

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: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 9:08 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input 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.	Date: 5/27/2015 Time: 9:08 am
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 ADVOCATE BROMENN MEDICAL CENTER (140127) 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	281,198	-149,693	2,728	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	149,493	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	430,691	-149,693	2,728	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 9:07 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 61761-		County: MCLEAN		
1.00 Street: 1304 VIRGINIA		2.00 City: NORMAL								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVOCATE BROMENN MEDICAL CENTER	140127	14060	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ADVOCATE BROMENN REHABILITATION	14T127	14060	5	07/01/1990	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)					1		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					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.	5,242	2,182	0	22	204	632		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.	230	66	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 9:07 am		
		Urban/Rural St	Date of Geogra			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

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

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		V 1.00	XIX 2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			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. 1, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. 11. 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)	N			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.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	169,898	3,000,668	942,947	118.01
					1.00 2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 9:07 am	
		1.00	2.00				
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	14H036				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: ADVOCATE HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 00130			141.00
142.00	Street: 3075 HIGHLAND PKWY SUITE 600	PO Box:					142.00
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
1.00							
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		N				145.00
1.00							
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
		Part A	Part B	Title V	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
161.10	CORF		N	N	N		161.10
1.00							
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
1.00							
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
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)						0.50

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 9:07 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2014	12/31/2014	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: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 9:07 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/06/2015	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		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	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/29/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 9:07 am		
	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00	21.00
		N			N	
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
			Y/N	Date		
			1.00	2.00		
Home Office Costs						
36.00	Were home office costs claimed on the cost report?		Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N			40.00
			1.00	2.00		
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PAMELA		DYE		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTHCARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5760		PAMELA.DYE@ADVOCATEHEALTH.COM		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)	04/29/2015	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.	SENIOR REIMBURSEMENT SPECIALIST	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

HFS Supplemental Information		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/27/2015 9:07 am
		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: 140127

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 9:07 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	159	58,035	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)		159	58,035	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	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)		189	68,985	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		204				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140127

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 9:07 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,285	4,015	21,285			1.00
2.00 HMO and other (see instructions)	2,982	836				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,285	4,015	21,285			7.00
8.00 INTENSIVE CARE UNIT	3,355	1,077	8,091			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,722	4,001			13.00
14.00 Total (see instructions)	11,640	6,814	33,377	12.14	928.18	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,818	296	2,706	0.00	14.63	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	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	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	99			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				12.14	942.81	27.00
28.00 Observation Bed Days		382	2,917			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,131			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	632	1,545			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			54			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140127

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 9:07 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,623	1,228	8,407	1.00
2.00 HMO and other (see instructions)				721	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		2,623	1,228	8,407	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0		172	22	250	17.00
18.00 SUBPROVIDER	0.00	0		0	0	0	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
25.10 CMHC - CORF	0.00						25.10
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: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/27/2015 9:07 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	54,544,883	0	54,544,883	1,961,044.80	27.81	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		229,994	0	229,994	1.00	229,994.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	1,220,901	0	1,220,901	45,282.00	26.96	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,377,101	-71,969	2,305,132	109,335.00	21.08	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		3,851,218	0	3,851,218	111,581.00	34.51	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		3,088,323	0	3,088,323	41,634.00	74.18	13.00
14.00	Home office salaries & wage-related costs		5,646,710	0	5,646,710	88,744.00	63.63	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		13,725,320	0	13,725,320			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		634,320	0	634,320			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		45,901	0	45,901			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		329,828	0	329,828			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,528,299	0	1,528,299	9,714.00	157.33	26.00
27.00	Administrative & General	5.00	6,966,392	-48,652	6,917,740	233,229.42	29.66	27.00
28.00	Administrative & General under contract (see inst.)		1,180,679	0	1,180,679	23,822.00	49.56	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,265,029	-13,518	1,251,511	44,331.00	28.23	30.00
31.00	Laundry & Linen Service	8.00	306,793	-13,257	293,536	26,024.00	11.28	31.00
32.00	Housekeeping	9.00	1,127,035	0	1,127,035	91,749.00	12.28	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	913,928	-439,967	473,961	33,288.00	14.24	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	439,967	439,967	30,901.00	14.24	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,669,615	0	1,669,615	45,115.00	37.01	38.00
39.00	Central Services and Supply	14.00	335,734	0	335,734	22,173.00	15.14	39.00
40.00	Pharmacy	15.00	2,123,605	-8,680	2,114,925	52,463.00	40.31	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140127

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2015 9:07 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,212,758	0	1,212,758	49,774.00	24.37	41.00
42.00	Social Service	17.00	1,022,967	0	1,022,967	28,683.00	35.66	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140127

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2015 9:07 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	54,504,661	0	54,504,661	1,939,584.80	28.10	1.00
2.00	Excluded area salaries (see instructions)	2,377,101	-71,969	2,305,132	109,335.00	21.08	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,127,560	71,969	52,199,529	1,830,249.80	28.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,586,251	0	12,586,251	241,959.00	52.02	4.00
5.00	Subtotal wage-related costs (see inst.)	13,771,221	0	13,771,221	0.00	26.38	5.00
6.00	Total (sum of lines 3 thru 5)	78,485,032	71,969	78,557,001	2,072,208.80	37.91	6.00
7.00	Total overhead cost (see instructions)	19,652,834	-84,107	19,568,727	691,266.42	28.31	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 9:07 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,077,562	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,391,160	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	147,890	6.00
7.00	Employee Managed Care Program Administration Fees	783,467	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	3,261,875	8.00
9.00	Prescription Drug Plan	1,434,234	9.00
10.00	Dental, Hearing and Vision Plan	290,913	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	64,200	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)	465,765	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,431,770	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,849,472	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	72,599	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))	178,762	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	285,700	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,735,369	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS(SPECIFY)	108,849	25.00

WAGE INDEX PENSION COST SCHEDULE		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/27/2015 9:07 am
				1.00
Step 1: Determine the 3-Year Averaging Period				
1.00	Wage Index fiscal year ending.		2018	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on line 1.	01/01/2014	12/31/2014	2.00
3.00	Midpoint of provider's cost reporting period shown on line 2. (adjust response to first of month)	07/01/2014		3.00
4.00	Date beginning the 3-year averaging period. (subtract 18 months from midpoint shown on line 3)	01/01/2013		4.00
5.00	Date ending the of the 3-year averaging period. (add 18 months to midpoint shown on line 3)	12/31/2015		5.00
Step 2: Adjust Averaging Period for a New Plan(See Instructions) (Leave lines 6 through 8 blank if the provider has not elected to use an adjusted averaging period)				
6.00	Effective date of pension plan			6.00
7.00	First day of the provider cost reporting period containing the pension plan effective date.			7.00
8.00	Starting date of the adjusted averaging period. (date on line 7 if first of the month, otherwise to first of the month immediately preceding or following the date in line 7). If this date occurs after the period shown on line 2 (Step 1), stop here and see instructions. No cost is reportable for a period which is excluded from the averaging period.			8.00
Step 3: Average Pension Contribution During the Averaging Period				
9.00	Beginning date of averaging period from line 4 or line 8.	01/01/2013		9.00
10.00	Ending date of averaging period from line 5	12/31/2015		10.00
		Deposit Date	Contributions	
		1.00	2.00	
11.00	Enter provider contributions made during the averaging period shown on lines 9 & 10. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			11.00
11.01		07/01/2014	30,960,000	11.01
11.02		07/01/2012	63,550,000	11.02
11.03		07/01/2013	31,680,000	11.03
				1.00
12.00	Total number of months included in the averaging period		36	12.00
13.00	Total contributions made during averaging period		126,190,000	13.00
14.00	Average monthly contribution. (line 13 divided by line 12)		3,505,278	14.00
15.00	Number of months in provider cost reporting period shown on line 2.		12	15.00
16.00	Average pension contributions. (line 14 multiplied by line 15)		42,063,336	16.00
Step 4: Total Pension Cost for Wage Index				
17.00	Annual prefunding installment from line 8 of pension prefunding worksheet, if applicable.		0	17.00
18.00	Reportable prefunding installment. (line 17 multiplied by line 15 divided by 12)		0	18.00
19.00	Total Pension Cost for Wage Index. (line 16 plus line 18)		42,063,336	19.00
		Prepared By	Date	
		1.00	2.00	
100.00	Prepared By and Date Prepared	DAVE STRIEPLING	04/15/2015	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140127

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

Worksheet S-3
Part V
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/27/2015 9:07 am
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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)		0.275172	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		14,474,934	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		69,319,251	6.00
7.00	Medicaid cost (line 1 times line 6)		19,074,717	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)		4,599,783	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,599,783	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
			3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		8,213,183	6,276,633
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,260,038	1,727,154
22.00	Partial payment by patients approved for charity care		20,470	104,485
23.00	Cost of charity care (line 21 minus line 22)		2,239,568	1,622,669
			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?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,146,988	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		460,793	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		9,686,195	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,665,370	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,527,607	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,127,390	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/27/2015 9:07 am
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	NEW CAP REL COSTS-BLDG & FIXT		5,232,440	0	5,232,440	1.00	
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0	6,100,910	6,100,910	2.00	
3.00 00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,528,299	11,016,830	-121,595	12,423,534	4.00	
5.00 00500	ADMINISTRATIVE & GENERAL	6,966,392	34,678,510	-4,710,976	36,933,926	5.00	
7.00 00700	OPERATION OF PLANT	1,265,029	4,054,097	-290,234	5,028,892	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	306,793	338,222	-89,999	555,016	8.00	
9.00 00900	HOUSEKEEPING	1,127,035	768,333	-13,012	1,882,356	9.00	
10.00 01000	DIETARY	913,928	859,820	-875,526	898,222	10.00	
11.00 01100	CAFETERIA	0	0	833,799	833,799	11.00	
13.00 01300	NURSING ADMINISTRATION	1,669,615	260,159	-7,390	1,922,384	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	335,734	744,319	-517,585	562,468	14.00	
15.00 01500	PHARMACY	2,123,605	5,874,007	-244,570	7,753,042	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	1,212,758	722,927	-13,687	1,921,998	16.00	
17.00 01700	SOCIAL SERVICE	1,022,967	412,147	-76	1,435,038	17.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,220,901	313,650	0	1,534,551	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	-1,584	-1,584	22.00	
23.00 02300	CLINICAL PASTORAL EDUCATION	318,750	63,562	-74,480	307,832	23.00	
23.01 02301	EMS PROGRAM	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	11,590,720	5,718,633	-2,090,738	15,218,615	30.00	
31.00 03100	INTENSIVE CARE UNIT	3,316,309	1,177,704	-532,298	3,961,715	31.00	
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00	
41.00 04100	SUBPROVIDER - I/RF	814,637	215,935	9,816	1,040,388	41.00	
42.00 04200	SUBPROVIDER	0	0	0	0	42.00	
43.00 04300	NURSERY	0	0	1,657,085	1,657,085	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	3,124,938	15,637,707	-11,698,896	7,063,749	50.00	
51.00 05100	RECOVERY ROOM	630,992	72,403	-20,019	683,376	51.00	
53.00 05300	ANESTHESIOLOGY	59,663	400,519	244,767	704,949	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,655,184	2,120,009	-1,177,039	3,598,154	54.00	
57.00 05700	CT SCAN	346,024	417,777	-321,639	442,162	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00 06000	LABORATORY	1,975,485	3,366,496	-2,201,091	3,140,890	60.00	
65.00 06500	RESPIRATORY THERAPY	806,462	214,607	-136,332	884,737	65.00	
66.00 06600	PHYSICAL THERAPY	1,178,564	302,831	-72,220	1,409,175	66.00	
67.00 06700	OCCUPATIONAL THERAPY	276,680	23,164	-2,967	296,877	67.00	
68.00 06800	SPEECH PATHOLOGY	218,008	18,629	-1,466	235,171	68.00	
69.00 06900	ELECTROCARDIOLOGY	1,565,263	4,193,348	-3,825,816	1,932,795	69.00	
70.00 07000	ELECTROENCEPHALOGRAPHY	76,414	15,693	-5,020	87,087	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10,524,947	10,524,947	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	10,313,605	10,313,605	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.97 07697	CARDIAC REHABILITATION	313,720	55,926	-26,946	342,700	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	423,747	62,536	-5,439	480,844	90.00	
90.01 09001	BASIC DIAGNOSTIC TESTING	408,530	38,309	-446,839	0	90.01	
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	90.03	
90.04 09003	WOUND CARE CLINIC	451,941	670,585	-116,249	1,006,277	90.04	
91.00 09100	EMERGENCY	3,056,082	1,164,762	-54,635	4,166,209	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
93.00 04040	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	99.10	
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00 11300	INTEREST EXPENSE		4,882,329	0	4,882,329	113.00	
116.00 11600	HOSPICE	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	53,301,169	106,108,925	-11,434	159,398,660	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	373,852	723,076	-15,689	1,081,239	190.00	
190.01 19001	OTHER NONREIMBURSABLE	869,862	1,615,415	27,123	2,512,400	190.01	
190.13 19007	EUREKA	0	0	0	0	190.13	
191.00 19100	RESEARCH	0	0	0	0	191.00	
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
200.00	TOTAL (SUM OF LINES 118-199)	54,544,883	108,447,416	0	162,992,299	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140127

