

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: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/20/2015 5:43 pm
--	----------------------	---	--

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: 5/20/2015 Time: 5:43 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE ST. MARY'S HOSPITAL (140155) 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	877,244	-345,654	19,360	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	877,244	-345,654	19,360	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: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 5:42 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 500 WEST COURT STREET			PO Box:				1.00		
2.00	City: KANKAKEE			State: IL		Zip Code: 60901		County: KANKAKEE		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00 8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			PRESENCE ST. MARY'S HOSPITAL	140155	16974	1	07/01/1969	N P O	
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis			PROVENA ST. MARY S RENAL	142318	16974		07/01/1973		
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014		12/31/2014	
21.00	Type of Control (see instructions)						1			
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		
22.01	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		
22.02	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		
22.03	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		
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		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			3,231	1,953	0	414	410	0	
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.			0	0	0	0	0		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 5:42 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(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.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 5:42 pm	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 5:42 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00
				1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS 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
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	76.00
				1.00		
80.00	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 5:42 pm	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
				3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,235,541	347,738		118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 5:42 pm	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148003			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PRESENCE HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 9223 WEST ST. FRANCIS RD.	PO Box:				142.00	
143.00	City: FRANKFORT	State: IL		Zip Code: 60423		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	N				145.00	
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.75	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 5:42 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2013	09/30/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 5:42 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	06/30/2015	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.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/01/2015	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 5:42 pm
---	----------------------	---	--

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	1.00 N	2.00	3.00 N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SANDI		COSLER	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815/806-2327		SANDRA.COSLER@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 5:42 pm
---	----------------------	---	--

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	05/01/2015	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SYSTEM DIRECTOR OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140155

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	156	56,940	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		156	56,940	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	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	34.00	10	3,650	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		182	66,430	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		182				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: 140155

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,650	2,959	21,315			1.00
2.00 HMO and other (see instructions)	1,557	2,367				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)	10,650	2,959	21,315			7.00
8.00 INTENSIVE CARE UNIT	696	151	1,306			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	417	131	795			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		400	1,029			13.00
14.00 Total (see instructions)	11,763	3,641	24,445	0.00	658.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	658.70	27.00
28.00 Observation Bed Days		450	2,236			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140155

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,321	1,136	5,943	1.00
2.00 HMO and other (see instructions)			335	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	2,321	1,136	5,943	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part II Date/Time Prepared: 5/20/2015 5:42 pm			
	Worksheet A Line Number	Amount Reported	Reclassifi- 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 II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	35,991,234	0	35,991,234	1,237,986.00	29.07	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		937,979	0	937,979	38,536.00	24.34	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		2,179,005	0	2,179,005	72,414.00	30.09	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		696,874	0	696,874	4,354.00	160.05	13.00
14.00	Home office salaries & wage-related costs		7,567,247	0	7,567,247	162,094.00	46.68	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)		8,606,300	0	8,606,300			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		230,293	0	230,293			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	22,673	0	22,673	27.00	839.74	26.00
27.00	Administrative & General	5.00	2,678,056	0	2,678,056	104,531.00	25.62	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	913,842	0	913,842	47,872.00	19.09	30.00
31.00	Laundry & Linen Service	8.00	1,134	0	1,134	115.00	9.86	31.00
32.00	Housekeeping	9.00	757,733	0	757,733	62,116.00	12.20	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	744,963	-372,481	372,482	30,268.00	12.31	34.00
35.00	Dietary under contract (see instructions)		488,297	0	488,297	12,640.00	38.63	35.00
36.00	Cafeteria	11.00	0	372,481	372,481	30,268.00	12.31	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,023,830	0	1,023,830	23,227.00	44.08	38.00
39.00	Central Services and Supply	14.00	263,160	0	263,160	14,476.00	18.18	39.00
40.00	Pharmacy	15.00	1,276,106	0	1,276,106	31,481.00	40.54	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140155

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

Worksheet S-3
Part II
Date/Time Prepared:
5/20/2015 5:42 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted 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	Medi cal Records & Medi cal Records Li brary	16.00	1,262,833	0	1,262,833	44,181.00	28.58	41.00
42.00	Soci al Servi ce	17.00	705,470	0	705,470	19,322.00	36.51	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140155

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

Worksheet S-3
Part III
Date/Time Prepared:
5/20/2015 5:42 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	36,479,531	0	36,479,531	1,250,626.00	29.17	1.00
2.00	Excluded area salaries (see instructions)	937,979	0	937,979	38,536.00	24.34	2.00
3.00	Subtotal salaries (line 1 minus line 2)	35,541,552	0	35,541,552	1,212,090.00	29.32	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,443,126	0	10,443,126	238,862.00	43.72	4.00
5.00	Subtotal wage-related costs (see inst.)	8,606,300	0	8,606,300	0.00	24.21	5.00
6.00	Total (sum of lines 3 thru 5)	54,590,978	0	54,590,978	1,450,952.00	37.62	6.00
7.00	Total overhead cost (see instructions)	10,138,097	0	10,138,097	420,524.00	24.11	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/20/2015 5:42 pm
-----------------------------	----------------------	---	--

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,383,887	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	3,792,117	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	93,393	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	21,374	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)	206,310	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	488,074	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,686,642	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	72,655	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	92,142	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,836,594	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/20/2015 5:42 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,179,005	8,836,593	1.00
2.00	Hospital	2,179,005	8,606,300	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	230,293	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140155

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

Worksheet S-5
Date/Time Prepared:
5/20/2015 5:42 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	3	0	0	3	6	7	1.00	
2.00	Number of times per week patient receives dialysis	5.50	0.00	0.00	5.50	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	0.00	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	312	0					5.00	
6.00	Number of stations	24	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	1.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02
							Prior to 1/1	After 12/31	
							1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0		11.00
12.00	Number of patients transplanted during the cost reporting period						0		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
							MCP	INITIAL METHOD	
							1.00	2.00	
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN	742,024	0	0	0		22.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140155

