.00 07400 RENAL DIALYSIS	0	1,224,500	0.000000	0.000000	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01 03950 HEART AND VASCULAR CNTR	0	20,818,394	0.000000	0.000000	0	76.01
76.02 03952 DIABETES EDUCATION	0	33,270	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	12,770,631	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	50,455,316	0.000000	0.000000	206,853	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,330,520	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	4,739,674	0.000000	0.000000	0	92.01
93.00 04040 PARTIAL HOSP	0	11,418,658	0.000000	0.000000	870	93.00
200.00 Total (lines 50-199)	0	830,737,204			1,083,569	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
Title XVIII		Subprovider - IPF	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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
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
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	105	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	105	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
Title XVII I		Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
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
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
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
76.00 03020 OTHER ANCILLARY	0	0	76.00
76.01 03950 HEART AND VASCULAR CNTR	0	0	76.01
76.02 03952 DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00 04040 PARTIAL HOSP	0	0	93.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 12:10 pm
	Title XVIII	Subprovider - IPF	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	0.213838	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0.136104	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.663845	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.055491	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.175422	0	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.156684	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0.109278	0	0	0	0	56.00	
57.00 05700 CT SCAN	0.023595	0	0	0	0	57.00	
58.00 05800 MRI	0.065492	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.082313	0	0	0	0	59.00	
60.00 06000 LABORATORY	0.123231	0	0	0	0	60.00	
65.00 06500 RESPIRATORY THERAPY	0.138957	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.389057	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.322471	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.213111	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.081926	0	0	0	0	69.00	
69.01 06901 CARDIAC REHAB	0.700237	0	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.168399	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.219916	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.317817	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.245287	105	0	100	26	73.00	
74.00 07400 RENAL DIALYSIS	0.302676	0	0	0	0	74.00	
76.00 03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00	
76.01 03950 HEART AND VASCULAR CNTR	0.107713	0	0	0	0	76.01	
76.02 03952 DIABETES EDUCATION	12.594109	0	0	0	0	76.02	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.339799	0	0	0	0	90.00	
91.00 09100 EMERGENCY	0.143798	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.570899	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.311529	0	0	0	0	92.01	
93.00 04040 PARTIAL HOSP	0.261073	0	0	0	0	93.00	
200.00	Subtotal (see instructions)		105	0	100	26	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		105	0	100	26	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 12:10 pm
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
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	25	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	76.00
76.01 03950 HEART AND VASCULAR CNTR	0	0	76.01
76.02 03952 DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00 04040 PARTIAL HOSP	0	0	93.00
200.00 Subtotal (see instructions)	0	25	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (Line 200 +/- Line 201)	0	25	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/27/2015 12:10 pm
		Component CCN: 14T122	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	2,256,404	76,325,092	0.029563	13,092	387	50.00
51.00	05100 RECOVERY ROOM	159,253	11,937,250	0.013341	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,370,977	12,373,567	0.110799	0	0	52.00
53.00	05300 ANESTHESIOLOGY	254,038	24,304,700	0.010452	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,605,206	57,326,462	0.028001	109,988	3,080	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	377,424	12,351,240	0.030558	0	0	55.00
56.00	05600 RADIOISOTOPE	162,021	5,640,177	0.028726	13,508	388	56.00
57.00	05700 CT SCAN	55,273	53,928,822	0.001025	103,188	106	57.00
58.00	05800 MRI	348,872	31,522,980	0.011067	38,213	423	58.00
59.00	05900 CARDIAC CATHETERIZATION	303,976	19,190,448	0.015840	920	15	59.00
60.00	06000 LABORATORY	1,199,704	167,023,534	0.007183	756,205	5,432	60.00
65.00	06500 RESPIRATORY THERAPY	27,911	24,094,276	0.001158	275,695	319	65.00
66.00	06600 PHYSICAL THERAPY	721,150	10,735,744	0.067173	1,234,610	82,932	66.00
67.00	06700 OCCUPATIONAL THERAPY	181,035	3,504,171	0.051663	1,130,848	58,423	67.00
68.00	06800 SPEECH PATHOLOGY	55,126	1,292,913	0.042637	381,125	16,250	68.00
69.00	06900 ELECTROCARDIOLOGY	280,561	23,492,084	0.011943	24,332	291	69.00
69.01	06901 CARDIAC REHAB	80,371	1,058,426	0.075934	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	261,340	7,162,475	0.036487	4,685	171	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	263,323	43,385,505	0.006069	66,437	403	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	612,447	72,108,484	0.008493	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	254,326	67,187,891	0.003785	923,769	3,496	73.00
74.00	07400 RENAL DIALYSIS	984	1,224,500	0.000804	69,886	56	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	469,289	20,818,394	0.022542	0	0	76.01
76.02	03952 DIABETES EDUCATION	252,016	33,270	7.574872	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	673,144	12,770,631	0.052710	0	0	90.00
91.00	09100 EMERGENCY	1,015,930	50,455,316	0.020135	12,702	256	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,330,520	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	375,077	4,739,674	0.079136	0	0	92.01
93.00	04040 PARTIAL HOSP	641,037	11,418,658	0.056139	0	0	93.00
200.00	Total (lines 50-199)	14,258,215	830,737,204		5,159,203	172,428	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
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
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 03950 HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02 03952 DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04040 PARTIAL HOSP	0	0	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
	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	76,325,092	0.000000	0.000000	13,092	50.00
51.00 05100 RECOVERY ROOM	0	11,937,250	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	12,373,567	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	24,304,700	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	57,326,462	0.000000	0.000000	109,988	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	12,351,240	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	5,640,177	0.000000	0.000000	13,508	56.00
57.00 05700 CT SCAN	0	53,928,822	0.000000	0.000000	103,188	57.00
58.00 05800 MRI	0	31,522,980	0.000000	0.000000	38,213	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	19,190,448	0.000000	0.000000	920	59.00
60.00 06000 LABORATORY	0	167,023,534	0.000000	0.000000	756,205	60.00
65.00 06500 RESPIRATORY THERAPY	0	24,094,276	0.000000	0.000000	275,695	65.00
66.00 06600 PHYSICAL THERAPY	0	10,735,744	0.000000	0.000000	1,234,610	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,504,171	0.000000	0.000000	1,130,848	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,292,913	0.000000	0.000000	381,125	68.00
69.00 06900 ELECTROCARDIOLOGY	0	23,492,084	0.000000	0.000000	24,332	69.00
69.01 06901 CARDIAC REHAB	0	1,058,426	0.000000	0.000000	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,162,475	0.000000	0.000000	4,685	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	43,385,505	0.000000	0.000000	66,437	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	72,108,484	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	67,187,891	0.000000	0.000000	923,769	73.00
74.00 07400 RENAL DIALYSIS	0	1,224,500	0.000000	0.000000	69,886	74.00
76.00 03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01 03950 HEART AND VASCULAR CNTR	0	20,818,394	0.000000	0.000000	0	76.01