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

Worksheet A
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	925,097	6,157,537	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	971,192	7,072,102	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-325,674	12,097,860	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,542,771	19,391,155	5.00
7.00	00700	OPERATION OF PLANT	214,224	5,243,116	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-207,296	347,720	8.00
9.00	00900	HOUSEKEEPING	-27,840	1,854,516	9.00
10.00	01000	DIETARY	-70	898,152	10.00
11.00	01100	CAFETERIA	-412,064	421,735	11.00
13.00	01300	NURSING ADMINISTRATION	-14,558	1,907,826	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	562,468	14.00
15.00	01500	PHARMACY	-75,839	7,677,203	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,112	1,917,886	16.00
17.00	01700	SOCIAL SERVICE	0	1,435,038	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,534,551	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-22,046	-23,630	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	-6,166	301,666	23.00
23.01	02301	EMS PROGRAM	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,731,958	12,486,657	30.00
31.00	03100	INTENSIVE CARE UNIT	-210,237	3,751,478	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-53,409	986,979	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-10,814	1,646,271	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,155,784	4,907,965	50.00
51.00	05100	RECOVERY ROOM	0	683,376	51.00
53.00	05300	ANESTHESIOLOGY	-602,352	102,597	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-32,607	3,565,547	54.00
57.00	05700	CT SCAN	0	442,162	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-314,246	2,826,644	60.00
65.00	06500	RESPIRATORY THERAPY	-12,835	871,902	65.00
66.00	06600	PHYSICAL THERAPY	-86,402	1,322,773	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	296,877	67.00
68.00	06800	SPEECH PATHOLOGY	-9	235,162	68.00
69.00	06900	ELECTROCARDIOLOGY	-62,008	1,870,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	87,087	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,524,947	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,313,605	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	342,700	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-11,918	468,926	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	90.03
90.04	09003	WOUND CARE CLINIC	-12,918	993,359	90.04
91.00	09100	EMERGENCY	-608,404	3,557,805	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-4,882,329	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-28,316,153	131,082,507	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,081,239	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	2,512,400	190.01
190.13	19007	EUREKA	0	0	190.13
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-28,316,153	134,676,146	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet Non-CMS Wo Date/Time Prepared: 5/27/2015 9:07 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
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 APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	CLINICAL PASTORAL EDUCATION	02300		23.00
23.01	EMS PROGRAM	02301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - I RF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (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
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.01	BASIC DIAGNOSTIC TESTING	09001		90.01
90.03	PSYCH OUTPATIENT	09002		90.03
90.04	WOUND CARE CLINIC	09003		90.04
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
93.00	OTHER OUTPATIENT SERVICES	04040	FAMILY PRACTICE	93.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
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	GI FT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	OTHER NONREIMBURSABLE	19001		190.01
190.13	EUREKA	19007		190.13
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140127

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY EXPENSE					
1.00	NURSERY	43.00	1,840,148	187,692	1.00
	TOTALS		1,840,148	187,692	
B - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	439,967	393,832	1.00
	TOTALS		439,967	393,832	
C - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,838,623	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	26,724	2.00
3.00	OTHER NONREIMBURSABLE	190.01	0	53,347	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
	TOTALS		0	20,918,623	
E - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,313,605	1.00
	TOTALS		0	10,313,605	
F - EQUIP DEPR EXPENSE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,100,910	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00

RECLASSIFICATIONS

Provider CCN: 140127

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
TOTALS			0	6,100,910	
G - BASIC DIAGNOSTIC TESTING					
1.00	OPERATING ROOM	50.00	384,018	36,011	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	4,085	383	2.00
3.00	LABORATORY	60.00	12,256	1,149	3.00
4.00	ELECTROCARDIOLOGY	69.00	8,171	766	4.00
TOTALS			408,530	38,309	
H - RECLASS EUREKA ALLOCATED COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	49,281	130,731	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
TOTALS			49,281	130,731	
I - DEFAULT					
1.00	ADMINISTRATIVE & GENERAL	5.00	71,969	0	1.00
TOTALS			71,969	0	
J - RECLASS MD CONTRACT EXPENSES					
1.00	ADULTS & PEDIATRICS	30.00	0	974,910	1.00
2.00	INTENSIVE CARE UNIT	31.00	169,902	40,417	2.00
3.00	SUBPROVIDER - IRF	41.00	0	53,166	3.00
4.00	OPERATING ROOM	50.00	0	1,594,431	4.00
5.00	ANESTHESIOLOGY	53.00	0	602,352	5.00
6.00	RESPIRATORY THERAPY	65.00	0	12,917	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	61,275	7.00
8.00	WOUND CARE CLINIC	90.04	0	13,000	8.00
9.00	EMERGENCY	91.00	0	411,032	9.00
TOTALS			169,902	3,763,500	
500.00	Grand Total: Increases		2,979,797	41,847,202	500.00

RECLASSIFICATIONS

Provider CCN: 140127

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

Worksheet A-6
Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - NURSERY EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	1,840,148	187,692	0		1.00
	TOTALS		1,840,148	187,692			
B - CAFETERIA EXPENSE							
1.00	DIETARY	10.00	439,967	393,832	0		1.00
	TOTALS		439,967	393,832			
C - MEDICAL SUPPLY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,574	0		1.00
2.00	OPERATION OF PLANT	7.00	0	133,679	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	14,613	0		3.00
4.00	HOUSEKEEPING	9.00	0	7,337	0		4.00
5.00	DIETARY	10.00	0	8,951	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,193	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	465,868	0		7.00
8.00	PHARMACY	15.00	0	84,111	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	63	0		9.00
10.00	CLINICAL PASTORAL EDUCATION	23.00	0	11	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	666,165	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	391,704	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	43,165	0		13.00
14.00	NURSERY	43.00	0	176,139	0		14.00
15.00	OPERATING ROOM	50.00	0	12,481,070	0		15.00
16.00	RECOVERY ROOM	51.00	0	19,949	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	355,145	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	348,429	0		18.00
19.00	CT SCAN	57.00	0	99,808	0		19.00
20.00	LABORATORY	60.00	0	2,051,775	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	113,188	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	17,058	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	2,967	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	1,098	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	2,947,136	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,764	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	3,861	0		27.00
28.00	CLINIC	90.00	0	4,374	0		28.00
29.00	WOUND CARE CLINIC	90.04	0	127,498	0		29.00
30.00	EMERGENCY	91.00	0	345,843	0		30.00
31.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,011	0		31.00
32.00	SOCIAL SERVICE	17.00	0	76	0		32.00
	TOTALS		0	20,918,623			
E - IMPLANT RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,313,605	0		1.00
	TOTALS		0	10,313,605			
F - EQUIP DEPR EXPENSE							
1.00		0.00	0	0	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,056,279	0		2.00
3.00	OPERATION OF PLANT	7.00	0	143,037	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	47,513	0		4.00
5.00	HOUSEKEEPING	9.00	0	5,675	0		5.00
6.00	DIETARY	10.00	0	32,776	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	6,197	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	51,717	0		8.00
9.00	PHARMACY	15.00	0	151,779	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	13,624	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,584	0		11.00
12.00	CLINICAL PASTORAL EDUCATION	23.00	0	2,500	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	371,643	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	350,913	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	185	0		15.00
16.00	NURSERY	43.00	0	194,616	0		16.00
17.00	OPERATING ROOM	50.00	0	1,232,286	0		17.00
18.00	RECOVERY ROOM	51.00	0	70	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	2,440	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	819,252	0		20.00
21.00	CT SCAN	57.00	0	221,831	0		21.00
22.00	LABORATORY	60.00	0	162,721	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	36,061	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	55,162	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	368	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	948,892	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,256	0		27.00

RECLASSIFICATIONS

Provider CCN: 140127

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			
28.00	CARDIAC REHABILITATION	76.97	0	23,085	0		28.00
29.00	CLINIC	90.00	0	1,065	0		29.00
30.00	WOUND CARE CLINIC	90.04	0	1,751	0		30.00
31.00	EMERGENCY	91.00	0	119,824	0		31.00
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	13,678	0		32.00
33.00	OTHER NONREIMBURSABLE	190.01	0	26,224	0		33.00
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,906	0		34.00
	TOTALS		0	6,100,910			
G - BASIC DIAGNOSTIC TESTING							
1.00	BASIC DIAGNOSTIC TESTING	90.01	408,530	38,309	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		408,530	38,309			
H - RECLASS EUREKA ALLOCATED COSTS							
1.00	LAUNDRY & LINEN SERVICE	8.00	13,257	14,616	0		1.00
2.00	OPERATION OF PLANT	7.00	13,518	0	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	13,826	0	0		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	116,115	0		4.00
5.00	PHARMACY	15.00	8,680	0	0		5.00
	TOTALS		49,281	130,731			
I - DEFAULT							
1.00	CLINICAL PASTORAL EDUCATION	23.00	71,969	0	0		1.00
	TOTALS		71,969	0			
J - RECLASS MD CONTRACT EXPENSES							
1.00	ADMINISTRATIVE & GENERAL	5.00	169,902	3,763,500	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
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
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		169,902	3,763,500			
500.00	Grand Total: Decreases		2,979,797	41,847,202			500.00

RECLASSIFICATIONS

Provider CCN: 140127

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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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 - NURSERY EXPENSE									
1.00	NURSERY	43.00	1,840,148	187,692	ADULTS & PEDIATRICS	30.00	1,840,148	187,692	1.00
	TOTALS		1,840,148	187,692	TOTALS		1,840,148	187,692	
B - CAFETERIA EXPENSE									
1.00	CAFETERIA	11.00	439,967	393,832	DIETARY	10.00	439,967	393,832	1.00
	TOTALS		439,967	393,832	TOTALS		439,967	393,832	
C - MEDICAL SUPPLY RECLASS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,838,552	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,574	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	26,724	OPERATION OF PLANT	7.00	0	133,679	2.00
3.00	OTHER NONREIMBURSABLE	190.01	0	53,347	LAUNDRY & LINEN SERVICE	8.00	0	14,613	3.00
4.00		0.00	0		HOUSEKEEPING	9.00	0	7,337	4.00
5.00		0.00	0		DIETARY	10.00	0	8,951	5.00
6.00		0.00	0		NURSING ADMINISTRATION	13.00	0	1,193	6.00
7.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	465,868	7.00
8.00		0.00	0		PHARMACY	15.00	0	84,111	8.00
9.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	63	9.00
10.00		0.00	0		CLINICAL PASTORAL EDUCATION	23.00	0	11	10.00
11.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	666,165	11.00
12.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	391,704	12.00
13.00		0.00	0		SUBPROVIDER - IRF	41.00	0	43,165	13.00
14.00		0.00	0		NURSERY	43.00	0	176,139	14.00
15.00		0.00	0		OPERATING ROOM	50.00	0	12,481,070	15.00
16.00		0.00	0		RECOVERY ROOM	51.00	0	19,949	16.00
17.00		0.00	0		ANESTHESIOLOGY	53.00	0	355,145	17.00
18.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	348,429	18.00
19.00		0.00	0		CT SCAN	57.00	0	99,808	19.00
20.00		0.00	0		LABORATORY	60.00	0	2,051,775	20.00
21.00		0.00	0		RESPIRATORY THERAPY	65.00	0	113,188	21.00
22.00		0.00	0		PHYSICAL THERAPY	66.00	0	17,058	22.00
23.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	2,967	23.00
24.00		0.00	0		SPEECH PATHOLOGY	68.00	0	1,098	24.00
25.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	2,947,136	25.00
26.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	1,764	26.00
27.00		0.00	0		CARDIAC REHABILITATION	76.97	0	3,861	27.00
28.00		0.00	0		CLINIC	90.00	0	4,374	28.00
29.00		0.00	0		WOUND CARE CLINIC	90.04	0	127,498	29.00
30.00		0.00	0		EMERGENCY	91.00	0	345,843	30.00
31.00		0.00	0		GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,011	31.00
32.00		0.00	0		SOCIAL SERVICE	17.00	0	76	32.00
	TOTALS		0	20,918,623	TOTALS		0	20,918,623	
E - IMPLANT RECLASS									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,313,605	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,313,605	1.00
	TOTALS		0	10,313,605	TOTALS		0	10,313,605	
F - EQUIP DEPR EXPENSE									
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,100,910		0.00	0	0	1.00
2.00		0.00	0		ADMINISTRATIVE & GENERAL	5.00	0	1,056,279	2.00
3.00		0.00	0		OPERATION OF PLANT	7.00	0	143,037	3.00
4.00		0.00	0		LAUNDRY & LINEN SERVICE	8.00	0	47,513	4.00
5.00		0.00	0		HOUSEKEEPING	9.00	0	5,675	5.00
6.00		0.00	0		DIETARY	10.00	0	32,776	6.00
7.00		0.00	0		NURSING ADMINISTRATION	13.00	0	6,197	7.00
8.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	51,717	8.00
9.00		0.00	0		PHARMACY	15.00	0	151,779	9.00
10.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	13,624	10.00
11.00		0.00	0		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,584	11.00
12.00		0.00	0		CLINICAL PASTORAL EDUCATION	23.00	0	2,500	12.00
13.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	371,643	13.00
14.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	350,913	14.00
15.00		0.00	0		SUBPROVIDER - IRF	41.00	0	185	15.00
16.00		0.00	0		NURSERY	43.00	0	194,616	16.00