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

Worksheet S-7

Date/Time Prepared:
5/20/2015 5:42 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140155

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

Worksheet S-7

Date/Time Prepared:
5/20/2015 5:42 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)		
		1.00	2.00	3.00	4.00		
69.00		PE2	0	0	0	69.00	
70.00		PE1	0	0	0	70.00	
71.00		PD2	0	0	0	71.00	
72.00		PD1	0	0	0	72.00	
73.00		PC2	0	0	0	73.00	
74.00		PC1	0	0	0	74.00	
75.00		PB2	0	0	0	75.00	
76.00		PB1	0	0	0	76.00	
77.00		PA2	0	0	0	77.00	
78.00		PA1	0	0	0	78.00	
199.00		AAA	0	0	0	199.00	
200.00	TOTAL		0	0	0	200.00	
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)		
				1.00	2.00		
SNF SERVICES							
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).						201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?		
			1.00	2.00	3.00		
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)							
202.00	Staffing		0	0.00		202.00	
203.00	Recruitment		0	0.00		203.00	
204.00	Retention of employees		0	0.00		204.00	
205.00	Training		0	0.00		205.00	
206.00	OTHER (SPECIFY)		0	0.00		206.00	
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10	Date/Time Prepared: 5/20/2015 5:42 pm
					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)			0.174355	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			17,997,662	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			114,053,621	6.00
7.00	Medicaid cost (line 1 times line 6)			19,885,819	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)			1,888,157	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)			1,888,157	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	16,315,899	657,427	16,973,326	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,844,759	114,626	2,959,385	21.00
22.00	Partial payment by patients approved for charity care	116,688	114,626	231,314	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,728,071	0	2,728,071	23.00
					1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			6,766,184	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			836,191	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			5,929,993	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,033,924	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,761,995	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,650,152	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		3,560,243	3,560,243	3,928,064	7,488,307	1.00
2.00	00200		0	0	2,010,057	2,010,057	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	22,673	8,771,121	8,793,794	-1,279	8,792,515	4.00
5.00	00500	2,678,056	24,045,780	26,723,836	-523,599	26,200,237	5.00
6.00	00600	0	0	0	0	0	6.00
7.00	00700	913,842	3,401,252	4,315,094	-764,916	3,550,178	7.00
7.01	00701	0	1,711,022	1,711,022	-70	1,710,952	7.01
8.00	00800	1,134	259,055	260,189	395	260,584	8.00
9.00	00900	757,733	355,991	1,113,724	-8,195	1,105,529	9.00
10.00	01000	744,963	1,160,769	1,905,732	-957,697	948,035	10.00
11.00	01100	0	0	0	948,035	948,035	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,023,830	49,110	1,072,940	-39,542	1,033,398	13.00
14.00	01400	0	236,280	236,280	-531,463	-295,183	14.00
14.01	01401	263,160	286,845	550,005	-222,791	327,214	14.01
15.00	01500	1,276,106	6,788,164	8,064,270	-6,517,027	1,547,243	15.00
16.00	01600	1,262,833	568,871	1,831,704	-9,885	1,821,819	16.00
17.00	01700	705,470	137,597	843,067	0	843,067	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	232,670	105,099	337,769	-15,496	322,273	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,493,735	455,430	7,949,165	-948,200	7,000,965	30.00
31.00	03100	1,749,446	83,210	1,832,656	-67,485	1,765,171	31.00
34.00	03400	1,294,225	59,557	1,353,782	-48,120	1,305,662	34.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,671,583	6,119,352	7,790,935	-5,255,419	2,535,516	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	1,261,024	31,580	1,292,604	-20,948	1,271,656	51.00
51.01	05101	401,529	1,469,580	1,871,109	-12,805	1,858,304	51.01
52.02	05201	347,112	61,521	408,633	-10	408,623	52.02
52.04	05202	0	768	768	-108	660	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	296,105	16,175	312,280	-9,016	303,264	52.06
53.00	05300	24,530	3,442,036	3,466,566	-140,479	3,326,087	53.00
54.00	05400	2,273,143	836,292	3,109,435	-568,346	2,541,089	54.00
56.00	05600	472,660	561,353	1,034,013	-246,085	787,928	56.00
59.00	05900	520,092	2,368,970	2,889,062	-2,293,651	595,411	59.00
60.00	06000	0	4,863,646	4,863,646	-100,147	4,763,499	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	1,078,884	333,516	1,412,400	21,639	1,434,039	65.00
66.00	06600	837,126	115,150	952,276	-37,392	914,884	66.00
66.01	06601	43,362	1,429,049	1,472,411	-96,648	1,375,763	66.01
67.00	06700	158,291	8,658	166,949	21,278	188,227	67.00
68.00	06800	121,802	2,391	124,193	2,693	126,886	68.00
69.00	06900	287,933	67,635	355,568	-65,922	289,646	69.00
70.00	07000	33,318	6,823	40,141	-6,514	33,627	70.00
71.00	07100	0	0	0	5,071,693	5,071,693	71.00
72.00	07200	0	0	0	4,231,879	4,231,879	72.00
73.00	07300	0	0	0	8,326,125	8,326,125	73.00
74.00	07400	1,560,682	2,751,467	4,312,149	-1,363,500	2,948,649	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	179,198	7,383	186,581	-187,209	-628	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	6,914	6,914	-6,914	0	90.00
90.01	09001	858,719	342,382	1,201,101	-92,509	1,108,592	90.01
91.00	09100	2,438,956	1,017,170	3,456,126	-341,530	3,114,596	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		2,944,682	2,944,682	-2,944,682	0	113.00
118.00		35,285,925	80,839,889	116,125,814	116,259	116,242,073	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	80,739	29,149	109,888	0	109,888	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet A Date/Time Prepared: 5/20/2015 5:42 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.00	07950	OTHER NRCC	622,289	2,019,595	2,641,884	-115,509	2,526,375	194.00
194.01	07951	SISTERS RESIDENCE	2,281	750	3,031	-750	2,281	194.01
200.00		TOTAL (SUM OF LINES 118-199)	35,991,234	82,889,383	118,880,617	0	118,880,617	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140155