76.02 03952 DIABETES EDUCATION	0	33,270	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	12,770,631	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	50,455,316	0.000000	0.000000	12,702	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,330,520	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	4,739,674	0.000000	0.000000	0	92.01
93.00 04040 PARTIAL HOSP	0	11,418,658	0.000000	0.000000	0	93.00
200.00 Total (lines 50-199)	0	830,737,204			5,159,203	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:10 pm
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
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
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
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
76.00	03020 OTHER ANCILLARY	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	93.00
200.00	Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 12:10 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,544	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,544	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)		35,660	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)		15,299	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)		37,890,418	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)		37,890,418	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)		37,890,418	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,009.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,440,210	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)		15,440,210	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2015 12:10 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	13,351,993	10,089	1,323.42	1,831	2,423,182		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)					25,070,622		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,934,014		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)					3,275,254		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,777,457		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,052,711		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,881,303		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)					1,884		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,009.23		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,901,389		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 12:10 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,559,670	37,890,418	0.199514	1,901,389	379,354	90.00
91.00	Nursing School cost	0	37,890,418	0.000000	1,901,389	0	91.00
92.00	Allied health cost	0	37,890,418	0.000000	1,901,389	0	92.00
93.00	All other Medical Education	0	37,890,418	0.000000	1,901,389	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14S122		Date/Time Prepared: 5/27/2015 12:10 pm
		Title XVIII	Subprovider - IPF	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)		5,004	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,004	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)		5,004	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)		984	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)		4,321,041	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,321,041	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)		4,321,041	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)		863.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		849,704	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)		849,704	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14S122		Date/Time Prepared: 5/27/2015 12:10 pm		PPS	
		Title XVIII		Subprovider - IPF			
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)					169,475	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,019,179	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)					108,476	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					11,004	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					119,480	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					899,699	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: 140122 Component CCN: 14S122		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 12:10 pm	
		Title XVIII		Subprovider - IPF		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	551,642	4,321,041	0.127664	0	0	90.00
91.00	Nursing School cost	0	4,321,041	0.000000	0	0	91.00
92.00	Allied health cost	0	4,321,041	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,321,041	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T122	Date/Time Prepared: 5/27/2015 12:10 pm	
		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)		3,835	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,835	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)		3,835	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,704	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)		3,620,228	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)		3,620,228	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)		3,620,228	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)		944.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,552,576	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,552,576	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T122				Date/Time Prepared: 5/27/2015 12:10 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
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)					1,353,497		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,906,073		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)					377,181		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					172,428		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					549,609		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,356,464		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: 140122 Component CCN: 14T122		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 12:10 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	534,952	3,620,228	0.147767	0	0	90.00
91.00	Nursing School cost	0	3,620,228	0.000000	0	0	91.00
92.00	Allied health cost	0	3,620,228	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,620,228	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 12:10 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,496,916	30.00
31.00	03100	INTENSIVE CARE UNIT		6,247,226	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.213838	15,765,894	50.00
51.00	05100	RECOVERY ROOM	0.136104	1,771,232	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.663845	14,597	52.00
53.00	05300	ANESTHESIOLOGY	0.055491	3,773,910	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.175422	6,336,364	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156684	347,448	55.00
56.00	05600	RADIOISOTOPE	0.109278	1,289,266	56.00
57.00	05700	CT SCAN	0.023595	8,255,582	57.00
58.00	05800	MRI	0.065492	2,304,553	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082313	2,139,963	59.00
60.00	06000	LABORATORY	0.123231	23,452,333	60.00
65.00	06500	RESPIRATORY THERAPY	0.139356	10,459,894	65.00
66.00	06600	PHYSICAL THERAPY	0.389057	2,201,921	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322471	1,046,627	67.00
68.00	06800	SPEECH PATHOLOGY	0.213111	411,187	68.00
69.00	06900	ELECTROCARDIOLOGY	0.085955	4,262,613	69.00
69.01	06901	CARDIAC REHAB	0.700237	47,045	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173309	341,294	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.219916	8,079,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.317817	15,311,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.245287	20,507,145	73.00
74.00	07400	RENAL DIALYSIS	0.302676	819,572	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.111341	15,068	76.01
76.02	03952	DIABETES EDUCATION	12.594109	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.339799	25,814	90.00
91.00	09100	EMERGENCY	0.143858	6,693,409	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.570899	506,239	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.311529	444,454	92.01
93.00	04040	PARTIAL HOSP	0.261073	1,050	93.00
200.00		Total (sum of lines 50-94 and 96-98)		136,625,572	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)		136,625,572	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14S122		Date/Time Prepared: 5/27/2015 12:10 pm	
		Title XVIIII	Subprovider - IPF	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
40.00	04000	SUBPROVIDER - IPF		1,495,680	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.213838	2,300	492 50.00
51.00	05100	RECOVERY ROOM	0.136104	57,000	7,758 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.663845	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.055491	97,205	5,394 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.175422	21,790	3,822 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156684	0	0 55.00