RECLASSIFICATIONS

Provider CCN: 140127

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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	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	
17.00		0.00	0	0	OPERATING ROOM	50.00	0	1,232,286	17.00
18.00		0.00	0	0	RECOVERY ROOM	51.00	0	70	18.00
19.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	2,440	19.00
20.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	819,252	20.00
21.00		0.00	0	0	CT SCAN	57.00	0	221,831	21.00
22.00		0.00	0	0	LABORATORY	60.00	0	162,721	22.00
23.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	36,061	23.00
24.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	55,162	24.00
25.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	368	25.00
26.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	948,892	26.00
27.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	3,256	27.00
28.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	23,085	28.00
29.00		0.00	0	0	CLINIC	90.00	0	1,065	29.00
30.00		0.00	0	0	WOUND CARE CLINIC	90.04	0	1,751	30.00
31.00		0.00	0	0	EMERGENCY	91.00	0	119,824	31.00
32.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	13,678	32.00
33.00		0.00	0	0	OTHER NONREIMBURSABLE	190.01	0	26,224	33.00
34.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,906	34.00
	TOTALS		0	6,100,910	TOTALS		0	6,100,910	
G - BASIC DIAGNOSTIC TESTING									
1.00	OPERATING ROOM	50.00	384,018	36,011	BASIC DIAGNOSTIC TESTING	90.01	408,530	38,309	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	4,085	383		0.00	0	0	2.00
3.00	LABORATORY	60.00	12,256	1,149		0.00	0	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	8,171	766		0.00	0	0	4.00
	TOTALS		408,530	38,309	TOTALS		408,530	38,309	
H - RECLASS EUREKA ALLOCATED COSTS									
1.00	ADMINISTRATIVE & GENERAL	5.00	49,281	130,731	LAUNDRY & LINEN SERVICE	8.00	13,257	14,616	1.00
2.00		0.00	0	0	OPERATION OF PLANT	7.00	13,518	0	2.00
3.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	13,826	0	3.00
4.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	116,115	4.00
5.00		0.00	0	0	PHARMACY	15.00	8,680	0	5.00
	TOTALS		49,281	130,731	TOTALS		49,281	130,731	
I - DEFAULT									
1.00	ADMINISTRATIVE & GENERAL	5.00	71,969	0	CLINICAL PASTORAL EDUCATION	23.00	71,969	0	1.00
	TOTALS		71,969	0	TOTALS		71,969	0	
J - RECLASS MD CONTRACT EXPENSES									
1.00	ADULTS & PEDIATRICS	30.00	0	974,910	ADMINISTRATIVE & GENERAL	5.00	169,902	3,763,500	1.00
2.00	INTENSIVE CARE UNIT	31.00	169,902	40,417		0.00	0	0	2.00
3.00	SUBPROVIDER - IRF	41.00	0	53,166		0.00	0	0	3.00
4.00	OPERATING ROOM	50.00	0	1,594,431		0.00	0	0	4.00
5.00	ANESTHESIOLOGY	53.00	0	602,352		0.00	0	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	12,917		0.00	0	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	61,275		0.00	0	0	7.00
8.00	WOUND CARE CLINIC	90.04	0	13,000		0.00	0	0	8.00
9.00	EMERGENCY	91.00	0	411,032		0.00	0	0	9.00
	TOTALS		169,902	3,763,500	TOTALS		169,902	3,763,500	
500.00	Grand Total: Increases		2,979,797	41,847,202	Grand Total: Decreases		2,979,797	41,847,202	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2015 9:07 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,844,000	0	0	0	1.00
2.00	Land Improvements	9,660,786	107,299	0	107,299	2.00
3.00	Buildings and Fixtures	230,426,353	661,115	0	661,115	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	94,609,615	1,668,807	0	1,668,807	6.00
7.00	HIT designated Assets	396,668	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	342,937,422	2,437,221	0	2,437,221	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	342,937,422	2,437,221	0	2,437,221	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,844,000	0			1.00
2.00	Land Improvements	9,768,085	4,388,007			2.00
3.00	Buildings and Fixtures	231,007,468	116,391,475			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	95,642,218	52,053,416			6.00
7.00	HIT designated Assets	396,668	302,209			7.00
8.00	Subtotal (sum of lines 1-7)	344,658,439	173,135,107			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	344,658,439	173,135,107			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

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

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,232,440	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,232,440	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	NEW CAP REL COSTS-BLDG & FIXT	0	5,232,440				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,232,440				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	248,619,553	0	248,619,553	0.722182	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	95,642,218	0	95,642,218	0.277818	0	2.00
3.00	Total (sum of lines 1-2)	344,261,771	0	344,261,771	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,157,537	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,072,102	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,229,639	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	6,157,537	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,072,102	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	13,229,639	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140127

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

Worksheet A-8

Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,274,197			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	-5,535,209			0	12.00
13.00 Laundry and linen service	B	-207,296	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-412,064	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	B	-75,557	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-4,080	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		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 - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW 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		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)	B	-49,500	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 MISCELLANEOUS INCOME	B	-25,069	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.03 MISCELLANEOUS INCOME	B	-653,911	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 MISCELLANEOUS INCOME	B	-370	OPERATION OF PLANT	7.00	0	33.04
33.08 MISCELLANEOUS INCOME	B	-27,840	HOUSEKEEPING	9.00	0	33.08

ADJUSTMENTS TO EXPENSES

Provider CCN: 140127

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

Worksheet A-8

Date/Time Prepared:
5/27/2015 9:07 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.09	MI SCCELLANEOUS INCOME	B	-14,487	NURSING ADMINISTRATION	13.00	0 33.09
33.10	MI SCCELLANEOUS INCOME	B	-16,073	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.10
33.19	MI SCCELLANEOUS INCOME	B	-4,595	CLINICAL PASTORAL EDUCATION	23.00	0 33.19
33.20	MI SCCELLANEOUS INCOME	B	-179,877	EMERGENCY	91.00	0 33.20
33.21	MI SCCELLANEOUS INCOME	B	-10,814	NURSERY	43.00	0 33.21
33.22	MI SCCELLANEOUS INCOME	B	-500	OPERATING ROOM	50.00	0 33.22
33.24	MI SCCELLANEOUS INCOME	B	-267	RADIOLOGY-DIAGNOSTIC	54.00	0 33.24
33.25	MI SCCELLANEOUS INCOME	B	-268,495	LABORATORY	60.00	0 33.25
33.28	MI SCCELLANEOUS INCOME	B	-86,307	PHYSICAL THERAPY	66.00	0 33.28
34.00			0		0.00	0 34.00
35.00			0		0.00	0 35.00
35.01			0		0.00	0 35.01
35.02			0		0.00	0 35.02
35.03			0		0.00	0 35.03
35.04			0		0.00	0 35.04
35.05			0		0.00	0 35.05
35.06			0		0.00	0 35.06
35.07			0		0.00	0 35.07
35.08	NON ALLOWABLE EXPENSES	A	-1,311,077	ADMINISTRATIVE & GENERAL	5.00	0 35.08
35.09	NON ALLOWABLE EXPENSES	A	-9,597	RADIOLOGY-DIAGNOSTIC	54.00	0 35.09
36.00	NON ALLOWABLE EXPENSES	A	-70	DIETARY	10.00	0 36.00
36.01	NON ALLOWABLE EXPENSES	A	-282	PHARMACY	15.00	0 36.01
36.02	NON ALLOWABLE EXPENSES	A	-71	NURSING ADMINISTRATION	13.00	0 36.02
36.03	NON ALLOWABLE EXPENSES	A	-325	SUBPROVIDER - IRF	41.00	0 36.03
36.04	NON ALLOWABLE EXPENSES	A	-32	MEDICAL RECORDS & LIBRARY	16.00	0 36.04
36.05	NON ALLOWABLE EXPENSES	A	-5,973	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 36.05
36.06	NON ALLOWABLE EXPENSES	A	-2,257	ADULTS & PEDIATRICS	30.00	0 36.06
36.07	NON ALLOWABLE EXPENSES	A	-1,571	CLINICAL PASTORAL EDUCATION	23.00	0 36.07
36.09			0		0.00	0 36.09
36.10	NON ALLOWABLE EXPENSES	A	-26	OPERATING ROOM	50.00	0 36.10
36.11	NON ALLOWABLE EXPENSES	A	-9	SPEECH PATHOLOGY	68.00	0 36.11
36.13	NON ALLOWABLE EXPENSES	A	-95	PHYSICAL THERAPY	66.00	0 36.13
36.14	NON ALLOWABLE EXPENSES	A	-77	EMERGENCY	91.00	0 36.14
36.15	MARKETING OFFSET	A	-53,453	ADMINISTRATIVE & GENERAL	5.00	0 36.15
36.16	EMPLOYED PHYSICIAN	A	-19,641	ADMINISTRATIVE & GENERAL	5.00	0 36.16
36.17	LOBBYING FEES	A	984	ADMINISTRATIVE & GENERAL	5.00	0 36.17
36.18			0		0.00	0 36.18
36.19	PA ASSESSMENT EXPENSE	A	-6,864,316	ADMINISTRATIVE & GENERAL	5.00	0 36.19
37.00	NON ALLOWABLE EXPENSES	A	-815	ELECTROCARDIOLOGY	69.00	0 37.00
38.00	SELF INSURANCE EXPENSE	A	-2,292,428	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.00
39.00			0		0.00	0 39.00
40.00			0		0.00	0 40.00
41.00	EUREKA OVERALLOCATION	A	183,781	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 41.00
42.00	CONTRIBUTIONS	A	17,060	ADMINISTRATIVE & GENERAL	5.00	0 42.00
43.00	INTEREST EXPENSE	A	-4,882,329	INTEREST EXPENSE	113.00	11 43.00
44.00	MOB/POB ADD-ON	A	214,594	OPERATION OF PLANT	7.00	0 44.00
44.01	MOB/POB ADD-ON	A	235,930	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 44.01
44.02	MOB/POB ADD-ON	A	96,162	ADMINISTRATIVE & GENERAL	5.00	0 44.02
44.03	MOB/POB ADD-ON	A	25,391	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 44.03
44.04	ADJ BOOK TO MC DEPR	A	248,654	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 44.04
44.05	ADJ BOOK TO MC DEPR	A	-47,757	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 44.05
45.00			0		0.00	0 45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,316,153			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: 140127

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2015 9:07 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	54.00	RADIOLOGY-DIAGNOSTIC	ADVANCED MRI	78,017	100,760
2.00	0.00			0	0
3.00	0.00			0	0
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	256,732	0
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	993,558	0
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,991,823	0
4.03	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	5,351,240	14,105,819
4.04	0.00			0	0
4.05	0.00			0	0
5.00	0			8,671,370	14,206,579

* 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	C		0.00	ADVANCED MRI	42.80	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00	B		0.00	ADVOCATE HEALTH CARE	100.00	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: 140127

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2015 9:07 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-22,743	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	256,732	9		4.00
4.01	993,558	9		4.01
4.02	1,991,823	0		4.02
4.03	-8,754,579	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
5.00	-5,535,209			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	MRI SERVICES		6.00
7.00			7.00
8.00			8.00
9.00	HOME OFFICE		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: 140127