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

Worksheet A
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,096,666	5,391,641	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	40,925	2,050,982	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,746	8,794,261	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,531,016	24,669,221	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	3,550,178	7.00
7.01	00701	BIO MED	0	1,710,952	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	260,584	8.00
9.00	00900	HOUSEKEEPING	0	1,105,529	9.00
10.00	01000	DIETARY	0	948,035	10.00
11.00	01100	CAFETERIA	-419,359	528,676	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,033,398	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-11,764	-306,947	14.00
14.01	01401	STERILE PROCESSING	0	327,214	14.01
15.00	01500	PHARMACY	0	1,547,243	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,764	1,817,055	16.00
17.00	01700	SOCIAL SERVICE	0	843,067	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATIONAL PROGRAM	-124,414	197,859	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-63,908	6,937,057	30.00
31.00	03100	INTENSIVE CARE UNIT	543,215	2,308,386	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,305,662	34.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,848	2,529,668	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,271,656	51.00
51.01	05101	OP ONCOLOGY	-1,130,117	728,187	51.01
52.02	05201	SUBSTANCE ABUSE	-495	408,128	52.02
52.04	05202	DIABETES EDUCATION	0	660	52.04
52.05	05203	PODIATRY	0	0	52.05
52.06	05204	INFUSION CLINIC	0	303,264	52.06
53.00	05300	ANESTHESIOLOGY	0	3,326,087	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-20,376	2,520,713	54.00
56.00	05600	RADIOISOTOPE	0	787,928	56.00
59.00	05900	CARDIAC CATHETERIZATION	-29,956	565,455	59.00
60.00	06000	LABORATORY	-68,055	4,695,444	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-756	1,433,283	65.00
66.00	06600	PHYSICAL THERAPY	0	914,884	66.00
66.01	06601	WOUND CARE	0	1,375,763	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	188,227	67.00
68.00	06800	SPEECH PATHOLOGY	0	126,886	68.00
69.00	06900	ELECTROCARDIOLOGY	0	289,646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,071,693	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,231,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,326,125	73.00
74.00	07400	RENAL DIALYSIS	-65,699	2,882,950	74.00
76.00	03951	OTHER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	-628	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	-305,514	803,078	90.01
91.00	09100	EMERGENCY	-266,153	2,848,443	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-5,558,974	110,683,099	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	109,888	190.00
194.00	07950	OTHER NRCC	0	2,526,375	194.00
194.01	07951	SISTERS RESIDENCE	0	2,281	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/20/2015 5:42 pm
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
200.00	TOTAL (SUM OF LINES 118-199)	6.00 -5,558,974	7.00 113,321,643		200.00

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6

Date/Time Prepared:
5/20/2015 5:42 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,071,693	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
				5,071,693	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,655,659	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
TOTALS				7,655,659	

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6

Date/Time Prepared:
5/20/2015 5:42 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	983,382	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,010,057	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
TOTALS			0	2,993,439	
D - REHAB RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	11,178	11,432	1.00
2.00	SPEECH PATHOLOGY	68.00	2,724	62	2.00
TOTALS			13,902	11,494	
E - CARDIAC REHAB RECLASS					
1.00	RESPIRATORY THERAPY	65.00	179,198	3,419	1.00
TOTALS			179,198	3,419	
F - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,944,682	1.00
TOTALS			0	2,944,682	
G - CAFETERIA					
1.00	CAFETERIA	11.00	372,481	575,554	1.00
TOTALS			372,481	575,554	
J - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,231,879	1.00
2.00	OCCUPATIONAL HEALTH	90.01	0	32	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

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6

Date/Time Prepared:
5/20/2015 5:42 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
TOTALS			0	4,231,911		
L - RECLASS IMMEDIATE CARE TO ER						
1.00	EMERGENCY	91.00	0	6,914	1.00	
15.00					15.00	
TOTALS			0	6,914		
M - LINEN SERVICE						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	434	1.00	
TOTALS			0	434		
N - IV THERAPY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	670,466	0	1.00	
TOTALS			670,466	0		
500.00	Grand Total: Increases		1,236,047	23,495,199	500.00	