56.00	05600	RADIOISOTOPE	0.109278	0	0 56.00
57.00	05700	CT SCAN	0.023595	48,263	1,139 57.00
58.00	05800	MRI	0.065492	8,390	549 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082313	0	0 59.00
60.00	06000	LABORATORY	0.123231	236,658	29,164 60.00
65.00	06500	RESPIRATORY THERAPY	0.139356	99,656	13,888 65.00
66.00	06600	PHYSICAL THERAPY	0.389057	16,084	6,258 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322471	4,222	1,361 67.00
68.00	06800	SPEECH PATHOLOGY	0.213111	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.085955	0	0 69.00
69.01	06901	CARDIAC REHAB	0.700237	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173309	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.219916	2,510	552 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.317817	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.245287	281,768	69,114 73.00
74.00	07400	RENAL DIALYSIS	0.302676	0	0 74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	0 76.00
76.01	03950	HEART AND VASCULAR CNTR	0.111341	0	0 76.01
76.02	03952	DIABETES EDUCATION	12.594109	0	0 76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.339799	0	0 90.00
91.00	09100	EMERGENCY	0.143858	206,853	29,757 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.570899	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.311529	0	0 92.01
93.00	04040	PARTIAL HOSP	0.261073	870	227 93.00
200.00		Total (sum of lines 50-94 and 96-98)		1,083,569	169,475 200.00
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)		1,083,569	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T122		Date/Time Prepared: 5/27/2015 12:10 pm	
		Title XVIIII	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		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,686,904	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.213838	13,092	50.00
51.00	05100	RECOVERY ROOM	0.136104	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.663845	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055491	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.175422	109,988	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156684	0	55.00
56.00	05600	RADIOISOTOPE	0.109278	13,508	56.00
57.00	05700	CT SCAN	0.023595	103,188	57.00
58.00	05800	MRI	0.065492	38,213	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082313	920	59.00
60.00	06000	LABORATORY	0.123231	756,205	60.00
65.00	06500	RESPIRATORY THERAPY	0.139356	275,695	65.00
66.00	06600	PHYSICAL THERAPY	0.389057	1,234,610	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322471	1,130,848	67.00
68.00	06800	SPEECH PATHOLOGY	0.213111	381,125	68.00
69.00	06900	ELECTROCARDIOLOGY	0.085955	24,332	69.00
69.01	06901	CARDIAC REHAB	0.700237	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173309	4,685	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.219916	66,437	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.317817	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.245287	923,769	73.00
74.00	07400	RENAL DIALYSIS	0.302676	69,886	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.111341	0	76.01
76.02	03952	DIABETES EDUCATION	12.594109	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.339799	0	90.00
91.00	09100	EMERGENCY	0.143858	12,702	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.570899	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.311529	0	92.01
93.00	04040	PARTIAL HOSP	0.261073	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		5,159,203	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)		5,159,203	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 12:10 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		23,310,572	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,867,093	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)		770,144	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		3,682,209	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		240.08	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)		25.75	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.19	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		25.56	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		27.05	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)		25.56	12.00
13.00	Total allowable FTE count for the prior year.		25.56	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.		25.56	14.00
15.00	Sum of lines 12 through 14 divided by 3.		25.56	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		25.56	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.106465	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.104711	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.104711	21.00
22.00	IME payment adjustment (see instructions)		1,936,849	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.49	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)		1,936,849	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)		1.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.53	31.00
32.00	Sum of lines 30 and 31		16.21	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.29	33.00
34.00	Disproportionate share adjustment (see instructions)		256,437	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 12:10 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000221714	0.000198248	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,005,713	1,516,130	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,500,163	382,148	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,882,311		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)		36,023,406		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)		36,023,406		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,857,631		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).		942,710		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		10,293		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)		39,834,040		59.00
60.00	Primary payer payments		12,302		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		39,821,738		61.00
62.00	Deductibles billed to program beneficiaries		3,019,680		62.00
63.00	Coinurance billed to program beneficiaries		174,480		63.00
64.00	Allowable bad debts (see instructions)		324,051		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		210,633		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		215,951		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		36,838,211		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		9,349		70.93
70.94	HRR adjustment amount (see instructions)		-87,402		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 12:10 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		36,760,158		71.00
71.01	Sequestration adjustment (see instructions)		735,203		71.01
72.00	Interim payments		35,109,758		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)		915,197		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)		623,742		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140122		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/27/2015 12:10 pm	
		PPS					
		Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.68	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	14.53	0.00			14.53	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	16.21	0.00			14.53	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	240.08	0.00			240.08	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	3.29	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.68	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	1.97	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	4,586	0			4,586	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,208	0			2,208	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	4	0			4	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	34	0			34	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	603	0			603	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	7,435	0			7,435	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	50,678	0			50,678	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	475	0			475	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	51,153	0			51,153	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	14.53	0.00			14.53	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140122		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH Date/Time Prepared: 5/27/2015 12:10 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	3.29		0.00	True	29.00
30.00	Line 28 or 29 as applicable		3.29		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/27/2015 12:10 pm
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	2.81	29.00
30.00	Line 28 or 29 as applicable	2.81	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140122