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2015 9:07 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00 ADULTS & PEDIATRICS	2,537,131	2,537,131	0	171,400	0	1.00
2.00	30.00 ADULTS & PEDIATRICS	143,152	0	143,152	171,400	1	2.00
3.00	31.00 INTENSIVE CARE UNIT	173,652	173,652	0	171,400	0	3.00
4.00	31.00 INTENSIVE CARE UNIT	36,667	0	36,667	171,400	1	4.00
5.00	41.00 SUBPROVIDER - IRF	53,166	0	53,166	171,400	1	5.00
6.00	50.00 OPERATING ROOM	1,905,340	1,905,340	0	171,400	0	6.00
7.00	50.00 OPERATING ROOM	250,000	0	250,000	171,400	1	7.00
8.00	53.00 ANESTHESIOLOGY	602,352	602,352	0	171,400	0	8.00
9.00	60.00 LABORATORY	45,833	0	45,833	171,400	1	9.00
10.00	65.00 RESPIRATORY THERAPY	12,917	0	12,917	171,400	1	10.00
11.00	69.00 ELECTROCARDIOLOGY	61,275	0	61,275	171,400	1	11.00
12.00	90.00 CLINIC	12,000	0	12,000	171,400	1	12.00
13.00	90.04 WOUND CARE CLINIC	13,000	0	13,000	171,400	1	13.00
14.00	91.00 EMERGENCY	428,532	411,032	17,500	171,400	1	14.00
200.00		6,275,017	5,629,507	645,510		10	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00 ADULTS & PEDIATRICS	82	4	0	0	0	2.00
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.00 INTENSIVE CARE UNIT	82	4	0	0	0	4.00
5.00	41.00 SUBPROVIDER - IRF	82	4	0	0	0	5.00
6.00	50.00 OPERATING ROOM	0	0	0	0	0	6.00
7.00	50.00 OPERATING ROOM	82	4	0	0	0	7.00
8.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00 LABORATORY	82	4	0	0	0	9.00
10.00	65.00 RESPIRATORY THERAPY	82	4	0	0	0	10.00
11.00	69.00 ELECTROCARDIOLOGY	82	4	0	0	0	11.00
12.00	90.00 CLINIC	82	4	0	0	0	12.00
13.00	90.04 WOUND CARE CLINIC	82	4	0	0	0	13.00
14.00	91.00 EMERGENCY	82	4	0	0	0	14.00
200.00		820	40	0	0	0	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00 ADULTS & PEDIATRICS	0	0	0	2,537,131	1.00	
2.00	30.00 ADULTS & PEDIATRICS	0	82	143,070	143,070	2.00	
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	173,652	3.00	
4.00	31.00 INTENSIVE CARE UNIT	0	82	36,585	36,585	4.00	
5.00	41.00 SUBPROVIDER - IRF	0	82	53,084	53,084	5.00	
6.00	50.00 OPERATING ROOM	0	0	0	1,905,340	6.00	
7.00	50.00 OPERATING ROOM	0	82	249,918	249,918	7.00	
8.00	53.00 ANESTHESIOLOGY	0	0	0	602,352	8.00	
9.00	60.00 LABORATORY	0	82	45,751	45,751	9.00	
10.00	65.00 RESPIRATORY THERAPY	0	82	12,835	12,835	10.00	
11.00	69.00 ELECTROCARDIOLOGY	0	82	61,193	61,193	11.00	
12.00	90.00 CLINIC	0	82	11,918	11,918	12.00	
13.00	90.04 WOUND CARE CLINIC	0	82	12,918	12,918	13.00	
14.00	91.00 EMERGENCY	0	82	17,418	428,450	14.00	
200.00		0	820	644,690	6,274,197	200.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	6,157,537	6,157,537			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	7,072,102		7,072,102		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,097,860	7,311	3,369	12,108,540	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	19,391,155	656,860	1,224,426	1,607,505	5.00
7.00 00700	OPERATION OF PLANT	5,243,116	1,546,242	165,807	288,923	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	347,720	90,958	55,076	70,069	8.00
9.00 00900	HOUSEKEEPING	1,854,516	42,480	6,578	257,406	9.00
10.00 01000	DIETARY	898,152	75,538	37,994	108,249	10.00
11.00 01100	CAFETERIA	421,735	40,668	0	100,485	11.00
13.00 01300	NURSING ADMINISTRATION	1,907,826	226,615	7,183	381,327	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	562,468	66,542	59,950	76,679	14.00
15.00 01500	PHARMACY	7,677,203	41,782	175,940	485,014	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,917,886	15,474	15,793	276,984	16.00
17.00 01700	SOCIAL SERVICE	1,435,038	0	0	233,637	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,534,551	0	0	278,844	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-23,630	27,686	1,836	0	22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	301,666	32,007	2,898	56,363	23.00
23.01 02301	EMS PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,486,657	1,027,223	656,401	2,226,929	30.00
31.00 03100	INTENSIVE CARE UNIT	3,751,478	302,307	406,774	757,418	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	986,979	98,586	214	186,057	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	1,646,271	196,465	0	420,275	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,907,965	359,273	1,428,452	801,417	50.00
51.00 05100	RECOVERY ROOM	683,376	27,296	81	144,114	51.00
53.00 05300	ANESTHESIOLOGY	102,597	0	2,828	13,627	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,565,547	239,842	949,667	607,356	54.00
57.00 05700	CT SCAN	442,162	0	257,144	79,029	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	2,826,644	159,438	188,624	453,984	60.00
65.00 06500	RESPIRATORY THERAPY	871,902	64,513	41,801	184,189	65.00
66.00 06600	PHYSICAL THERAPY	1,322,773	180,493	63,943	269,175	66.00
67.00 06700	OCCUPATIONAL THERAPY	296,877	0	0	63,191	67.00
68.00 06800	SPEECH PATHOLOGY	235,162	0	427	49,791	68.00
69.00 06900	ELECTROCARDIOLOGY	1,870,787	128,564	1,099,944	359,360	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	87,087	24,053	3,774	17,452	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,524,947	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	10,313,605	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	342,700	31,201	26,760	71,651	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	468,926	29,353	1,235	96,780	90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	90.03
90.04 09003	WOUND CARE CLINIC	993,359	29,788	2,030	103,220	90.04
91.00 09100	EMERGENCY	3,557,805	177,249	138,899	697,985	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	131,082,507	5,945,807	7,025,848	11,824,485	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,081,239	106,730	15,855	85,385	190.00
190.01 19001	OTHER NONREIMBURSABLE	2,512,400	105,000	30,399	198,670	190.01
190.13 19007	EUREKA	0	0	0	0	190.13
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW 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)	134,676,146	6,157,537	7,072,102	12,108,540	134,676,146	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/27/2015 9:07 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	22,879,946			5.00		
7.00	00700	OPERATION OF PLANT	1,482,561	8,726,649		7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	115,391	201,097	880,311	8.00		
9.00	00900	HOUSEKEEPING	442,262	93,919	64,174	2,761,335	9.00	
10.00	01000	DIETARY	229,203	167,007	1,675	71,623	1,589,441	10.00
11.00	01100	CAFETERIA	115,200	89,913	1,555	99,649	0	11.00
13.00	01300	NURSING ADMINISTRATION	516,342	501,020	0	6,190	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	156,694	147,117	0	68,547	0	14.00
15.00	01500	PHARMACY	1,715,022	92,376	0	28,026	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	455,597	34,211	0	12,456	0	16.00
17.00	01700	SOCIAL SERVICE	341,508	0	0	1,538	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	371,126	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,206	61,210	0	19,568	0	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	80,417	70,765	0	10,303	0	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,355,779	2,271,072	304,320	976,960	1,121,158	30.00
31.00	03100	INTENSIVE CARE UNIT	1,067,901	668,367	94,974	52,977	339,999	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	260,291	217,962	20,268	43,596	128,284	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	463,143	434,362	3,923	33,908	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,534,343	794,313	133,867	432,850	0	50.00
51.00	05100	RECOVERY ROOM	174,955	60,349	10,725	28,026	0	51.00
53.00	05300	ANESTHESIOLOGY	24,365	0	0	2,768	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,097,461	530,263	50,632	149,473	0	54.00
57.00	05700	CT SCAN	159,292	0	14,111	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	742,640	352,501	603	84,079	0	60.00
65.00	06500	RESPIRATORY THERAPY	237,895	142,631	0	12,456	0	65.00
66.00	06600	PHYSICAL THERAPY	375,831	399,049	11,832	77,197	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	73,691	0	186	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	58,405	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	707,841	284,240	9,317	31,140	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,090	53,179	1,037	6,190	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,154,015	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,110,762	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	176	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	96,662	68,982	615	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	122,036	64,896	926	20,722	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	230,935	65,857	4,895	26,142	0	90.04
91.00	09100	EMERGENCY	935,684	391,879	150,500	399,134	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,033,546	8,258,537	880,311	2,695,518	1,589,441	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	263,847	235,969	0	46,710	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	582,553	232,143	0	19,107	0	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	22,879,946	8,726,649	880,311	2,761,335	1,589,441	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/27/2015 9:07 am
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	869,205					11.00
13.00	01300	26,225	3,572,728				13.00
14.00	01400	12,889	99,194	1,250,080			14.00
15.00	01500	30,565	7,436	37,446	10,290,810		15.00
16.00	01600	28,933	19,502	2,848	0	2,779,684	16.00
17.00	01700	16,673	98,703	285	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	26,322	0	26,947	0	0	22.00
23.00	02300	9,334	0	9,910	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	204,261	1,375,594	107,177	5,760	125,467	30.00
31.00	03100	70,187	521,995	38,893	3,045	33,892	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	17,689	128,517	5,365	23	16,101	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	38,062	273,379	24,463	1,198	22,373	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	71,976	462,507	85,810	83,731	441,312	50.00
51.00	05100	10,555	73,168	2,385	4,849	26,701	51.00
53.00	05300	2,213	13,188	924	53,619	64,114	53.00
54.00	05400	52,063	7,997	48,300	5,845	558,857	54.00
57.00	05700	5,223	0	648	21,760	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	50,165	1,543	65,392	592	294,141	60.00
65.00	06500	19,128	7,506	1,524	2,485	33,997	65.00
66.00	06600	20,276	0	8,491	0	30,727	66.00
67.00	06700	5,066	4,490	73	0	8,246	67.00
68.00	06800	3,494	70	0	0	3,804	68.00
69.00	06900	22,658	24,202	30,999	41,393	241,464	69.00
70.00	07000	1,475	5,331	406	0	4,377	70.00
71.00	07100	0	0	0	0	394	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	8,201,289	281,340	73.00
76.97	07697	6,638	140	4,125	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	7,714	0	5,923	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
90.04	09003	9,056	13,399	4,526	0	54,932	90.04
91.00	09100	62,316	421,117	43,482	95,387	537,445	91.00
92.00	09200						92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		831,156	3,558,978	556,342	8,520,976	2,779,684	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	16,963	0	651,130	0	0	190.00
190.01	19001	21,086	13,750	42,608	1,769,834	0	190.01
190.13	19007	0	0	0	0	0	190.13
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		869,205	3,572,728	1,250,080	10,290,810	2,779,684	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	2,127,382					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	2,184,521				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	141,145			22.00
23.00 02300 CLINICAL PASTORAL EDUCATION	0	0	0	573,663		23.00
23.01 02301 EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,283,300	2,184,521	141,145	255,334	0	30.00
31.00 03100 INTENSIVE CARE UNIT	520,681	0	0	123,696	0	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	229,178	0	0	16,820	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	15,213	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	88,593	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	209	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (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	11,388	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	5,398	0	0	0	0	90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03 09002 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 09003 WOUND CARE CLINIC	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	73,612	0	0	65,400	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,127,382	2,184,521	141,145	561,440	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	0	0	0	12,223	0	190.01
190.13 19007 EUREKA	0	0	0	0	0	190.13
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
202.00 TOTAL (sum lines 118-201)	2,127,382	2,184,521	141,145	573,663	23.01	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/27/2015 9:07 am
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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
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
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
23.00	02300				23.00
23.01	02301				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	30,109,058	-2,325,666	27,783,392	30.00
31.00	03100	8,754,584	0	8,754,584	31.00
40.00	04000	0	0	0	40.00
41.00	04100	2,355,930	0	2,355,930	41.00
42.00	04200	0	0	0	42.00
43.00	04300	3,573,035	0	3,573,035	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	11,626,409	0	11,626,409	50.00
51.00	05100	1,246,580	0	1,246,580	51.00
53.00	05300	280,243	0	280,243	53.00
54.00	05400	7,863,512	0	7,863,512	54.00
57.00	05700	979,369	0	979,369	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	5,220,346	0	5,220,346	60.00
65.00	06500	1,620,027	0	1,620,027	65.00
66.00	06600	2,759,787	0	2,759,787	66.00
67.00	06700	451,820	0	451,820	67.00
68.00	06800	351,153	0	351,153	68.00
69.00	06900	4,863,297	0	4,863,297	69.00
70.00	07000	231,451	0	231,451	70.00
71.00	07100	12,679,356	0	12,679,356	71.00
72.00	07200	12,424,367	0	12,424,367	72.00
73.00	07300	8,482,805	0	8,482,805	73.00
76.97	07697	649,474	0	649,474	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	823,909	0	823,909	90.00
90.01	09001	0	0	0	90.01
90.03	09002	0	0	0	90.03
90.04	09003	1,538,139	0	1,538,139	90.04
91.00	09100	7,747,894	0	7,747,894	91.00
92.00	09200	0	0	0	92.00
93.00	04040	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	0	0	0	99.10
101.00	10100	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
113.00	11300	0	0	0	113.00
116.00	11600	0	0	0	116.00
118.00		126,632,545	-2,325,666	124,306,879	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	2,503,828	0	2,503,828	190.00
190.01	19001	5,539,773	0	5,539,773	190.01
190.13	19007	0	0	0	190.13
191.00	19100	0	0	0	191.00
192.00	19200	0	0	0	192.00
200.00		0	0	0	200.00
201.00		0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00	TOTAL (sum lines 118-201)	134,676,146	-2,325,666	132,350,480	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140127