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6
Date/Time Prepared:
5/20/2015 5:42 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - SUPPLIES RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	969	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	10,250	0		2.00
3.00	OPERATION OF PLANT	7.00	0	267	0		3.00
4.00	BIO MED	7.01	0	33	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	39	0		5.00
6.00	HOUSEKEEPING	9.00	0	3,523	0		6.00
7.00	DIETARY	10.00	0	4,660	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	675	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	348,980	0		9.00
10.00	STERILE PROCESSING	14.01	0	96,306	0		10.00
11.00	PHARMACY	15.00	0	1,095	0		11.00
12.00	PARAMEDICAL EDUCATIONAL PROGRAM	23.00	0	5,096	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	143,274	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	37,878	0		14.00
15.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	29,298	0		15.00
16.00	OPERATING ROOM	50.00	0	1,849,025	0		16.00
17.00	RECOVERY ROOM	51.00	0	15,964	0		17.00
18.00	OP ONCOLOGY	51.01	0	5,487	0		18.00
19.00	SUBSTANCE ABUSE	52.02	0	10	0		19.00
20.00	DIABETES EDUCATION	52.04	0	108	0		20.00
21.00	INFUSION CLINIC	52.06	0	789	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	94,216	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	226,458	0		23.00
24.00	RADIOISOTOPE	56.00	0	4,554	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	935,154	0		25.00
26.00	LABORATORY	60.00	0	4	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	110,831	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	3,853	0		28.00
29.00	WOUND CARE	66.01	0	52,170	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	1,294	0		30.00
31.00	SPEECH PATHOLOGY	68.00	0	93	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	21,686	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,375	0		33.00
34.00	RENAL DIALYSIS	74.00	0	858,242	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	968	0		35.00
36.00	OCCUPATIONAL HEALTH	90.01	0	10,330	0		36.00
37.00	EMERGENCY	91.00	0	194,617	0		37.00
38.00	OTHER NRCC	194.00	0	1,122	0		38.00
				5,071,693			
B - DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,089	0		2.00
3.00	BIO MED	7.01	0	37	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	152	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	172,115	0		5.00
6.00	STERILE PROCESSING	14.01	0	217	0		6.00
7.00	PHARMACY	15.00	0	6,509,470	0		7.00
8.00	PARAMEDICAL EDUCATIONAL PROGRAM	23.00	0	6,170	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	14,062	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	7,216	0		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	4,827	0		11.00
12.00	OPERATING ROOM	50.00	0	47,776	0		12.00
13.00	RECOVERY ROOM	51.00	0	1,211	0		13.00
14.00	OP ONCOLOGY	51.01	0	3,032	0		14.00
15.00	INFUSION CLINIC	52.06	0	6,397	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	28,054	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,069	0		17.00
18.00	RADIOISOTOPE	56.00	0	157,100	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	10,900	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	3,286	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	63	0		21.00
22.00	WOUND CARE	66.01	0	33,008	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	38	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	2,744	0		24.00
25.00	RENAL DIALYSIS	74.00	0	444,595	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	10	0		26.00
27.00	OCCUPATIONAL HEALTH	90.01	0	38,233	0		27.00
28.00	EMERGENCY	91.00	0	91,161	0		28.00
29.00	OTHER NRCC	194.00	0	50,620	0		29.00
TOTALS				7,655,659			

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6
Date/Time Prepared:
5/20/2015 5:42 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
C - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	303	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	509,260	9		2.00
3.00	OPERATION OF PLANT	7.00	0	764,649	9		3.00
4.00	HOUSEKEEPING	9.00	0	4,672	9		4.00
5.00	DIETARY	10.00	0	5,002	9		5.00
6.00	NURSING ADMINISTRATION	13.00	0	38,715	9		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	270	9		7.00
8.00	STERILE PROCESSING	14.01	0	126,268	9		8.00
9.00	PHARMACY	15.00	0	6,462	9		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,885	9		10.00
11.00	PARAMEDICAL EDUCATIONAL PROGRAM	23.00	0	4,180	9		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	120,036	9		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	22,276	9		13.00
14.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	13,649	9		14.00
15.00	OPERATING ROOM	50.00	0	354,318	9		15.00
16.00	RECOVERY ROOM	51.00	0	3,759	9		16.00
17.00	OP ONCOLOGY	51.01	0	4,286	9		17.00
18.00	INFUSION CLINIC	52.06	0	1,633	9		18.00
19.00	ANESTHESIOLOGY	53.00	0	18,209	9		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	322,819	9		20.00
21.00	RADIOISOTOPE	56.00	0	84,431	9		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	145,211	9		22.00
23.00	LABORATORY	60.00	0	100,143	9		23.00
24.00	RESPIRATORY THERAPY	65.00	0	46,427	9		24.00
25.00	PHYSICAL THERAPY	66.00	0	8,080	9		25.00
26.00	WOUND CARE	66.01	0	588	9		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	41,492	9		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,139	9		28.00
29.00	RENAL DIALYSIS	74.00	0	60,663	9		29.00
30.00	CARDIAC REHABILITATION	76.97	0	3,614	9		30.00
31.00	EMERGENCY	91.00	0	312	9		31.00
32.00	OCCUPATIONAL HEALTH	90.01	0	43,978	9		32.00
33.00	EMERGENCY	91.00	0	59,193	9		33.00
34.00	OTHER NRCC	194.00	0	63,767	9		34.00
35.00	SISTERS RESIDENCE	194.01	0	750	0		35.00
TOTALS			0	2,993,439			
D - REHAB RECLASS							
1.00	PHYSICAL THERAPY	66.00	13,902	11,494	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			13,902	11,494			
E - CARDIAC REHAB RECLASS							
1.00	CARDIAC REHABILITATION	76.97	179,198	3,419	0		1.00
TOTALS			179,198	3,419			
F - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,944,682	11		1.00
TOTALS			0	2,944,682			
G - CAFETERIA							
1.00	DIETARY	10.00	372,481	575,554	0		1.00
TOTALS			372,481	575,554			
J - IMPLANTS							
1.00	CARDIAC CATHETERIZATION	59.00	0	220,172	0		1.00
2.00	OPERATING ROOM	50.00	0	9,170	0		2.00
3.00	OPERATING ROOM	50.00	0	405,086	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,800	0		4.00
5.00	OPERATING ROOM	50.00	0	868,829	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	687	0		6.00
7.00	EMERGENCY	91.00	0	1,166	0		7.00
8.00	PARAMEDICAL EDUCATIONAL PROGRAM	23.00	0	50	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	325	0		9.00
10.00	RECOVERY ROOM	51.00	0	14	0		10.00
11.00	OPERATING ROOM	50.00	0	794,683	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	980,364	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	45	0		13.00
14.00	OPERATING ROOM	50.00	0	26,304	0		14.00
15.00	OPERATING ROOM	50.00	0	642,770	0		15.00
16.00	OPERATING ROOM	50.00	0	31,870	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	1,850	0		17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,566	0		18.00
19.00	EMERGENCY	91.00	0	1,995	0		19.00
20.00	INTENSIVE CARE UNIT	31.00	0	115	0		20.00
21.00	INFUSION CLINIC	52.06	0	197	0		21.00