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2015 12:10 pm

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,310,572	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,867,093	0	0	31,177,665	31,177,665	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	770,144	0	0	770,144	770,144	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	3,682,209	0	0	3,682,209	3,682,209	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.104711	0.104711	0.104711	0.104711		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,936,849	0	0	1,936,849	1,936,849	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	1,936,849	0	0	1,936,849	1,936,849	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	0.0329	0.0329	0.0329	0.0329		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	256,437	0	0	256,437	256,437	11.00
11.01	Uncompensated care payments	36.00	1,882,311	0	1,500,163	382,148	1,882,311	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	36,023,406	0	1,500,163	34,523,243	36,023,406	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	36,023,406	0	1,500,163	34,523,243	36,023,406	15.00
16.00	Payment for inpatient program capital	50.00	2,857,631	0	0	2,857,631	2,857,631	16.00
17.00	Special add-on payments for new technologies	54.00	10,293	0	0	10,293	10,293	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140122

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2015 12:10 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	1,500,163	37,391,167	38,891,330	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	2,491,852	0	0	2,491,852	2,491,852	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	136,777	0	0	136,777	136,777	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	0.0586	0.0586	0.0586	0.0586		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	146,023	0	0	146,023	146,023	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0333	0.0333	0.0333	0.0333		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	82,979	0	0	82,979	82,979	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,857,631	0	0	2,857,631	2,857,631	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: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2015 12:10 pm
		Title XVIII	Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,310,572	0	0	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,867,093		31,177,665	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	770,144	0	770,144	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	3,682,209	0	3,682,209	4.00	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.104711	0.104711	0.104711	5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,936,849	0	1,936,849	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	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	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,936,849	0	1,936,849	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0329	0.0329	0.0329	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	256,437	0	256,437	11.00	
11.01	Uncompensated care payments	36.00	1,882,311	1,500,163	382,148	11.01	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	36,023,406	1,500,163	34,523,243	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	36,023,406	1,500,163	34,523,243	15.00	
16.00	Payment for inpatient program capital	50.00	2,857,631	0	2,857,631	16.00	
17.00	Special add-on payments for new technologies	54.00	10,293	0	10,293	17.00	
17.01	Net organ acquisition cost	55.00	0	0	0	17.01	
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00	
19.00	SUBTOTAL			1,500,163	37,391,167	38,891,330	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2015 12:10 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,491,852	0	2,491,852	2,491,852	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	136,777	0	136,777	136,777	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	0.0586	0.0586	0.0586		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	146,023	0	146,023	146,023	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0333	0.0333	0.0333		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	82,979	0	82,979	82,979	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,857,631	0	2,857,631	2,857,631	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	9,349	0	9,349	9,349	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	-87,402	0	-87,402	-87,402	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		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 12:10 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		25,218	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,663,486	2.00
3.00	PPS payments		21,637,722	3.00
4.00	Outlier payment (see instructions)		34,117	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)		25,218	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		102,808	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)		102,808	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)		102,808	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		77,590	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)		25,218	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)		21,671,839	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		211	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,090,895	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)		17,605,951	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		427,295	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)		18,033,246	30.00
31.00	Primary payer payments		1,028	31.00
32.00	Subtotal (line 30 minus line 31)		18,032,218	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)		360,898	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		234,584	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		282,151	36.00
37.00	Subtotal (see instructions)		18,266,802	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)		18,266,802	40.00
40.01	Sequestration adjustment (see instructions)		365,336	40.01
41.00	Interim payments		17,837,720	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		63,746	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
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 12:10 pm
		Component CCN: 14S122	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		25	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26	2.00
3.00	PPS payments		30	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)		25	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		100	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)		100	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)		100	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		75	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)		25	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)		30	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)		0	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		55	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)		55	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		55	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)		55	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)		55	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		128	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-74	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
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140122

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		35,205,193		17,828,616	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	09/19/2014	9,104	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	09/19/2014	95,435		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)		-95,435		9,104	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)		35,109,758		17,837,720	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		915,197		63,746	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		36,024,955		17,901,466	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: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part I Date/Time Prepared: 5/27/2015 12:10 pm	
		Component CCN: 14S122	Title XVIII	Subprovider - IPF	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				
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		1,008,621		128
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		1,008,621		128
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		8		0
6.02	SETTLEMENT TO PROGRAM		0		74
7.00	Total Medicare program liability (see instructions)		1,008,629		54
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140122
Component CCN: 14T122

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2015 12:10 pm
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					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		4,460,246			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/19/2014	20,364			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)		20,364			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,480,610			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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		6,151			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		4,486,761			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/27/2015 12:10 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		10,931	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		17,130	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		1,995	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		45,749	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		940,975,863	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6,513,242	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)		416,411	8.00
9.00	Sequestration adjustment amount (see instructions)		8,328	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		408,083	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		437,805	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)		-29,722	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/27/2015 12:10 pm
		Component CCN: 14S122	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		847,644	1.00
2.00	Net IPF PPS Outlier Payments		255,304	2.00
3.00	Net IPF PPS ECT Payments		18,281	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	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	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	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	6.00
7.00	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	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		13.709589	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,121,229	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,121,229	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,121,229	18.00
19.00	Deductibles		83,808	19.00
20.00	Subtotal (line 18 minus line 19)		1,037,421	20.00
21.00	Coinsurance		8,208	21.00
22.00	Subtotal (line 20 minus line 21)		1,029,213	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,029,213	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,029,213	31.00
31.01	Sequestration adjustment (see instructions)		20,584	31.01
32.00	Interim payments		1,008,621	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		8	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		255,304	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: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/27/2015 12:10 pm
		Component CCN: 14T122	Title VIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,512,218	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0197	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		84,378	3.00
4.00	Outlier Payments		6,500	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)		10.506849	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		4,603,096	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)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		4,603,096	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		4,603,096	19.00
20.00	Deductibles		18,208	20.00
21.00	Subtotal (line 19 minus line 20)		4,584,888	21.00
22.00	Coinsurance		7,904	22.00
23.00	Subtotal (line 21 minus line 22)		4,576,984	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,067	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		1,344	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,184	26.00
27.00	Subtotal (sum of lines 23 and 25)		4,578,328	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		4,578,328	32.00
32.01	Sequestration adjustment (see instructions)		91,567	32.01
33.00	Interim payments		4,480,610	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		6,151	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		6,500	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 12:10 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			25.75	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.21	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)			24.54	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			27.05	6.00
7.00	Enter the lesser of line 5 or line 6			24.54	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.	26.81	0.00	26.81	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.	24.32	0.00	24.32	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	24.32	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	24.31	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	24.54	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	24.39	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	24.39	0.00		17.00
18.00	Per resident amount	136,441.73	0.00		18.00
19.00	Approved amount for resident costs	3,327,814	0	3,327,814	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			2.51	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)			3,327,814	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	20,818	2,155		26.00
27.00	Total Inpatient Days (see instructions)	55,063	55,063		27.00
28.00	Ratio of inpatient days to total inpatient days	0.378076	0.039137		28.00
29.00	Program direct GME amount	1,258,167	130,241		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		18,403		30.00
31.00	Net Program direct GME amount			1,370,005	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 12:10 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,224,500	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)		47,859,266	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)		12,302	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		47,846,964	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		21,688,755	42.00
43.00	Primary payer payments (see instructions)		1,567	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,687,188	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		69,534,152	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.688107	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.311893	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,370,005	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		942,710	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		427,295	50.00

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

Provider CCN: 140122

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

Worksheet G

Date/Time Prepared:
5/27/2015 12:10 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	82,541,115	0	0	0	1.00
2.00	Temporary investments	18,212,433	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	41,521,597	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,909,247	0	0	0	6.00
7.00	Inventory	7,698,666	0	0	0	7.00
8.00	Prepaid expenses	2,631,559	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	142,696,123	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,051,326	0	0	0	12.00
13.00	Land improvements	576,699	0	0	0	13.00
14.00	Accumulated depreciation	-482,981	0	0	0	14.00
15.00	Buildings	281,132,129	0	0	0	15.00
16.00	Accumulated depreciation	-176,185,875	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	48,489,783	0	0	0	19.00
20.00	Accumulated depreciation	-28,102,161	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	101,972,852	0	0	0	23.00
24.00	Accumulated depreciation	-85,847,660	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)	154,604,112	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	17,024,101	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	20,295,152	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	37,319,253	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	334,619,488	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,452,144	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,926,150	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	11,493,801	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	33,459,778	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	73,331,873	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	142,896,438	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,922,173	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	150,818,611	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	224,150,484	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	110,469,004				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)	110,469,004	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	334,619,488	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140122