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

Worksheet Non-CMS Wo
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-31	ACCUM.	COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	12	HOURS OF	SERVICE	9.00
10.00	DIETARY	13	MEALS	SERVED	10.00
11.00	CAFETERIA	14	FTE'S		11.00
13.00	NURSING ADMINISTRATION	30	NURSING	FTE'S	13.00
14.00	CENTRAL SERVICES & SUPPLY	15	COSTED	REQUIS.	14.00
15.00	PHARMACY	16	COSTED	REQUISITIO	15.00
16.00	MEDICAL RECORDS & LIBRARY	19	TIME	SPENT	16.00
17.00	SOCIAL SERVICE	20	TIME	SPENT	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED	TIME	22.00
23.00	CLINICAL PASTORAL EDUCATION	24	ASSIGNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	40	7,311	3,369	10,720	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	24,306	656,860	1,224,426	1,905,592	5.00
7.00 00700	OPERATION OF PLANT	10,731	1,546,242	165,807	1,722,780	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	27,323	90,958	55,076	173,357	8.00
9.00 00900	HOUSEKEEPING	565	42,480	6,578	49,623	9.00
10.00 01000	DIETARY	858	75,538	37,994	114,390	10.00
11.00 01100	CAFETERIA	0	40,668	0	40,668	11.00
13.00 01300	NURSING ADMINISTRATION	3,561	226,615	7,183	237,359	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,353	66,542	59,950	127,845	14.00
15.00 01500	PHARMACY	820	41,782	175,940	218,542	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,634	15,474	15,793	33,901	16.00
17.00 01700	SOCIAL SERVICE	48	0	0	48	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	25,062	27,686	1,836	54,584	22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	480	32,007	2,898	35,385	23.00
23.01 02301	EMS PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	179,992	1,027,223	656,401	1,863,616	30.00
31.00 03100	INTENSIVE CARE UNIT	45,664	302,307	406,774	754,745	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	47,244	98,586	214	146,044	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	196,465	0	196,465	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,705	359,273	1,428,452	1,790,430	50.00
51.00 05100	RECOVERY ROOM	104	27,296	81	27,481	51.00
53.00 05300	ANESTHESIOLOGY	9	0	2,828	2,837	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	152,138	239,842	949,667	1,341,647	54.00
57.00 05700	CT SCAN	9,918	0	257,144	267,062	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	68,776	159,438	188,624	416,838	60.00
65.00 06500	RESPIRATORY THERAPY	403	64,513	41,801	106,717	65.00
66.00 06600	PHYSICAL THERAPY	121,258	180,493	63,943	365,694	66.00
67.00 06700	OCCUPATIONAL THERAPY	22	0	0	22	67.00
68.00 06800	SPEECH PATHOLOGY	95	0	427	522	68.00
69.00 06900	ELECTROCARDIOLOGY	26,675	128,564	1,099,944	1,255,183	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	19	24,053	3,774	27,846	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	472	31,201	26,760	58,433	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	295	29,353	1,235	30,883	90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	90.03
90.04 09003	WOUND CARE CLINIC	1,157	29,788	2,030	32,975	90.04
91.00 09100	EMERGENCY	43,012	177,249	138,899	359,160	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	797,739	5,945,807	7,025,848	13,769,394	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63	106,730	15,855	122,648	190.00
190.01 19001	OTHER NONREIMBURSABLE	7,084	105,000	30,399	142,483	190.01
190.13 19007	EUREKA	0	0	0	0	190.13
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00	Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW 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)	804,886	6,157,537	7,072,102	14,034,525	10,720	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 9:07 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,907,014				5.00
7.00	00700	OPERATION OF PLANT	123,570	1,846,606			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,618	42,553	225,590		8.00
9.00	00900	HOUSEKEEPING	36,862	19,874	16,445	123,032	9.00
10.00	01000	DIETARY	19,104	35,340	429	3,191	172,550
11.00	01100	CAFETERIA	9,602	19,026	398	4,440	0
13.00	01300	NURSING ADMINISTRATION	43,036	106,019	0	276	0
14.00	01400	CENTRAL SERVICES & SUPPLY	13,060	31,131	0	3,054	0
15.00	01500	PHARMACY	142,945	19,547	0	1,249	0
16.00	01600	MEDICAL RECORDS & LIBRARY	37,973	7,239	0	555	0
17.00	01700	SOCIAL SERVICE	28,464	0	0	69	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	30,933	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	101	12,952	0	872	0
23.00	02300	CLINICAL PASTORAL EDUCATION	6,703	14,974	0	459	0
23.01	02301	EMS PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	279,698	480,571	77,987	43,528	121,713
31.00	03100	INTENSIVE CARE UNIT	89,008	141,430	24,338	2,360	36,910
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	21,695	46,122	5,194	1,942	13,927
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	38,602	91,913	1,005	1,511	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	127,886	168,081	34,305	19,286	0
51.00	05100	RECOVERY ROOM	14,582	12,770	2,748	1,249	0
53.00	05300	ANESTHESIOLOGY	2,031	0	0	123	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,472	112,207	12,975	6,660	0
57.00	05700	CT SCAN	13,277	0	3,616	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	61,898	74,591	155	3,746	0
65.00	06500	RESPIRATORY THERAPY	19,828	30,181	0	555	0
66.00	06600	PHYSICAL THERAPY	31,325	84,441	3,032	3,440	0
67.00	06700	OCCUPATIONAL THERAPY	6,142	0	48	0	0
68.00	06800	SPEECH PATHOLOGY	4,868	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	58,998	60,147	2,388	1,387	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,258	11,253	266	276	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	179,535	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	175,929	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	45	0	0
76.97	07697	CARDIAC REHABILITATION	8,057	14,597	158	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,172	13,732	237	923	0
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0
90.04	09003	WOUND CARE CLINIC	19,248	13,936	1,254	1,165	0
91.00	09100	EMERGENCY	77,988	82,924	38,567	17,784	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,836,468	1,747,551	225,590	120,100	172,550
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,991	49,932	0	2,081	0
190.01	19001	OTHER NONREIMBURSABLE	48,555	49,123	0	851	0
190.13	19007	EUREKA	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,907,014	1,846,606	225,590	123,032	172,550

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 9:07 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	74,223					11.00
13.00	01300	2,239	389,266				13.00
14.00	01400	1,101	10,808	187,067			14.00
15.00	01500	2,610	810	5,604	391,736		15.00
16.00	01600	2,471	2,125	426	0	84,935	16.00
17.00	01700	1,424	10,754	43	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	2,248	0	4,032	0	0	22.00
23.00	02300	797	0	1,483	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,442	149,877	16,038	219	3,834	30.00
31.00	03100	5,993	56,874	5,820	116	1,036	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,510	14,003	803	1	492	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,250	29,786	3,661	46	684	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,146	50,392	12,841	3,187	13,485	50.00
51.00	05100	901	7,972	357	185	816	51.00
53.00	05300	189	1,437	138	2,041	1,959	53.00
54.00	05400	4,446	871	7,228	222	17,073	54.00
57.00	05700	446	0	97	828	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	4,284	168	9,786	23	8,988	60.00
65.00	06500	1,633	818	228	95	1,039	65.00
66.00	06600	1,731	0	1,271	0	939	66.00
67.00	06700	433	489	11	0	252	67.00
68.00	06800	298	8	0	0	116	68.00
69.00	06900	1,935	2,637	4,639	1,576	7,378	69.00
70.00	07000	126	581	61	0	134	70.00
71.00	07100	0	0	0	0	12	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	312,194	8,597	73.00
76.97	07697	567	15	617	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	659	0	886	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
90.04	09003	773	1,460	677	0	1,679	90.04
91.00	09100	5,321	45,883	6,507	3,631	16,422	91.00
92.00	09200						92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		70,973	387,768	83,254	324,364	84,935	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,449	0	97,437	0	0	190.00
190.01	19001	1,801	1,498	6,376	67,372	0	190.01
190.13	19007	0	0	0	0	0	190.13
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		74,223	389,266	187,067	391,736	84,935	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 9:07 am
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Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.00	21.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
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	41,009				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	31,180			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		64,064		22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	0			59,851	23.00
23.01 02301	EMS PROGRAM	0				0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	24,738				30.00
31.00 03100	INTENSIVE CARE UNIT	10,037				31.00
40.00 04000	SUBPROVIDER - IPF	0				40.00
41.00 04100	SUBPROVIDER - IRF	4,418				41.00
42.00 04200	SUBPROVIDER	0				42.00
43.00 04300	NURSERY	293				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0				50.00
51.00 05100	RECOVERY ROOM	0				51.00
53.00 05300	ANESTHESIOLOGY	0				53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0				54.00
57.00 05700	CT SCAN	0				57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	0				59.00
60.00 06000	LABORATORY	0				60.00
65.00 06500	RESPIRATORY THERAPY	0				65.00
66.00 06600	PHYSICAL THERAPY	0				66.00
67.00 06700	OCCUPATIONAL THERAPY	0				67.00
68.00 06800	SPEECH PATHOLOGY	0				68.00
69.00 06900	ELECTROCARDIOLOGY	0				69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
76.97 07697	CARDIAC REHABILITATION	0				76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	104				90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0				90.01
90.03 09002	PSYCH OUTPATIENT	0				90.03
90.04 09003	WOUND CARE CLINIC	0				90.04
91.00 09100	EMERGENCY	1,419				91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0				93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0				99.10
101.00 10100	HOME HEALTH AGENCY	0				101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0				109.00
110.00 11000	INTESTINAL ACQUISITION	0				110.00
111.00 11100	ISLET ACQUISITION	0				111.00
113.00 11300	INTEREST EXPENSE	0				113.00
116.00 11600	HOSPICE	0				116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	41,009	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				190.00
190.01 19001	OTHER NONREIMBURSABLE	0				190.01
190.13 19007	EUREKA	0				190.13
191.00 19100	RESEARCH	0				191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0				192.00
200.00	Cross Foot Adjustments		31,180	64,064	59,851	0 200.00
201.00	Negative Cost Centers	0	0	10,725	0	0 201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 9:07 am	
		INTERNS & RESIDENTS					
Cost Center Description		SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
		17.00	21.00	22.00	23.00	23.01	
202.00	TOTAL (sum lines 118-201)	41,009	31,180	74,789	59,851	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 9:07 am
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		24.00	25.00	26.00
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500 ADMINISTRATIVE & GENERAL			5.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
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 APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 CLINICAL PASTORAL EDUCATION			23.00
23.01	02301 EMS PROGRAM			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	3,081,238	0	3,081,238
31.00	03100 INTENSIVE CARE UNIT	1,129,337	0	1,129,337
40.00	04000 SUBPROVIDER - IPF	0	0	0
41.00	04100 SUBPROVIDER - IRF	256,316	0	256,316
42.00	04200 SUBPROVIDER	0	0	0
43.00	04300 NURSERY	367,588	0	367,588
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	2,226,748	0	2,226,748
51.00	05100 RECOVERY ROOM	69,188	0	69,188
53.00	05300 ANESTHESIOLOGY	10,767	0	10,767
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,595,338	0	1,595,338
57.00	05700 CT SCAN	285,396	0	285,396
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0	0	0
60.00	06000 LABORATORY	580,879	0	580,879
65.00	06500 RESPIRATORY THERAPY	161,257	0	161,257
66.00	06600 PHYSICAL THERAPY	492,111	0	492,111
67.00	06700 OCCUPATIONAL THERAPY	7,453	0	7,453
68.00	06800 SPEECH PATHOLOGY	5,856	0	5,856
69.00	06900 ELECTROCARDIOLOGY	1,396,586	0	1,396,586
70.00	07000 ELECTROENCEPHALOGRAPHY	42,816	0	42,816
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	179,547	0	179,547
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	175,929	0	175,929
73.00	07300 DRUGS CHARGED TO PATIENTS	320,836	0	320,836
76.97	07697 CARDIAC REHABILITATION	82,507	0	82,507
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	57,682	0	57,682
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0
90.03	09002 PSYCH OUTPATIENT	0	0	0
90.04	09003 WOUND CARE CLINIC	73,258	0	73,258
91.00	09100 EMERGENCY	656,223	0	656,223
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	0
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	0
101.00	10100 HOME HEALTH AGENCY	0	0	0
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	0
110.00	11000 INTESTINAL ACQUISITION	0	0	0
111.00	11100 ISLET ACQUISITION	0	0	0
113.00	11300 INTEREST EXPENSE	0	0	0
116.00	11600 HOSPICE	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,254,856	0	13,254,856
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	295,614	0	295,614
190.01	19001 OTHER NONREIMBURSABLE	318,235	0	318,235
190.13	19007 EUREKA	0	0	0
191.00	19100 RESEARCH	0	0	0
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0
200.00	Cross Foot Adjustments	155,095	0	155,095
201.00	Negative Cost Centers	10,725	0	10,725