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6

Date/Time Prepared:
5/20/2015 5:42 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
22.00	ADULTS & PEDIATRICS	30.00	0	37	0		22.00
24.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	346	0		24.00
25.00	OPERATING ROOM	50.00	0	225,588	0		25.00
26.00	WOUND CARE	66.01	0	10,882	0		26.00
	TOTALS		0	4,231,911			
L - RECLASS IMMEDIATE CARE TO ER							
1.00	CLINIC	90.00	0	6,914	0		1.00
15.00	CLINIC						15.00
	TOTALS		0	6,914			
M - LINEN SERVICE							
1.00	RESPIRATORY THERAPY	65.00	0	434	0		1.00
	TOTALS		0	434			
N - IV THERAPY							
1.00	ADULTS & PEDIATRICS	30.00	670,466	0	0		1.00
	TOTALS		670,466	0			
500.00	Grand Total: Decreases		1,236,047	23,495,199			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140155

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

Worksheet A-7
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,113,245	0	0	0	0	1.00
2.00	Land Improvements	1,993,481	-42,479	0	-42,479	620,294	2.00
3.00	Buildings and Fixtures	86,984,871	296,720	0	296,720	908,170	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	43,847,875	7,080,685	0	7,080,685	5,440,656	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	137,939,472	7,334,926	0	7,334,926	6,969,120	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	137,939,472	7,334,926	0	7,334,926	6,969,120	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,113,245	0				1.00
2.00	Land Improvements	1,330,708	0				2.00
3.00	Buildings and Fixtures	86,373,421	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	45,487,904	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	138,305,278	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	138,305,278	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140155

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

Worksheet A-7
Part II
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,560,243	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,560,243	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,560,243				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,560,243				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140155

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

Worksheet A-7
Part III
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	92,817,374	0	92,817,374	0.671105	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	45,487,904	0	45,487,904	0.328895	0	2.00
3.00	Total (sum of lines 1-2)	138,305,278	0	138,305,278	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,543,625	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,052,728	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,596,353	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,022,274	0	0	-1,174,258	5,391,641	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-1,746	0	0	0	2,050,982	2.00
3.00	Total (sum of lines 1-2)	2,020,528	0	0	-1,174,258	7,442,623	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140155

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

Worksheet A-8

Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-360,666	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,746	CAP REL COSTS-MVBLE EQUIP		2.00	11 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		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	-1,997,736				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,239,755				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-409,740	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-3,764	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-124,414	PARAMEDICAL EDUCATIONAL PROGRAM		23.00	0 19.00
20.00 Vending machines	B	-9,619	CAFETERIA		11.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 RADIOLOGY OTHER OPER INCOME	B	-2,243	RADIOLOGY-DIAGNOSTIC		54.00	0 33.00
36.00 OB NURSERY PHOTOS & OTHER OPER	B	-794	ADULTS & PEDIATRICS		30.00	0 36.00

Provider CCN: 140155

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

Worksheet A-8

Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
38.00 ONCOLOGY CLINICAL REVENUE	B	-2,891	OP ONCOLOGY	51.01	0 38.00
39.00 REAL ESTATE TAXES 211085000 772	A	-20,190	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00 MEDICAL AFFAIRS ADJUSTMENT	A	-183,708	ADMINISTRATIVE & GENERAL	5.00	0 40.00
41.00 MARKETING EXPENSES	A	-3,314	ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.00 MARKETING DEPRECIATION	A	-9,965	ADMINISTRATIVE & GENERAL	5.00	9 42.00
42.01 MISC INCOME 211072130651900	B	-1,000	MEDICAL RECORDS & LIBRARY	16.00	0 42.01
42.02 OFFSET RENTAL INCOME	B	-1,174,258	CAP REL COSTS-BLDG & FIXT	1.00	14 42.02
42.03 OTHER OPERATING INCOME	B	30,290	ADMINISTRATIVE & GENERAL	5.00	0 42.03
42.04 NON QUAL BENEFITS	B	1,746	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 42.04
42.30 ADMIN NON-ALLOWABLE EXP	A	-162	ADMINISTRATIVE & GENERAL	5.00	0 42.30
43.10 MISC INCOME 211061300 651900	B	-11,764	CENTRAL SERVICES & SUPPLY	14.00	0 43.10
43.20 MISC INCOME 211063700 651900	B	-5,848	OPERATING ROOM	50.00	0 43.20
43.30 MISC INCOME 211065100 651900	B	-9,300	ADMINISTRATIVE & GENERAL	5.00	0 43.30
43.40 MISC INCOME 211062536 651900	B	-18,133	RADIOLOGY-DIAGNOSTIC	54.00	0 43.40
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,558,974			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: 140155

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

Worksheet A-8-1

Date/Time Prepared: 5/20/2015 5:42 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL INTERESR	2,264,413	2,826,155 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL EQUIPMENT	1,679,445	1,636,774 2.00
3.00	31.00	INTENSIVE CARE UNIT	EICU	543,215	0 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	CBO	1,575,558	0 3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	INFORMATION SYSTEMS	4,046,440	0 3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATION	8,340,000	12,519,849 3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	INSURANCE TRUST	0	2,156,298 3.04
3.05	5.00	ADMINISTRATIVE & GENERAL	WORKMANS COMP	0	490,109 3.05
3.06	60.00	LABORATORY	ALVERNO LAB	4,241,014	4,300,655 3.06
3.07	0.00			0	0 3.07
3.08	0.00			0	0 3.08
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,690,085	23,929,840 5.00