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

Worksheet G-1

Date/Time Prepared:
5/27/2015 12:10 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		109,757,045		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		949,987			2.00
3.00	Total (sum of line 1 and line 2)		110,707,032		0	3.00
4.00	GENERAL FUND BALANCE	395,116		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		395,116		0	10.00
11.00	Subtotal (line 3 plus line 10)		111,102,148		0	11.00
12.00	DONOR RESTRICTED FUND BALANCE	632,715		0		12.00
13.00	ROUNDING	429		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		633,144		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		110,469,004		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	GENERAL FUND BALANCE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	DONOR RESTRICTED FUND BALANCE		0			12.00
13.00	ROUNDING		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140122

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	58,799,267		58,799,267	1.00
2.00	SUBPROVIDER - IPF	7,606,440		7,606,440	2.00
3.00	SUBPROVIDER - IRF	5,231,993		5,231,993	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	71,637,700		71,637,700	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	32,619,777		32,619,777	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)	32,619,777		32,619,777	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	104,257,477		104,257,477	17.00
18.00	Ancillary services	303,902,671	465,487,774	769,390,445	18.00
19.00	Outpatient services	17,143,443	33,320,648	50,464,091	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		10,560,306	10,560,306	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	0	6,881,791	6,881,791	26.00
27.00	PHYSICIAN REV AND RETAIL PHARMACY	0	11,972,303	11,972,303	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	425,303,591	528,222,822	953,526,413	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		286,549,320		29.00
30.00	BAD DEBT	6,390,928			30.00
31.00	ROUNDING	251			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)		6,391,179		36.00
37.00		0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		292,940,499		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140122

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

Worksheet G-3

Date/Time Prepared:
5/27/2015 12:10 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	953,526,413	1.00
2.00	Less contractual allowances and discounts on patients' accounts	665,856,824	2.00
3.00	Net patient revenues (line 1 minus line 2)	287,669,589	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	292,940,499	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,270,910	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR REVENUE, OTHER OPER, NON OPER	6,220,897	24.00
25.00	Total other income (sum of lines 6-24)	6,220,897	25.00
26.00	Total (line 5 plus line 25)	949,987	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	949,987	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140122

Period: From 01/01/2014

Worksheet H

HHA CCN: 147207

To 12/31/2014

Date/Time Prepared: 5/27/2015 12:10 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,103,342	0	0	1,192,767	3,296,109	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,107,414	0	0	266,209	2,373,623	6.00
7.00	Physical Therapy	1,671,921	0	0	201,932	1,873,853	7.00
8.00	Occupational Therapy	179,942	0	0	23,467	203,409	8.00
9.00	Speech Pathology	34,119	0	0	5,910	40,029	9.00
10.00	Medical Social Services	67,506	0	0	8,955	76,461	10.00
11.00	Home Health Aide	47,199	0	0	10,466	57,665	11.00
12.00	Supplies (see instructions)	0	0	0	339,285	339,285	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	6,211,443	0	0	2,048,991	8,260,434	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	3,296,109	476,825	3,772,934		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	2,373,623	0	2,373,623		6.00
7.00	Physical Therapy	0	1,873,853	0	1,873,853		7.00
8.00	Occupational Therapy	0	203,409	0	203,409		8.00
9.00	Speech Pathology	0	40,029	0	40,029		9.00
10.00	Medical Social Services	0	76,461	0	76,461		10.00
11.00	Home Health Aide	0	57,665	0	57,665		11.00
12.00	Supplies (see instructions)	0	339,285	0	339,285		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	0	8,260,434	476,825	8,737,259		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/27/2015 12:10 pm
		HHA CCN: 147207	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	3,772,934	0	0	0	3,772,934	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,373,623	0	0	0	2,373,623	6.00	
7.00	Physical Therapy	1,873,853	0	0	0	1,873,853	7.00	
8.00	Occupational Therapy	203,409	0	0	0	203,409	8.00	
9.00	Speech Pathology	40,029	0	0	0	40,029	9.00	
10.00	Medical Social Services	76,461	0	0	0	76,461	10.00	
11.00	Home Health Aide	57,665	0	0	0	57,665	11.00	
12.00	Supplies (see instructions)	339,285	0	0	0	339,285	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	8,737,259	0	0	0	8,737,259	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	3,772,934					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,803,977	4,177,600				6.00	
7.00	Physical Therapy	1,424,145	3,297,998				7.00	
8.00	Occupational Therapy	154,593	358,002				8.00	
9.00	Speech Pathology	30,422	70,451				9.00	
10.00	Medical Social Services	58,111	134,572				10.00	
11.00	Home Health Aide	43,826	101,491				11.00	
12.00	Supplies (see instructions)	257,860	597,145				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		8,737,259				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140122 HHA CCN: 147207	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part II Date/Time Prepared: 5/27/2015 12:10 pm PPS
			Home Health Agency I	

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-3,772,934	4,964,325
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,373,623
7.00	Physical Therapy	0	0	0	0	0	1,873,853
8.00	Occupational Therapy	0	0	0	0	0	203,409
9.00	Speech Pathology	0	0	0	0	0	40,029
10.00	Medical Social Services	0	0	0	0	0	76,461
11.00	Home Health Aide	0	0	0	0	0	57,665
12.00	Supplies (see instructions)	0	0	0	0	0	339,285
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-3,772,934	4,964,325
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		3,772,934
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.760009

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-2
Part I
Date/Time Prepared:
5/27/2015 12:10 pm
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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	SHARED SERVICES	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	0	922,904	922,904	3,525	1.00
2.00 Skilled Nursing Care	4,177,600	0	0	0	4,177,600	15,959	2.00
3.00 Physical Therapy	3,297,998	0	0	0	3,297,998	12,598	3.00
4.00 Occupational Therapy	358,002	0	0	0	358,002	1,368	4.00
5.00 Speech Pathology	70,451	0	0	0	70,451	269	5.00
6.00 Medical Social Services	134,572	0	0	0	134,572	514	6.00
7.00 Home Health Aide	101,491	0	0	0	101,491	388	7.00
8.00 Supplies (see instructions)	597,145	0	0	0	597,145	2,281	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	8,737,259	0	0	922,904	9,660,163	36,902	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	Subtotal	OTHER A&G	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5A.01	5.02	5A.02	5.03	7.00	8.00	
1.00 Administrative and General	926,429	2,070	928,499	145,475	0	0	1.00
2.00 Skilled Nursing Care	4,193,559	9,367	4,202,926	658,507	0	0	2.00
3.00 Physical Therapy	3,310,596	7,396	3,317,992	519,856	0	0	3.00
4.00 Occupational Therapy	359,370	803	360,173	56,431	0	0	4.00
5.00 Speech Pathology	70,720	158	70,878	11,105	0	0	5.00
6.00 Medical Social Services	135,086	302	135,388	21,212	0	0	6.00
7.00 Home Health Aide	101,879	228	102,107	15,998	0	0	7.00
8.00 Supplies (see instructions)	599,426	1,339	600,765	94,127	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	9,697,065	21,663	9,718,728	1,522,711	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000		0.000000				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140122