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 9:07 am	
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
202.00	TOTAL (sum lines 118-201)	14,034,525	0	14,034,525			202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	679,676					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		6,100,910				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	807	2,906	53,016,585			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	72,505	1,056,279	7,038,361	-22,879,946	111,796,200	5.00
7.00 00700	OPERATION OF PLANT	170,676	143,037	1,265,029	0	7,244,088	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	10,040	47,513	306,793	0	563,823	8.00
9.00 00900	HOUSEKEEPING	4,689	5,675	1,127,035	0	2,160,980	9.00
10.00 01000	DIETARY	8,338	32,776	473,961	0	1,119,933	10.00
11.00 01100	CAFETERIA	4,489	0	439,967	0	562,888	11.00
13.00 01300	NURSING ADMINISTRATION	25,014	6,197	1,669,615	0	2,522,951	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,345	51,717	335,734	0	765,639	14.00
15.00 01500	PHARMACY	4,612	151,779	2,123,605	0	8,379,939	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,708	13,624	1,212,758	0	2,226,137	16.00
17.00 01700	SOCIAL SERVICE	0	0	1,022,967	0	1,668,675	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,220,901	0	1,813,395	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,056	1,584	0	0	5,892	22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	3,533	2,500	246,781	0	392,934	23.00
23.01 02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	113,386	566,259	9,750,572	0	16,397,210	30.00
31.00 03100	INTENSIVE CARE UNIT	33,369	350,913	3,316,309	0	5,217,977	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	10,882	185	814,637	0	1,271,836	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	21,686	0	1,840,148	0	2,263,011	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	39,657	1,232,286	3,508,956	0	7,497,107	50.00
51.00 05100	RECOVERY ROOM	3,013	70	630,992	0	854,867	51.00
53.00 05300	ANESTHESIOLOGY	0	2,440	59,663	0	119,052	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	26,474	819,252	2,659,269	0	5,362,412	54.00
57.00 05700	CT SCAN	0	221,831	346,024	0	778,335	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	17,599	162,721	1,987,741	0	3,628,690	60.00
65.00 06500	RESPIRATORY THERAPY	7,121	36,061	806,462	0	1,162,405	65.00
66.00 06600	PHYSICAL THERAPY	19,923	55,162	1,178,564	0	1,836,384	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	276,680	0	360,068	67.00
68.00 06800	SPEECH PATHOLOGY	0	368	218,008	0	285,380	68.00
69.00 06900	ELECTROCARDIOLOGY	14,191	948,892	1,573,434	0	3,458,655	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,655	3,256	76,414	0	132,366	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10,524,947	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	10,313,605	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	3,444	23,085	313,720	0	472,312	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	3,240	1,065	423,747	0	596,294	90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 09003	WOUND CARE CLINIC	3,288	1,751	451,941	0	1,128,397	90.04
91.00 09100	EMERGENCY	19,565	119,824	3,056,082	0	4,571,938	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	656,305	6,061,008	51,772,870	-22,879,946	107,660,522	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,781	13,678	373,852	0	1,289,209	190.00
190.01 19001	OTHER NONREIMBURSABLE	11,590	26,224	869,863	0	2,846,469	190.01
190.13 19007	EUREKA	0	0	0	0	0	190.13
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	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)	6,157,537	7,072,102	12,108,540	22,879,946	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.059518	1.159188	0.228392	0.204658	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			10,720	1,907,014	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000202	0.017058	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	435,688				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,040	1,032,884			8.00
9.00	00900	HOUSEKEEPING	4,689	75,297	71,826		9.00
10.00	01000	DIETARY	8,338	1,965	1,863	109,354	10.00
11.00	01100	CAFETERIA	4,489	1,824	2,592	0	71,890
13.00	01300	NURSING ADMINISTRATION	25,014	0	161	0	2,169
14.00	01400	CENTRAL SERVICES & SUPPLY	7,345	0	1,783	0	1,066
15.00	01500	PHARMACY	4,612	0	729	0	2,528
16.00	01600	MEDICAL RECORDS & LIBRARY	1,708	0	324	0	2,393
17.00	01700	SOCIAL SERVICE	0	0	40	0	1,379
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,056	0	509	0	2,177
23.00	02300	CLINICAL PASTORAL EDUCATION	3,533	0	268	0	772
23.01	02301	EMS PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	113,386	357,062	25,412	77,136	16,894
31.00	03100	INTENSIVE CARE UNIT	33,369	111,435	1,378	23,392	5,805
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	10,882	23,781	1,134	8,826	1,463
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	21,686	4,603	882	0	3,148
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,657	157,069	11,259	0	5,953
51.00	05100	RECOVERY ROOM	3,013	12,584	729	0	873
53.00	05300	ANESTHESIOLOGY	0	0	72	0	183
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,474	59,407	3,888	0	4,306
57.00	05700	CT SCAN	0	16,557	0	0	432
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	17,599	708	2,187	0	4,149
65.00	06500	RESPIRATORY THERAPY	7,121	0	324	0	1,582
66.00	06600	PHYSICAL THERAPY	19,923	13,883	2,008	0	1,677
67.00	06700	OCCUPATIONAL THERAPY	0	218	0	0	419
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	289
69.00	06900	ELECTROCARDIOLOGY	14,191	10,932	810	0	1,874
70.00	07000	ELECTROENCEPHALOGRAPHY	2,655	1,217	161	0	122
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	206	0	0	0
76.97	07697	CARDIAC REHABILITATION	3,444	722	0	0	549
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,240	1,087	539	0	638
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0
90.04	09003	WOUND CARE CLINIC	3,288	5,743	680	0	749
91.00	09100	EMERGENCY	19,565	176,584	10,382	0	5,154
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	412,317	1,032,884	70,114	109,354	68,743
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,781	0	1,215	0	1,403
190.01	19001	OTHER NONREIMBURSABLE	11,590	0	497	0	1,744
190.13	19007	EUREKA	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	8,726,649	880,311	2,761,335	1,589,441	869,205	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.029583	0.852284	38.444783	14.534823	12.090764	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,846,606	225,590	123,032	172,550	74,223	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.238368	0.218408	1.712917	1.577903	1.032452	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description		NURSING ADMINISTRATION (NURSING FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		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
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	50,929					13.00
14.00	01400	1,414	1,068,732				14.00
15.00	01500	106	32,014	7,018,247			15.00
16.00	01600	278	2,435	0	4,253,646		16.00
17.00	01700	1,407	244	0	0	4,335	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	23,038	0	0	0	22.00
23.00	02300	0	8,472	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	19,609	91,629	3,928	191,998	2,615	30.00
31.00	03100	7,441	33,251	2,077	51,863	1,061	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,832	4,587	16	24,638	467	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,897	20,914	817	34,236	31	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,593	73,362	57,104	675,323	0	50.00
51.00	05100	1,043	2,039	3,307	40,859	0	51.00
53.00	05300	188	790	36,568	98,111	0	53.00
54.00	05400	114	41,293	3,986	855,202	0	54.00
57.00	05700	0	554	14,840	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	22	55,906	404	450,112	0	60.00
65.00	06500	107	1,303	1,695	52,024	0	65.00
66.00	06600	0	7,259	0	47,020	0	66.00
67.00	06700	64	62	0	12,618	0	67.00
68.00	06800	1	0	0	5,821	0	68.00
69.00	06900	345	26,502	28,230	369,503	0	69.00
70.00	07000	76	347	0	6,698	0	70.00
71.00	07100	0	0	0	603	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	5,593,210	430,524	0	73.00
76.97	07697	2	3,527	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	5,064	0	0	11	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
90.04	09003	191	3,869	0	84,061	0	90.04
91.00	09100	6,003	37,174	65,053	822,432	150	91.00
92.00	09200						92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		50,733	475,635	5,811,235	4,253,646	4,335	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	556,670	0	0	0	190.00
190.01	19001	196	36,427	1,207,012	0	0	190.01
190.13	19007	0	0	0	0	0	190.13
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description		NURSING ADMINISTRATION (NURSING FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	3,572,728	1,250,080	10,290,810	2,779,684	2,127,382	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	70.151152	1.169685	1.466294	0.653483	490.745559	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	389,266	187,067	391,736	84,935	41,009	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.643307	0.175036	0.055817	0.019968	9.459977	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
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 APPRVD	100				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		100			22.00
23.00 02300 CLINICAL PASTORAL EDUCATION			5,491		23.00
23.01 02301 EMS PROGRAM			0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	100	100	2,444	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	1,184	0	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	161	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	848	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	2	0	54.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	109	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	90.01
90.03 09002 PSYCH OUTPATIENT	0	0	0	0	90.03
90.04 09003 WOUND CARE CLINIC	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	626	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	100	5,374	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	0	0	117	0	190.01
190.13 19007 EUREKA	0	0	0	0	190.13
191.00 19100 RESEARCH	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	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)	2,184,521	141,145	573,663	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	21,845.210000	1,411.450000	104.473320	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	31,180	74,789	59,851	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	311.800000	640.640000	10.899836	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 9:07 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		27,783,392	143,070	27,926,462
31.00	03100 INTENSIVE CARE UNIT		8,754,584	36,585	8,791,169
40.00	04000 SUBPROVIDER - I/PF		0	0	0
41.00	04100 SUBPROVIDER - I/RF		2,355,930	53,084	2,409,014
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		3,573,035	0	3,573,035
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		11,626,409	249,918	11,876,327
51.00	05100 RECOVERY ROOM		1,246,580	0	1,246,580
53.00	05300 ANESTHESIOLOGY		280,243	0	280,243
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,863,512	0	7,863,512
57.00	05700 CT SCAN		979,369	0	979,369
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0
59.00	05900 CARDIAC CATHETERIZATION		0	0	0
60.00	06000 LABORATORY		5,220,346	45,751	5,266,097
65.00	06500 RESPIRATORY THERAPY	0	1,620,027	12,835	1,632,862
66.00	06600 PHYSICAL THERAPY	0	2,759,787	0	2,759,787
67.00	06700 OCCUPATIONAL THERAPY	0	451,820	0	451,820
68.00	06800 SPEECH PATHOLOGY	0	351,153	0	351,153
69.00	06900 ELECTROCARDIOLOGY		4,863,297	61,193	4,924,490
70.00	07000 ELECTROENCEPHALOGRAPHY		231,451	0	231,451
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,679,356	0	12,679,356
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		12,424,367	0	12,424,367
73.00	07300 DRUGS CHARGED TO PATIENTS		8,482,805	0	8,482,805
76.97	07697 CARDIAC REHABILITATION		649,474	0	649,474
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		823,909	11,918	835,827
90.01	09001 BASIC DIAGNOSTIC TESTING		0	0	0
90.03	09002 PSYCH OUTPATIENT		0	0	0
90.04	09003 WOUND CARE CLINIC		1,538,139	12,918	1,551,057
91.00	09100 EMERGENCY		7,747,894	17,418	7,765,312
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,365,897	0	3,365,897
93.00	04040 OTHER OUTPATIENT SERVICES		0	0	0
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF		0	0	0
101.00	10100 HOME HEALTH AGENCY		0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION		0	0	0
110.00	11000 INTESTINAL ACQUISITION		0	0	0
111.00	11100 ISLET ACQUISITION		0	0	0
113.00	11300 INTEREST EXPENSE		0	0	0
116.00	11600 HOSPICE		0	0	0
200.00	Subtotal (see instructions)		127,672,776	644,690	128,317,466
201.00	Less Observation Beds		3,365,897	0	3,365,897
202.00	Total (see instructions)		124,306,879	644,690	124,951,569