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

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

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

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

6.00	B	PROVENA HEALTH	100.00	PROVENA HEALTH	100.00	6.00
7.00	C	ALVERNO LAB	66.67	ALVERNO LAB	66.67	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140155

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

Worksheet A-8-1

Date/Time Prepared:
5/20/2015 5:42 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-561,742	11		1.00
2.00	42,671	9		2.00
3.00	543,215	0		3.00
3.01	1,575,558	0		3.01
3.02	4,046,440	0		3.02
3.03	-4,179,849	0		3.03
3.04	-2,156,298	0		3.04
3.05	-490,109	0		3.05
3.06	-59,641	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
4.00	0	0		4.00
5.00	-1,239,755			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	MANAGEMENT		6.00
7.00	PURCHASED SERVI		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140155

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

Worksheet A-8-2

Date/Time Prepared:
5/20/2015 5:42 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	347,138	0	347,138	177,200	2,544	1.00
2.00	30.00	ADULTS & PEDIATRICS	89,720	0	89,720	138,700	399	2.00
3.00	52.02	SUBSTANCE ABUSE	4,180	495	3,685	208,000	39	3.00
4.00	51.01	OP ONCOLOGY	1,135,319	1,121,102	14,217	177,200	95	4.00
5.00	59.00	CARDIAC CATHETERIZATION	58,836	0	58,836	177,200	339	5.00
6.00	60.00	LABORATORY	49,687	0	49,687	215,700	398	6.00
7.00	65.00	RESPIRATORY THERAPY	2,375	0	2,375	177,200	19	7.00
8.00	90.01	OCCUPATIONAL HEALTH	305,514	305,514	0	0	0	8.00
9.00	74.00	RENAL DIALYSIS	89,723	0	89,723	177,200	282	9.00
10.00	91.00	EMERGENCY	286,514	245,021	41,493	177,200	239	10.00
200.00			2,369,006	1,672,132	696,874		4,354	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	5.00	ADMINISTRATIVE & GENERAL	216,729	10,836	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	26,606	1,330	0	0	0	2.00
3.00	52.02	SUBSTANCE ABUSE	3,900	195	0	0	0	3.00
4.00	51.01	OP ONCOLOGY	8,093	405	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	28,880	1,444	0	0	0	5.00
6.00	60.00	LABORATORY	41,273	2,064	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	1,619	81	0	0	0	7.00
8.00	90.01	OCCUPATIONAL HEALTH	0	0	0	0	0	8.00
9.00	74.00	RENAL DIALYSIS	24,024	1,201	0	0	0	9.00
10.00	91.00	EMERGENCY	20,361	1,018	0	0	0	10.00
200.00			371,485	18,574	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	5.00	ADMINISTRATIVE & GENERAL	0	216,729	130,409	130,409	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	26,606	63,114	63,114	2.00
3.00	52.02	SUBSTANCE ABUSE	0	3,900	0	495	3.00
4.00	51.01	OP ONCOLOGY	0	8,093	6,124	1,127,226	4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	28,880	29,956	29,956	5.00
6.00	60.00	LABORATORY	0	41,273	8,414	8,414	6.00
7.00	65.00	RESPIRATORY THERAPY	0	1,619	756	756	7.00
8.00	90.01	OCCUPATIONAL HEALTH	0	0	0	305,514	8.00
9.00	74.00	RENAL DIALYSIS	0	24,024	65,699	65,699	9.00
10.00	91.00	EMERGENCY	0	20,361	21,132	266,153	10.00
200.00			0	371,485	325,604	1,997,736	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,391,641	5,391,641			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,050,982		2,050,982		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,794,261	63,868	0	8,858,129	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	24,669,221	238,041	161,783	659,536	25,728,581
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	3,550,178	1,449,238	236,225	225,056	5,460,697
7.01 00701	BIO MED	1,710,952	6,347	0	0	1,717,299
8.00 00800	LAUNDRY & LINEN SERVICE	260,584	15,497	0	279	276,360
9.00 00900	HOUSEKEEPING	1,105,529	16,034	6,434	186,610	1,314,607
10.00 01000	DIETARY	948,035	107,300	3,000	91,733	1,150,068
11.00 01100	CAFETERIA	528,676	58,635	0	91,732	679,043
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,033,398	8,185	24,231	252,143	1,317,957
14.00 01400	CENTRAL SERVICES & SUPPLY	-306,947	106,321	0	0	-200,626
14.01 01401	STERILE PROCESSING	327,214	96,580	33,280	64,809	521,883
15.00 01500	PHARMACY	1,547,243	27,278	713	314,272	1,889,506
16.00 01600	MEDICAL RECORDS & LIBRARY	1,817,055	91,991	23,418	311,003	2,243,467
17.00 01700	SOCIAL SERVICE	843,067	4,025	0	173,739	1,020,831
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMEDICAL EDUCATIONAL PROGRAM	197,859	2,684	2,870	57,301	260,714
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,937,057	661,069	123,295	1,680,401	9,401,822
31.00 03100	INTENSIVE CARE UNIT	2,308,386	97,693	32,557	430,843	2,869,479
34.00 03400	SURGICAL INTENSIVE CARE UNIT	1,305,662	77,822	28,766	318,734	1,730,984
43.00 04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,529,668	156,717	369,278	411,667	3,467,330
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00 05100	RECOVERY ROOM	1,271,656	58,058	27,119	310,557	1,667,390
51.01 05101	OP ONCOLOGY	728,187	390,947	8,879	98,886	1,226,899
52.02 05201	SUBSTANCE ABUSE	408,128	65,934	0	85,485	559,547
52.04 05202	DIABETES EDUCATION	660	13,646	0	0	14,306
52.05 05203	PODIATRY	0	0	0	0	0
52.06 05204	INFUSION CLINIC	303,264	31,746	215	72,923	408,148
53.00 05300	ANESTHESIOLOGY	3,326,087	4,159	0	6,041	3,336,287
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,520,713	193,763	62,366	559,816	3,336,658
56.00 05600	RADIOISOTOPE	787,928	24,152	146,741	116,404	1,075,225
59.00 05900	CARDIAC CATHETERIZATION	565,455	54,140	248,187	128,085	995,867
60.00 06000	LABORATORY	4,695,444	158,797	236,408	0	5,090,649
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,433,283	37,113	41,425	309,833	1,821,654
66.00 06600	PHYSICAL THERAPY	914,884	99,853	5,280	202,739	1,222,756
66.01 06601	WOUND CARE	1,375,763	44,157	1,446	10,679	1,432,045
67.00 06700	OCCUPATIONAL THERAPY	188,227	5,448	0	41,736	235,411
68.00 06800	SPEECH PATHOLOGY	126,886	3,220	0	30,668	160,774
69.00 06900	ELECTROCARDIOLOGY	289,646	40,709	50,106	70,910	451,371
70.00 07000	ELECTROENCEPHALOGRAPHY	33,627	10,721	3,281	8,205	55,834
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,071,693	0	0	0	5,071,693
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,231,879	0	0	0	4,231,879
73.00 07300	DRUGS CHARGED TO PATIENTS	8,326,125	0	0	165,118	8,491,243
74.00 07400	RENAL DIALYSIS	2,882,950	178,789	54,140	384,355	3,500,234
76.00 03951	OTHER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	-628	92,541	8,216	0	100,129
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	OCCUPATIONAL HEALTH	803,078	107,340	9,729	211,480	1,131,627
91.00 09100	EMERGENCY	2,848,443	137,101	85,601	600,651	3,671,796
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	110,683,099	5,037,659	2,034,989	8,684,429	110,139,424