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 147207

To 12/31/2014

Part I Date/Time Prepared: 5/27/2015 12:10 pm

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	24.00	25.00	
1.00	Administrative and General	0	0	0	0	1,073,974	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	4,861,433	0	2.00
3.00	Physical Therapy	0	0	0	0	3,837,848	0	3.00
4.00	Occupational Therapy	0	0	0	0	416,604	0	4.00
5.00	Speech Pathology	0	0	0	0	81,983	0	5.00
6.00	Medical Social Services	0	0	0	0	156,600	0	6.00
7.00	Home Health Aide	0	0	0	0	118,105	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	694,892	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	11,241,439	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-2
Part I
Date/Time Prepared:
5/27/2015 12:10 pm
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Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		26.00	27.00	28.00		
1.00	Administrative and General	1,073,974				1.00
2.00	Skilled Nursing Care	4,861,433	513,509	5,374,942		2.00
3.00	Physical Therapy	3,837,848	405,384	4,243,232		3.00
4.00	Occupational Therapy	416,604	44,005	460,609		4.00
5.00	Speech Pathology	81,983	8,660	90,643		5.00
6.00	Medical Social Services	156,600	16,541	173,141		6.00
7.00	Home Health Aide	118,105	12,475	130,580		7.00
8.00	Supplies (see instructions)	694,892	73,400	768,292		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	11,241,439	1,073,974	11,241,439		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.105628			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-2 Part II
Date/Time Prepared: 5/27/2015 12:10 pm
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					
1.00	Administrative and General	0	0	6,212,251	0	922,904	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	4,177,600	0	2.00
3.00	Physical Therapy	0	0	0	0	3,297,998	0	3.00
4.00	Occupational Therapy	0	0	0	0	358,002	0	4.00
5.00	Speech Pathology	0	0	0	0	70,451	0	5.00
6.00	Medical Social Services	0	0	0	0	134,572	0	6.00
7.00	Home Health Aide	0	0	0	0	101,491	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	597,145	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	6,212,251		9,660,163		20.00
21.00	Total cost to be allocated	0	0	922,904		36,902		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.148562		0.003820		22.00
Cost Center Description		OTHER A&G (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5.02	5A.03	5.03	7.00	8.00	9.00	
1.00	Administrative and General	926,429	0	928,499	0	0	0	1.00
2.00	Skilled Nursing Care	4,193,559	0	4,202,926	0	0	0	2.00
3.00	Physical Therapy	3,310,596	0	3,317,992	0	0	0	3.00
4.00	Occupational Therapy	359,370	0	360,173	0	0	0	4.00
5.00	Speech Pathology	70,720	0	70,878	0	0	0	5.00
6.00	Medical Social Services	135,086	0	135,388	0	0	0	6.00
7.00	Home Health Aide	101,879	0	102,107	0	0	0	7.00
8.00	Supplies (see instructions)	599,426	0	600,765	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	9,697,065		9,718,728				20.00
21.00	Total cost to be allocated	21,663		1,522,711				21.00
22.00	Unit cost multiplier	0.002234		0.156678	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-2 Part II
Date/Time Prepared: 5/27/2015 12:10 pm
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Cost Center Description		DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		INTERNS & RESIDENTS						
		SOCIAL SERVICES (TOTAL PATIENT DAYS)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		17.00	21.00	22.00				
1.00	Administrative and General	0	0	0				1.00
2.00	Skilled Nursing Care	0	0	0				2.00
3.00	Physical Therapy	0	0	0				3.00
4.00	Occupational Therapy	0	0	0				4.00
5.00	Speech Pathology	0	0	0				5.00
6.00	Medical Social Services	0	0	0				6.00
7.00	Home Health Aide	0	0	0				7.00
8.00	Supplies (see instructions)	0	0	0				8.00
9.00	Drugs	0	0	0				9.00
10.00	DME	0	0	0				10.00
11.00	Home Dialysis Aide Services	0	0	0				11.00
12.00	Respiratory Therapy	0	0	0				12.00
13.00	Private Duty Nursing	0	0	0				13.00
14.00	Clinic	0	0	0				14.00
15.00	Health Promotion Activities	0	0	0				15.00
16.00	Day Care Program	0	0	0				16.00
17.00	Home Delivered Meals Program	0	0	0				17.00
18.00	Homemaker Service	0	0	0				18.00
19.00	All Others (specify)	0	0	0				19.00
20.00	Total (sum of lines 1-19)	0	0	0				20.00
21.00	Total cost to be allocated	0	0	0				21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000				22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/27/2015 12:10 pm		
				HHA CCN: 147207	Title XVIII	Home Health Agency I		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,374,942		5,374,942	42,759	125.70	1.00
2.00	Physical Therapy	3.00	4,243,232	0	4,243,232	30,436	139.41	2.00
3.00	Occupational Therapy	4.00	460,609	0	460,609	4,340	106.13	3.00
4.00	Speech Pathology	5.00	90,643	0	90,643	964	94.03	4.00
5.00	Medical Social Services	6.00	173,141		173,141	856	202.27	5.00
6.00	Home Health Aide	7.00	130,580		130,580	2,868	45.53	6.00
7.00	Total (sum of lines 1-6)		10,473,147	0	10,473,147	82,223		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A					
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	20,868			8.00
9.00	Physical Therapy		16974	0	13,076			9.00
10.00	Occupational Therapy		16974	0	1,992			10.00
11.00	Speech Pathology		16974	0	439			11.00
12.00	Medical Social Services		16974	0	380			12.00
13.00	Home Health Aide		16974	0	1,331			13.00
14.00	Total (sum of lines 8-13)			0	38,086			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)			
0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	768,292	0	768,292	9,045,852	0.084933	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	Part A			Cost of Services				
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	20,868		0	2,623,108		1.00
2.00	Physical Therapy	0	13,076		0	1,822,925		2.00
3.00	Occupational Therapy	0	1,992		0	211,411		3.00
4.00	Speech Pathology	0	439		0	41,279		4.00
5.00	Medical Social Services	0	380		0	76,863		5.00
6.00	Home Health Aide	0	1,331		0	60,600		6.00
7.00	Total (sum of lines 1-6)	0	38,086		0	4,836,186		7.00
Cost Center Description								
	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 140122	Period: From 01/01/2014	Worksheet H-3
	HHA CCN: 147207	To 12/31/2014	Part I Date/Time Prepared: 5/27/2015 12:10 pm
	Title XVII I	Home Health Agency I	PPS