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/27/2015 9:07 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,464,740		41,464,740			30.00
31.00	03100	INTENSIVE CARE UNIT	13,294,126		13,294,126			31.00
40.00	04000	SUBPROVIDER - I PF	0		0			40.00
41.00	04100	SUBPROVIDER - I RF	2,655,553		2,655,553			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	4,073,711		4,073,711			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,764,078	25,215,181	50,979,259	0.228062	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,940,766	2,391,247	4,332,013	0.287760	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	6,194,846	5,107,791	11,302,637	0.024794	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,019,060	31,324,800	40,343,860	0.194912	0.000000	54.00
57.00	05700	CT SCAN	10,401,530	31,026,938	41,428,468	0.023640	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	21,594,494	27,221,537	48,816,031	0.106939	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	4,998,435	875,326	5,873,761	0.275807	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,785,991	2,468,901	5,254,892	0.525184	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,768,451	225,749	1,994,200	0.226567	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	684,937	164,174	849,111	0.413554	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	11,299,299	20,753,736	32,053,035	0.151727	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	195,631	301,366	496,997	0.465699	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,722,777	4,553,251	11,276,028	1.124452	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,833,493	6,015,617	27,849,110	0.446132	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,008,807	21,813,308	63,822,115	0.132913	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	21,559	526,242	547,801	1.185602	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	973,106	973,106	0.846680	0.000000	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0.000000	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0.000000	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	258,138	6,845,080	7,103,218	0.216541	0.000000	90.04
91.00	09100	EMERGENCY	7,076,526	23,754,118	30,830,644	0.251305	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	860,306	3,268,562	4,128,868	0.815211	0.000000	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	236,917,254	214,826,030	451,743,284			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	236,917,254	214,826,030	451,743,284			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 9:07 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.232964		50.00
51.00	05100 RECOVERY ROOM	0.287760		51.00
53.00	05300 ANESTHESIOLOGY	0.024794		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.194912		54.00
57.00	05700 CT SCAN	0.023640		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.107876		60.00
65.00	06500 RESPIRATORY THERAPY	0.277993		65.00
66.00	06600 PHYSICAL THERAPY	0.525184		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226567		67.00
68.00	06800 SPEECH PATHOLOGY	0.413554		68.00
69.00	06900 ELECTROCARDIOLOGY	0.153636		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.465699		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124452		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.446132		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132913		73.00
76.97	07697 CARDIAC REHABILITATION	1.185602		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.858927		90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0.000000		90.01
90.03	09002 PSYCH OUTPATIENT	0.000000		90.03
90.04	09003 WOUND CARE CLINIC	0.218360		90.04
91.00	09100 EMERGENCY	0.251870		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.815211		92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/27/2015 9:07 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,081,238	0	3,081,238	24,202	127.31	30.00
31.00	INTENSIVE CARE UNIT	1,129,337		1,129,337	8,091	139.58	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	256,316	0	256,316	2,706	94.72	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	367,588		367,588	4,001	91.87	43.00
200.00	Total (Lines 30-199)	4,834,479		4,834,479	39,000		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	8,285	1,054,763				
31.00	INTENSIVE CARE UNIT	3,355	468,291				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	1,818	172,201				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	13,458	1,695,255				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/27/2015 9:07 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,226,748	50,979,259	0.043679	9,643,800	421,232	50.00
51.00	05100 RECOVERY ROOM	69,188	4,332,013	0.015971	733,721	11,718	51.00
53.00	05300 ANESTHESIOLOGY	10,767	11,302,637	0.000953	2,093,192	1,995	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,595,338	40,343,860	0.039544	3,872,480	153,133	54.00
57.00	05700 CT SCAN	285,396	41,428,468	0.006889	4,605,647	31,728	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	580,879	48,816,031	0.011899	9,080,229	108,046	60.00
65.00	06500 RESPIRATORY THERAPY	161,257	5,873,761	0.027454	2,232,576	61,293	65.00
66.00	06600 PHYSICAL THERAPY	492,111	5,254,892	0.093648	907,584	84,993	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,453	1,994,200	0.003737	343,844	1,285	67.00
68.00	06800 SPEECH PATHOLOGY	5,856	849,111	0.006897	133,986	924	68.00
69.00	06900 ELECTROCARDIOLOGY	1,396,586	32,053,035	0.043571	4,959,783	216,103	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	42,816	496,997	0.086149	74,650	6,431	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	179,547	11,276,028	0.015923	2,741,559	43,654	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	175,929	27,849,110	0.006317	9,037,420	57,089	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	320,836	63,822,115	0.005027	16,136,686	81,119	73.00
76.97	07697 CARDIAC REHABILITATION	82,507	547,801	0.150615	10,554	1,590	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	57,682	973,106	0.059276	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0.000000	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0.000000	0	0	90.03
90.04	09003 WOUND CARE CLINIC	73,258	7,103,218	0.010313	123,645	1,275	90.04
91.00	09100 EMERGENCY	656,223	30,830,644	0.021285	2,921,197	62,178	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	371,373	4,128,868	0.089945	415,155	37,341	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00	Total (lines 50-199)	8,791,750	390,255,154		70,067,708	1,383,127	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/27/2015 9:07 am
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	255,334	0	0	255,334	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	123,696	0	0	123,696	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	16,820	0	0	16,820	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30-199)	0	395,850	0	0	395,850	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	24,202	10.55	8,285	87,407	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	8,091	15.29	3,355	51,298	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	2,706	6.22	1,818	11,308	0	41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00	
43.00	04300	NURSERY	4,001	0.00	0	0	0	43.00	
200.00		Total (lines 30-199)	39,000		13,458	150,013	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
42.00	04200	SUBPROVIDER	0	0					42.00
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: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 9:07 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	88,593	0	88,593	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	209	0	209	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	11,388	0	11,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	65,400	0	65,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	30,774	0	30,774	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	196,364	0	196,364	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 9:07 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	88,593	50,979,259	0.001738	0.001738	9,643,800	50.00
51.00	05100 RECOVERY ROOM	0	4,332,013	0.000000	0.000000	733,721	51.00
53.00	05300 ANESTHESIOLOGY	0	11,302,637	0.000000	0.000000	2,093,192	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	209	40,343,860	0.000005	0.000005	3,872,480	54.00
57.00	05700 CT SCAN	0	41,428,468	0.000000	0.000000	4,605,647	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	48,816,031	0.000000	0.000000	9,080,229	60.00
65.00	06500 RESPIRATORY THERAPY	0	5,873,761	0.000000	0.000000	2,232,576	65.00
66.00	06600 PHYSICAL THERAPY	0	5,254,892	0.000000	0.000000	907,584	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,994,200	0.000000	0.000000	343,844	67.00
68.00	06800 SPEECH PATHOLOGY	0	849,111	0.000000	0.000000	133,986	68.00
69.00	06900 ELECTROCARDIOLOGY	11,388	32,053,035	0.000355	0.000355	4,959,783	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	496,997	0.000000	0.000000	74,650	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,276,028	0.000000	0.000000	2,741,559	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	27,849,110	0.000000	0.000000	9,037,420	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	63,822,115	0.000000	0.000000	16,136,686	73.00
76.97	07697 CARDIAC REHABILITATION	0	547,801	0.000000	0.000000	10,554	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	973,106	0.000000	0.000000	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0.000000	0.000000	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0.000000	0.000000	0	90.03
90.04	09003 WOUND CARE CLINIC	0	7,103,218	0.000000	0.000000	123,645	90.04
91.00	09100 EMERGENCY	65,400	30,830,644	0.002121	0.002121	2,921,197	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	30,774	4,128,868	0.007453	0.007453	415,155	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	196,364	390,255,154			70,067,708	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 9:07 am
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Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS			11.00	12.00	13.00	21.00	22.00	
50.00	05000	OPERATING ROOM	16,761	4,720,049	8,203	0	0	50.00
51.00	05100	RECOVERY ROOM	0	369,491	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	858,832	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19	6,960,312	35	0	0	54.00
57.00	05700	CT SCAN	0	7,757,455	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	4,418,615	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	190,355	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	1,761	7,279,559	2,584	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	60,888	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,084,578	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,082,920	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,500,788	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	230,722	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,227	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	0	2,458,693	0	0	0	90.04
91.00	09100	EMERGENCY	6,196	3,542,400	7,513	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,094	1,036,206	7,723	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	27,831	50,565,090	26,058	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 9:07 am
	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
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0		90.01
90.03 09002 PSYCH OUTPATIENT	0	0		90.03
90.04 09003 WOUND CARE CLINIC	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 OTHER OUTPATIENT SERVICES	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: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 9:07 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.228062	4,720,049	0	0	1,076,464	50.00
51.00	05100	RECOVERY ROOM	0.287760	369,491	0	0	106,325	51.00
53.00	05300	ANESTHESIOLOGY	0.024794	858,832	0	0	21,294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194912	6,960,312	0	0	1,356,648	54.00
57.00	05700	CT SCAN	0.023640	7,757,455	0	0	183,386	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.106939	4,418,615	1,678	0	472,522	60.00
65.00	06500	RESPIRATORY THERAPY	0.275807	190,355	121	0	52,501	65.00
66.00	06600	PHYSICAL THERAPY	0.525184	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226567	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.413554	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.151727	7,279,559	0	0	1,104,506	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.465699	60,888	0	0	28,355	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124452	1,084,578	0	0	1,219,556	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.446132	4,082,920	0	0	1,821,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132913	5,500,788	0	75,140	731,126	73.00
76.97	07697	CARDIAC REHABILITATION	1.185602	230,722	0	0	273,544	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.846680	13,227	0	0	11,199	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	0.216541	2,458,693	0	0	532,408	90.04
91.00	09100	EMERGENCY	0.251305	3,542,400	0	0	890,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.815211	1,036,206	0	0	844,727	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		50,565,090	1,799	75,140	10,726,305	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		50,565,090	1,799	75,140	10,726,305	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 9:07 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	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
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	179	0		60.00
65.00 06500 RESPIRATORY THERAPY	33	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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	9,987		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0		90.01
90.03 09002 PSYCH OUTPATIENT	0	0		90.03
90.04 09003 WOUND CARE CLINIC	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	212	9,987		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	212	9,987		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140127 Component CCN: 14T127		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 9:07 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,226,748	50,979,259	0.043679	0	50.00
51.00	05100	RECOVERY ROOM	69,188	4,332,013	0.015971	0	51.00
53.00	05300	ANESTHESIOLOGY	10,767	11,302,637	0.000953	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,595,338	40,343,860	0.039544	46,898	1,855 54.00
57.00	05700	CT SCAN	285,396	41,428,468	0.006889	47,829	329 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	580,879	48,816,031	0.011899	333,437	3,968 60.00
65.00	06500	RESPIRATORY THERAPY	161,257	5,873,761	0.027454	47,483	1,304 65.00
66.00	06600	PHYSICAL THERAPY	492,111	5,254,892	0.093648	721,367	67,555 66.00
67.00	06700	OCCUPATIONAL THERAPY	7,453	1,994,200	0.003737	771,557	2,883 67.00
68.00	06800	SPEECH PATHOLOGY	5,856	849,111	0.006897	303,200	2,091 68.00
69.00	06900	ELECTROCARDIOLOGY	1,396,586	32,053,035	0.043571	4,444	194 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,816	496,997	0.086149	1,878	162 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	179,547	11,276,028	0.015923	58,680	934 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	175,929	27,849,110	0.006317	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,836	63,822,115	0.005027	766,344	3,852 73.00
76.97	07697	CARDIAC REHABILITATION	82,507	547,801	0.150615	50	8 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	57,682	973,106	0.059276	0	0 90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0	0 90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0.000000	0	0 90.03
90.04	09003	WOUND CARE CLINIC	73,258	7,103,218	0.010313	18,497	191 90.04
91.00	09100	EMERGENCY	656,223	30,830,644	0.021285	1,114	24 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,128,868	0.000000	0	0 92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0 93.00
200.00		Total (lines 50-199)	8,420,377	390,255,154		3,122,778	85,350 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 9:07 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	88,593	0	88,593	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	209	0	209	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (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	11,388	0	11,388	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	65,400	0	65,400	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	165,590	0	165,590	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 9:07 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	88,593	50,979,259	0.001738	0.001738	0	50.00
51.00 05100 RECOVERY ROOM	0	4,332,013	0.000000	0.000000	0	51.00
53.00 05300 ANESTHESIOLOGY	0	11,302,637	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	209	40,343,860	0.000005	0.000005	46,898	54.00
57.00 05700 CT SCAN	0	41,428,468	0.000000	0.000000	47,829	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	48,816,031	0.000000	0.000000	333,437	60.00
65.00 06500 RESPIRATORY THERAPY	0	5,873,761	0.000000	0.000000	47,483	65.00
66.00 06600 PHYSICAL THERAPY	0	5,254,892	0.000000	0.000000	721,367	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,994,200	0.000000	0.000000	771,557	67.00
68.00 06800 SPEECH PATHOLOGY	0	849,111	0.000000	0.000000	303,200	68.00
69.00 06900 ELECTROCARDIOLOGY	11,388	32,053,035	0.000355	0.000355	4,444	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	496,997	0.000000	0.000000	1,878	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,276,028	0.000000	0.000000	58,680	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	27,849,110	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	63,822,115	0.000000	0.000000	766,344	73.00
76.97 07697 CARDIAC REHABILITATION	0	547,801	0.000000	0.000000	50	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	973,106	0.000000	0.000000	0	90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0	0.000000	0.000000	0	90.01
90.03 09002 PSYCH OUTPATIENT	0	0	0.000000	0.000000	0	90.03
90.04 09003 WOUND CARE CLINIC	0	7,103,218	0.000000	0.000000	18,497	90.04
91.00 09100 EMERGENCY	65,400	30,830,644	0.002121	0.002121	1,114	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,128,868	0.000000	0.000000	0	92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
200.00 Total (lines 50-199)	165,590	390,255,154			3,122,778	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 9:07 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (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	2	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	2	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	4	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 9:07 am
Title XVIII		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
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0	90.01
90.03 09002 PSYCH OUTPATIENT	0	0	90.03
90.04 09003 WOUND CARE CLINIC	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0	93.00
200.00 Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 9:07 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,202	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,202	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,285	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,285	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)		27,926,462	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)		27,926,462	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)		27,926,462	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)		1,153.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,559,979	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)		9,559,979	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2015 9:07 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
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	8,791,169	8,091	1,086.54	3,355	3,645,342		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)					16,753,392		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,958,713		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,661,759		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,410,958		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,072,717		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,885,996		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)					2,917		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,153.89		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,365,897		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 9:07 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,081,238	27,926,462	0.110334	3,365,897	371,373	90.00
91.00	Nursing School cost	0	27,926,462	0.000000	3,365,897	0	91.00
92.00	Allied health cost	255,334	27,926,462	0.009143	3,365,897	30,774	92.00
93.00	All other Medical Education	0	27,926,462	0.000000	3,365,897	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 9:07 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,706 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,706 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)			2,706 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)			1,818 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)			2,409,014 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)			2,409,014 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)			2,409,014 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)			890.25 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,618,475 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)			1,618,475 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T127				Date/Time Prepared: 5/27/2015 9:07 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					912,268		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,530,743		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)					183,509		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					85,354		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					268,863		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,261,880		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: 140127 Component CCN: 14T127		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 9:07 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	256,316	2,409,014	0.106399	0	0	90.00
91.00	Nursing School cost	0	2,409,014	0.000000	0	0	91.00
92.00	Allied health cost	16,820	2,409,014	0.006982	0	0	92.00
93.00	All other Medical Education	0	2,409,014	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 9:07 am
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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		11,869,028		30.00
31.00	03100 INTENSIVE CARE UNIT		5,111,644		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.232964	9,643,800	2,246,658	50.00
51.00	05100 RECOVERY ROOM	0.287760	733,721	211,136	51.00
53.00	05300 ANESTHESIOLOGY	0.024794	2,093,192	51,899	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.194912	3,872,480	754,793	54.00
57.00	05700 CT SCAN	0.023640	4,605,647	108,877	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.107876	9,080,229	979,539	60.00
65.00	06500 RESPIRATORY THERAPY	0.277993	2,232,576	620,640	65.00
66.00	06600 PHYSICAL THERAPY	0.525184	907,584	476,649	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226567	343,844	77,904	67.00
68.00	06800 SPEECH PATHOLOGY	0.413554	133,986	55,410	68.00
69.00	06900 ELECTROCARDIOLOGY	0.153636	4,959,783	762,001	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.465699	74,650	34,764	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124452	2,741,559	3,082,752	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.446132	9,037,420	4,031,882	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132913	16,136,686	2,144,775	73.00
76.97	07697 CARDIAC REHABILITATION	1.185602	10,554	12,513	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.858927	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0.000000	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0.000000	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0.218360	123,645	26,999	90.04
91.00	09100 EMERGENCY	0.251870	2,921,197	735,762	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.815211	415,155	338,439	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		70,067,708	16,753,392	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)		70,067,708		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T127		Date/Time Prepared: 5/27/2015 9:07 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,800,331	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.232964	0	50.00
51.00	05100	RECOVERY ROOM	0.287760	0	51.00
53.00	05300	ANESTHESIOLOGY	0.024794	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194912	46,898	54.00
57.00	05700	CT SCAN	0.023640	47,829	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.107876	333,437	60.00
65.00	06500	RESPIRATORY THERAPY	0.277993	47,483	65.00
66.00	06600	PHYSICAL THERAPY	0.525184	721,367	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226567	771,557	67.00
68.00	06800	SPEECH PATHOLOGY	0.413554	303,200	68.00
69.00	06900	ELECTROCARDIOLOGY	0.153636	4,444	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.465699	1,878	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124452	58,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.446132	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132913	766,344	73.00
76.97	07697	CARDIAC REHABILITATION	1.185602	50	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.858927	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	90.03
90.04	09003	WOUND CARE CLINIC	0.218360	18,497	90.04
91.00	09100	EMERGENCY	0.251870	1,114	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.815211	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		3,122,778	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)		3,122,778	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 9:07 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		15,184,895	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,195,022	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)		595,966	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		5,902,358	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		180.59	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		13.60	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		1.03	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)		12.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		14.67	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)		12.57	12.00
13.00	Total allowable FTE count for the prior year.		12.57	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.		11.79	14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.31	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		12.31	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.068165	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.068185	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.068165	21.00
22.00	IME payment adjustment (see instructions)		960,328	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)		2.10	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)		960,328	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.57	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.97	31.00
32.00	Sum of lines 30 and 31		27.54	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.94	33.00
34.00	Disproportionate share adjustment (see instructions)		608,341	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 9:07 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000194594	0.000189562	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,760,371	1,449,703	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,316,661	365,405	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,682,066		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)		24,226,618		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)		24,226,618		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,841,511		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).		409,984		52.00
53.00	Nursing and Allied Health Managed Care payment		61,709		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		138,705		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		27,831		58.00
59.00	Total (sum of amounts on lines 49 through 58)		26,706,358		59.00
60.00	Primary payer payments		21,640		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		26,684,718		61.00
62.00	Deductibles billed to program beneficiaries		2,374,112		62.00
63.00	Coinsurance billed to program beneficiaries		49,192		63.00
64.00	Allowable bad debts (see instructions)		429,000		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		278,850		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		392,943		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,540,264		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)		33,034		70.93
70.94	HRR adjustment amount (see instructions)		-60,302		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 9:07 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		24,512,996		71.00
71.01	Sequestration adjustment (see instructions)		490,260		71.01
72.00	Interim payments		23,741,538		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)		281,198		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		641,936		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
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: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/27/2015 9:07 am	
		PPS					
		Original .mcrcx Values	Adjusted .mcax 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)	4.57	0.00	0.00	4.57	4.57	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	22.97	0.00			22.97	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	27.54	0.00			27.54	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)	180.59	0.00			180.59	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	11.94	0.00			11.94	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	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)	4.57	0.00	0.00	4.57	4.57	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)	2.25	0.00	0.00	4.57	4.57	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)	5,242	0			5,242	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,182	0			2,182	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	22	0			22	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	204	0			204	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	632	0			632	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	8,282	0			8,282	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	33,377	0			33,377	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,545	0			1,545	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	1,131	0			1,131	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)	36,053	0			36,053	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	22.97	0.00			22.97	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140127		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH Date/Time Prepared: 5/27/2015 9:07 am	
		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	True	11.94		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		11.94		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.		11.94		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: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/27/2015 9:07 am
		Title XVIII	Hospital	PPS