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	109,888	0	0	19,884	129,772 190.00
194.00 07950	OTHER NRCC	2,526,375	353,982	15,993	153,254	3,049,604 194.00
194.01 07951	SISTERS RESIDENCE	2,281	0	0	562	2,843 194.01
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)	113,321,643	5,391,641	2,050,982	8,858,129	113,321,643 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/20/2015 5:42 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
		5.00	6.00	7.00	7.01	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	25,728,581				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	1,600,295	0	7,060,992		7.00	
7.01	00701	BIO MED	503,266	0	12,309	2,232,874	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	80,989	0	30,058	0	387,407	8.00
9.00	00900	HOUSEKEEPING	385,255	0	31,099	0	0	9.00
10.00	01000	DIETARY	337,035	0	208,116	0	0	10.00
11.00	01100	CAFETERIA	198,998	0	113,726	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	386,237	0	15,875	25,163	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	206,217	0	0	14.00
14.01	01401	STERILE PROCESSING	152,941	0	187,323	225,958	0	14.01
15.00	01500	PHARMACY	553,733	0	52,907	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	657,464	0	178,423	0	0	16.00
17.00	01700	SOCIAL SERVICE	299,162	0	7,807	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATIONAL PROGRAM	76,404	0	5,205	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,755,298	0	1,282,191	411,859	337,802	30.00
31.00	03100	INTENSIVE CARE UNIT	840,921	0	189,483	0	20,698	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	507,277	0	150,941	0	12,599	34.00
43.00	04300	NURSERY	0	0	0	0	16,308	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,016,125	0	303,964	1,541	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	488,640	0	112,607	0	0	51.00
51.01	05101	OP ONCOLOGY	359,551	0	758,270	23,623	0	51.01
52.02	05201	SUBSTANCE ABUSE	163,979	0	127,883	0	0	52.02
52.04	05202	DIABETES EDUCATION	4,192	0	26,467	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	119,611	0	61,574	9,757	0	52.06
53.00	05300	ANESTHESIOLOGY	977,722	0	8,068	137,115	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	977,831	0	375,817	67,787	0	54.00
56.00	05600	RADIOISOTOPE	315,102	0	46,844	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	291,846	0	105,008	77,031	0	59.00
60.00	06000	LABORATORY	1,491,850	0	307,998	97,573	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	533,848	0	71,983	14,893	0	65.00
66.00	06600	PHYSICAL THERAPY	358,337	0	193,673	0	0	66.00
66.01	06601	WOUND CARE	419,671	0	85,646	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	68,989	0	10,566	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	47,116	0	6,246	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	132,277	0	78,958	7,703	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,363	0	20,793	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,486,295	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,240,182	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,488,418	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,025,768	0	346,774	217,741	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	29,344	0	179,490	203,362	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	331,631	0	208,194	0	0	90.01
91.00	09100	EMERGENCY	1,076,046	0	265,916	602,897	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,796,009	0	6,374,419	2,124,003	387,407	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,031	0	0	0	0	190.00
194.00	07950	OTHER NRCC	893,708	0	686,573	108,871	0	194.00
194.01	07951	SISTERS RESIDENCE	833	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	25,728,581	0	7,060,992	2,232,874	387,407	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	1,730,961					9.00
10.00	01000	102,397	1,797,616				10.00
11.00	01100	0	0	991,767			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	39,289	0	23,926	0	1,808,447	13.00
14.00	01400	0	0	0	0	0	14.00
14.01	01401	24,486	0	14,912	0	0	14.01
15.00	01500	53,250	0	32,428	0	0	15.00
16.00	01600	74,732	0	45,511	0	0	16.00
17.00	01700	32,683	0	19,904	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	10,746	0	6,544	0	17,984	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	404,673	1,713,170	246,436	0	677,241	30.00
31.00	03100	91,309	52,484	55,606	0	152,810	31.00
34.00	03400	61,173	31,962	37,253	0	102,377	34.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	88,300	0	53,773	0	147,774	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	61,530	0	37,471	0	102,974	51.00
51.01	05101	21,095	0	12,846	0	35,303	51.01
52.02	05201	20,929	0	12,745	0	35,026	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	13,659	0	8,318	0	22,859	52.06
53.00	05300	3,422	0	2,084	0	0	53.00
54.00	05400	136,587	0	83,179	0	0	54.00
56.00	05600	19,988	0	12,173	0	0	56.00
59.00	05900	22,399	0	13,641	0	37,486	59.00
60.00	06000	0	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	55,365	0	33,716	0	0	65.00
66.00	06600	41,570	0	25,316	0	0	66.00
66.01	06601	1,629	0	992	0	2,726	66.01
67.00	06700	7,627	0	4,645	0	0	67.00
68.00	06800	4,521	0	2,753	0	0	68.00
69.00	06900	16,176	0	9,851	0	27,071	69.00
70.00	07000	2,190	0	1,334	0	3,666	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	89,575	0	54,550	0	149,909	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	8,304	0	5,057	0	13,896	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	36,384	0	22,157	0	60,891	90.01