Cost Center Description	Program Covered Charges			Cost of Services						
	Part A	Part B						Part A	Part B	
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance						Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00				
Supplies and Drugs Cost Computations										
15.00	Cost of Medical Supplies	0	0	0			15.00			
16.00	Cost of Drugs		0	0	0	0	16.00			
Cost Center Description										
	Total Program Cost (sum of col.s. 9-10)									
	12.00									
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION										
Cost Per Visit Computation										
1.00	Skilled Nursing Care	2,623,108						1.00		
2.00	Physical Therapy	1,822,925						2.00		
3.00	Occupational Therapy	211,411						3.00		
4.00	Speech Pathology	41,279						4.00		
5.00	Medical Social Services	76,863						5.00		
6.00	Home Health Aide	60,600						6.00		
7.00	Total (sum of lines 1-6)	4,836,186						7.00		
Cost Center Description										
	12.00									
Limitation Cost Computation										
8.00	Skilled Nursing Care						8.00			
9.00	Physical Therapy						9.00			
10.00	Occupational Therapy						10.00			
11.00	Speech Pathology						11.00			
12.00	Medical Social Services						12.00			
13.00	Home Health Aide						13.00			
14.00	Total (sum of lines 8-13)						14.00			

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 5/27/2015 12:10 pm
		HHA CCN: 147207	Title XVIII	Home Health Agency I PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.389057	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.322471	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.213111	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.219916	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.245287	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2015 12:10 pm
		HHA CCN: 147207		
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount 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(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	539	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-539
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	7,090,507
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	74,115
13.00	Total PPS Reimbursement - LUPA Episodes		0	169,368
14.00	Total PPS Reimbursement - PEP Episodes		0	105,445
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	28,850
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,105
17.00	Total Other Payments		0	130
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	7,468,981
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	7,468,981
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	7,468,981
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	7,468,981
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	7,468,981
31.01	Sequestration adjustment (see instructions)		0	149,376
32.00	Interim payments (see instructions)		0	7,319,346
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	259
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-5
Date/Time Prepared:
5/27/2015 12:10 pm
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		0		7,319,346	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			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			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. H-4, Part II, column as appropriate, line 32)		0		7,319,346	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		259	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		7,319,605	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140122

Period: From 01/01/2014

Worksheet K

Hospice CCN: 141507

To 12/31/2014

Date/Time Prepared: 5/27/2015 12:10 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	22,821	0	0	0	0	5.00
6.00	Administrative and General	983,394	0	0	0	2,768,895	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,311,990	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	121,084	0	0	0	0	15.00
16.00	Spiritual Counseling	113,458	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	137,928	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,690,675	0	0	0	2,768,895	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140122

Period: From 01/01/2014

Worksheet K

Hospice CCN: 141507

To 12/31/2014

Date/Time Prepared: 5/27/2015 12:10 pm

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	22,821	0	22,821	0	22,821	5.00
6.00	Administrative and General	3,752,289	-447,677	3,304,612	-744,149	2,560,463	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,311,990	0	1,311,990	0	1,311,990	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	121,084	0	121,084	0	121,084	15.00
16.00	Spiritual Counseling	113,458	0	113,458	0	113,458	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	137,928	0	137,928	0	137,928	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,459,570	-447,677	5,011,893	-744,149	4,267,744	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140122
 Hospice CCN: 141507

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

Worksheet K-1
 Date/Time Prepared:
 5/27/2015 12:10 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	110,586	0	86,215	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,311,990	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	121,084	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	110,586	121,084	86,215	1,311,990	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140122

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 141507

To 12/31/2014

Date/Time Prepared: 5/27/2015 12:10 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	22,821	5.00
6.00	Administrative and General		0	786,593	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	113,458	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	137,928	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	1,060,800	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140122
 Hospice CCN: 141507

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/27/2015 12:10 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	22,821	0	0	0	0	5.00
6.00	Administrative and General	2,560,463	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,311,990	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	121,084	0	0	0	0	15.00
16.00	Spiritual Counseling	113,458	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	137,928	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,267,744	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140122

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 141507

To 12/31/2014

Part I
Date/Time Prepared:
5/27/2015 12:10 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	22,821				5.00
6.00	Administrative and General	22,821	2,583,284	2,583,284		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	1,311,990	2,012,065	3,324,055	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	121,084	185,694	306,778	15.00
16.00	Spiritual Counseling	0	113,458	173,999	287,457	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	137,928	211,526	349,454	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	22,821	4,267,744		4,267,744	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 141507

To 12/31/2014

Part II
Date/Time Prepared:
5/27/2015 12:10 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	1,076	5.00
6.00	Administrative and General	0	0	0	0	1,076	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	22,821	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	21.209108	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-4
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-2,583,284	1,684,460	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	1,311,990	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	121,084	15.00
16.00	Spiritual Counseling	0	113,458	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	137,928	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		2,583,284	39.00
40.00	Unit Cost Multiplier		1.533598	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 141507

To 12/31/2014

Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		99,570	47,024	399,732	546,326	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	3,324,055	0	0	0	3,324,055	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	306,778	0	0	0	306,778	10.00
11.00	Spiritual Counseling	287,457	0	0	0	287,457	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	349,454	0	0	0	349,454	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,267,744	99,570	47,024	399,732	4,814,070	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 141507

To 12/31/2014

Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		SHARED SERVICES	Subtotal	OTHER A&G	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5A.01	5.02	5A.02	5.03	
1.00	Administrative and General	2,087	548,413	1,225	549,638	86,116	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	12,698	3,336,753	7,454	3,344,207	523,964	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	1,172	307,950	688	308,638	48,357	10.00
11.00	Spiritual Counseling	1,098	288,555	645	289,200	45,311	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	1,335	350,789	784	351,573	55,084	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	18,390	4,832,460	10,796	4,843,256	758,832	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000		0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period:

Worksheet K-5

Hospice CCN: 141507

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

Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	424,037	0	39,967	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	424,037	0	39,967	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 141507

To 12/31/2014

Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description	Hospice I					SOCIAL SERVICE	
	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY			
	13.00	14.00	15.00	16.00	17.00		
1.00 Administrative and General	0	6,540	151,396	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	6,540	151,396	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period:

Worksheet K-5

Hospice CCN: 141507

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

Part I
Date/Time Prepared:
5/27/2015 12:10 pm

Hospice I

Cost Center Description	INTERNS & RESIDENTS		Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	24.00	25.00	26.00	
1.00 Administrative and General	0	0	1,257,694	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	3,868,171	0	3,868,171	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	356,995	0	356,995	10.00
11.00 Spiritual Counseling	0	0	334,511	0	334,511	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	406,657	0	406,657	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	6,224,028	0	6,224,028	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140122	Period: From 01/01/2014	Worksheet K-5
		Hospice CCN: 141507	To 12/31/2014	Part I Date/Time Prepared: 5/27/2015 12:10 pm
		Hospice I		

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	0	0	2.00
3.00	Inpatient - Respite Care	0	0	3.00
4.00	Physician Services	0	0	4.00
5.00	Nursing Care	979,591	4,847,762	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	0	0	7.00
8.00	Occupational Therapy	0	0	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	90,407	447,402	10.00
11.00	Spiritual Counseling	84,713	419,224	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	21.00
22.00	Patient Transportation	0	0	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	102,983	509,640	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		6,224,028	34.00
35.00	Unit Cost Multiplier (see instructions)	0.253244		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00	4.00				
1.00	Administrative and General	6,746	6,746	2,690,675	5A.01	546,326	1.00	
2.00	Inpatient - General Care	0	0	0		0	2.00	
3.00	Inpatient - Respite Care	0	0	0		0	3.00	
4.00	Physician Services	0	0	0		0	4.00	
5.00	Nursing Care	0	0	0		3,324,055	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0		0	6.00	
7.00	Physical Therapy	0	0	0		0	7.00	
8.00	Occupational Therapy	0	0	0		0	8.00	
9.00	Speech/ Language Pathology	0	0	0		0	9.00	
10.00	Medical Social Services	0	0	0		306,778	10.00	
11.00	Spiritual Counseling	0	0	0		287,457	11.00	
12.00	Dietary Counseling	0	0	0		0	12.00	
13.00	Counseling - Other	0	0	0		0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0		0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		0	15.00	
16.00	Other	0	0	0		0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0		0	17.00	
18.00	Analgesics	0	0	0		0	18.00	
19.00	Sedatives / Hypnotics	0	0	0		0	19.00	
20.00	Other - Specify	0	0	0		0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0		0	21.00	
22.00	Patient Transportation	0	0	0		0	22.00	
23.00	Imaging Services	0	0	0		0	23.00	
24.00	Labs and Diagnostics	0	0	0		0	24.00	
25.00	Medical Supplies	0	0	0		0	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0		0	26.00	
27.00	Radiation Therapy	0	0	0		0	27.00	
28.00	Chemotherapy	0	0	0		0	28.00	
29.00	Other	0	0	0		0	29.00	
30.00	Bereavement Program Costs	0	0	0		349,454	30.00	
31.00	Volunteer Program Costs	0	0	0		0	31.00	
32.00	Fundraising	0	0	0		0	32.00	
33.00	Other Program Costs	0	0	0		0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	6,746	6,746	2,690,675		4,814,070	34.00	
35.00	Total cost to be allocated	99,570	47,024	399,732		18,390	35.00	
36.00	Unit Cost Multiplier (see instructions)	14.759858	6.970649	0.148562		0.003820	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description	Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	Hospice I OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5A.02	5.02	5A.03	5.03	7.00	
1.00 Administrative and General	0	548,413	0	549,638	6,746	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	3,336,753	0	3,344,207	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	307,950	0	308,638	0	10.00
11.00 Spiritual Counseling	0	288,555	0	289,200	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	350,789	0	351,573	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)		4,832,460		4,843,256	6,746	34.00
35.00 Total cost to be allocated		10,796		758,832	424,037	35.00
36.00 Unit Cost Multiplier (see instructions)		0.002234		0.156678	62.857545	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description	Hospice I					
	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	
	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	0	6,746	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	6,746	0	0	0	34.00
35.00 Total cost to be allocated	0	39,967	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	5.924548	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		Hospice I					INTERNS & RESIDENTS	
		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	21.00		
1.00	Administrative and General	35,650	278,440	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	35,650	278,440	0	0	0	0	34.00
35.00	Total cost to be allocated	6,540	151,396	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.183450	0.543729	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2015 12:10 pm

Cost Center Description		INTERNS & RESIDENTS	Hospice I	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME) 22.00		
1.00	Administrative and General	0		1.00
2.00	Inpatient - General Care	0		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	0		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	0		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0		34.00
35.00	Total cost to be allocated	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part III Date/Time Prepared: 5/27/2015 12:10 pm	
		Hospice CCN: 141507	Hospice I		
Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
	0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.389057	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.322471	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.213111	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.245287	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.123231	0	6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.219916	0	7.00
8.00	PARTIAL HOSP	93.00	0.261073	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.156684	0	9.00
10.00	OTHER ANCI LLARY	76.00	0.000000	0	10.00
10.01	HEART AND VASCULAR CNTR	76.01	0.111341	0	10.01
10.02	DIABETES EDUCATION	76.02	12.594109	0	10.02
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140122

Period:

Worksheet K-6

Hospice CCN: 141507

From 01/01/2014

To 12/31/2014

Date/Time Prepared:
5/27/2015 12:10 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				6,224,028	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				33,960	2.00
3.00	Average cost per diem (line 1 divided by line 2)				183.28	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	31,842				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	5,836,002				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		466			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		85,408			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,652		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			302,779		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140122	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 12:10 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,491,852	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		136,777	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)		126.64	3.00
4.00	Number of interns & residents (see instructions)		25.56	4.00
5.00	Indirect medical education percentage (see instructions)		5.86	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		146,023	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.53	8.00
9.00	Sum of lines 7 and 8		16.21	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.33	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		82,979	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,857,631	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