		Revised Percentage	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	11.94	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	11.94	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.	11.94	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 9:07 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,199	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,700,247	2.00
3.00	PPS payments		9,736,937	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		26,058	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,199	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		76,939	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)		76,939	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)		76,939	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		66,740	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)		10,199	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)		9,762,995	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,974,876	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		24	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)		7,798,294	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		135,642	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)		7,933,936	30.00
31.00	Primary payer payments		209	31.00
32.00	Subtotal (line 30 minus line 31)		7,933,727	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)		279,913	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		181,943	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		268,628	36.00
37.00	Subtotal (see instructions)		8,115,670	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)		8,115,670	40.00
40.01	Sequestration adjustment (see instructions)		162,313	40.01
41.00	Interim payments		8,103,050	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-149,693	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: 140127

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2015 9:07 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		23,431,345		7,987,021	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	09/11/2014	262,194	09/11/2014	116,029	3.01	
3.02		12/16/2014	47,999		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)		310,193		116,029	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)		23,741,538		8,103,050	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		281,198		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		149,693	6.02	
7.00	Total Medicare program liability (see instructions)		24,022,736		7,953,357	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: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part I Date/Time Prepared: 5/27/2015 9:07 am	
		Component CCN: 14T127	Title XVIII	Subprovider - IRF	PPS
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0
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		2,579,529		0
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
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	09/11/2014	21,896		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)		-21,896		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)		2,557,633		0
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
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)				0
6.01	SETTLEMENT TO PROVIDER		149,493		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		2,707,126		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140127

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

Worksheet E-1
Part II
Date/Time Prepared:
5/27/2015 9:07 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			8,407 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			11,640 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,982 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			29,376 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			451,743,284 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			14,489,816 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)			887,407 8.00
9.00	Sequestration adjustment amount (see instructions)			17,748 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			869,659 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			866,931 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			2,728 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/27/2015 9:07 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,620,722 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0225 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			105,091 3.00
4.00	Outlier Payments			10,225 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)			12.82 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)			0.22 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)			0.22 9.00
10.00	Average Daily Census (see instructions)			7.413699 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.030166 11.00
12.00	Teaching Adjustment (see instructions)			79,057 12.00
13.00	Total PPS Payment (see instructions)			2,815,095 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,815,095 17.00
18.00	Primary payer payments			16,674 18.00
19.00	Subtotal (line 17 less line 18).			2,798,421 19.00
20.00	Deductibles			35,200 20.00
21.00	Subtotal (line 19 minus line 20)			2,763,221 21.00
22.00	Coinsurance			12,160 22.00
23.00	Subtotal (line 21 minus line 22)			2,751,061 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,751,061 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)			11,312 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)			2,762,373 32.00
32.01	Sequestration adjustment (see instructions)			55,247 32.01
33.00	Interim payments			2,557,633 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			149,493 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			293,674 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			10,225 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: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 9:07 am	
		Title XVIII	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.			13.60	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)			1.03	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			12.57	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			14.89	6.00
7.00	Enter the lesser of line 5 or line 6			12.57	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.	6.31	8.07	14.38	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.	5.33	6.81	12.14	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	5.33	6.81		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	5.78	6.32		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	5.67	5.48		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	5.59	6.20		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	5.59	6.20		17.00
18.00	Per resident amount	97,150.05	97,150.05		18.00
19.00	Approved amount for resident costs	543,069	602,330	1,145,399	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)			2.32	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)			1,145,399	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	13,458	2,982		26.00
27.00	Total Inpatient Days (see instructions)	33,627	33,627		27.00
28.00	Ratio of inpatient days to total inpatient days	0.400214	0.088679		28.00
29.00	Program direct GME amount	458,405	101,573		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		14,352		30.00
31.00	Net Program direct GME amount			545,626	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 9:07 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		32,489,456	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)		38,314	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		32,451,142	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		10,736,504	42.00
43.00	Primary payer payments (see instructions)		209	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		10,736,295	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		43,187,437	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.751402	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.248598	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		545,626	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		409,984	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		135,642	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140127 Period: From 01/01/2014 To 12/31/2014 Worksheet G Date/Time Prepared: 5/27/2015 9:07 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	148,055,000	0	0	0	1.00
2.00	Temporary investments	78,257,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	500,298,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	161,836,000	0	0	0	9.00
10.00	Due from other funds	26,699,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	915,145,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	112,769,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,353,442,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,234,419,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,002,101,000	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)	1,698,529,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,254,171,000	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	383,091,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,637,262,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,250,936,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	263,764,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	415,910,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	29,129,000	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	440,019,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,148,822,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,424,101,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	936,224,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,360,325,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,509,147,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,741,789,000				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)	3,741,789,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,250,936,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140127

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

Worksheet G-1

Date/Time Prepared:
5/27/2015 9:07 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		4,172,698,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		8,066,522			2.00
3.00	Total (sum of line 1 and line 2)		4,180,764,522		0	3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		4,180,764,522		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	ADJ TO AHC FUND BALANCE	438,975,522		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)		438,975,522		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,741,789,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	ADJ TO AHC FUND BALANCE		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: 140127

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2015 9:07 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	45,538,451		45,538,451	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,655,553		2,655,553	3.00
4.00	SUBPROVIDER	0		0	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)	48,194,004		48,194,004	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,294,126		13,294,126	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)	13,294,126		13,294,126	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	61,488,130		61,488,130	17.00
18.00	Ancillary services	164,974,798	194,118,388	359,093,186	18.00
19.00	Outpatient services	8,194,970	34,840,866	43,035,836	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	234,657,898	228,959,254	463,617,152	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		162,992,299		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		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)		162,992,299		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140127

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

Worksheet G-3

Date/Time Prepared:
5/27/2015 9:07 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	463,617,152	1.00
2.00	Less contractual allowances and discounts on patients' accounts	300,519,364	2.00
3.00	Net patient revenues (line 1 minus line 2)	163,097,788	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	162,992,299	4.00
5.00	Net income from service to patients (line 3 minus line 4)	105,489	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	724,274	6.00
7.00	Income from investments	834,563	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	189,891	13.00
14.00	Revenue from meals sold to employees and guests	408,852	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	1,486,058	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	305,094	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	1,273,602	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	153,084	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	2,585,615	24.00
25.00	Total other income (sum of lines 6-24)	7,961,033	25.00
26.00	Total (line 5 plus line 25)	8,066,522	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)	8,066,522	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140127	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 9:07 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,619,193	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		63,961	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)		87.81	3.00
4.00	Number of interns & residents (see instructions)		12.31	4.00
5.00	Indirect medical education percentage (see instructions)		4.04	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		65,415	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.57	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.97	8.00
9.00	Sum of lines 7 and 8		27.54	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.74	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		92,942	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,841,511	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