91.00	09100	130,533	0	79,493	0	218,454	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,676,521	1,797,616	958,614	0	1,808,447	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	11,553	0	7,036	0	0	190.00
194.00	07950	42,819	0	26,076	0	0	194.00
194.01	07951	68	0	41	0	0	194.01
200.00							200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,730,961	1,797,616	991,767	0	1,808,447	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/20/2015 5:42 pm		
Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		14.00	14.01	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,591			14.00
14.01	01401	STERILE PROCESSING	358	1,127,861		14.01
15.00	01500	PHARMACY	137	0	2,581,961	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	244	0	0	16.00
17.00	01700	SOCIAL SERVICE	5	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATIONAL PROGRAM	93	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	657	27,519	0	30.00
31.00	03100	INTENSIVE CARE UNIT	62	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	50	0	0	34.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,015	1,010,516	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	40	0	0	51.00
51.01	05101	OP ONCOLOGY	60	0	0	51.01
52.02	05201	SUBSTANCE ABUSE	26	0	0	52.02
52.04	05202	DIABETES EDUCATION	7	0	0	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	5	0	0	52.06
53.00	05300	ANESTHESIOLOGY	20	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	828	3,582	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	410	6,106	0	59.00
60.00	06000	LABORATORY	186	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	154	1,256	0	65.00
66.00	06600	PHYSICAL THERAPY	22	0	0	66.00
66.01	06601	WOUND CARE	28	54,805	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	6	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	33	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	76	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,581,961	73.00
74.00	07400	RENAL DIALYSIS	472	0	0	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	132	1,966	0	90.01
91.00	09100	EMERGENCY	212	22,111	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			246,785	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,412	1,127,861	2,581,961	1,380,392
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950	OTHER NRCC	179	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	14.01	15.00	16.00	17.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,591	1,127,861	2,581,961	3,199,841	1,380,392	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATIONAL PROGRAM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	BIO MED					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
14.01 01401	STERILE PROCESSING					14.01
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL	0	0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATIONAL PROGRAM	0	0	0	0	377,690
23.00						23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	35,687
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	35,687
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
43.00						43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	35,687
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	23,791
51.01 05101	OP ONCOLOGY	0	0	0	0	0
52.02 05201	SUBSTANCE ABUSE	0	0	0	0	0
52.04 05202	DIABETES EDUCATION	0	0	0	0	0
52.05 05203	PODIATRY	0	0	0	0	0
52.06 05204	INFUSION CLINIC	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	11,896
56.00 05600	RADIOISOTOPE	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	11,896
60.00 06000	LABORATORY	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	23,791
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
66.01 06601	WOUND CARE	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	11,896
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	11,896
76.00 03951	OTHER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	0	0
91.00 09100	EMERGENCY	0	0	0	0	175,463
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	377,690
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.00						190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATIONAL PROGRAM		
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			19.00	20.00			21.00
194.00 07950 OTHER NRCC	0	0	0	0	0	0	194.00
194.01 07951 SISTERS RESIDENCE	0	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	0	377,690	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
14.01	01401	STERILE PROCESSING				14.01
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMEDICAL EDUCATIONAL PROGRAM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,542,143	0	18,542,143	30.00
31.00	03100	INTENSIVE CARE UNIT	4,574,178	0	4,574,178	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,820,869	0	2,820,869	34.00
43.00	04300	NURSERY	16,308	0	16,308	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,338,586	0	6,338,586	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,540,483	0	2,540,483	51.00
51.01	05101	OP ONCOLOGY	2,451,030	0	2,451,030	51.01
52.02	05201	SUBSTANCE ABUSE	929,911	0	929,911	52.02
52.04	05202	DIABETES EDUCATION	54,594	0	54,594	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	647,964	0	647,964	52.06
53.00	05300	ANESTHESIOLOGY	4,510,210	0	4,510,210	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,506,354	0	5,506,354	54.00
56.00	05600	RADIOISOTOPE	1,525,957	0	1,525,957	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,670,730	0	1,670,730	59.00
60.00	06000	LABORATORY	7,300,387	0	7,300,387	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,620,209	0	2,620,209	65.00
66.00	06600	PHYSICAL THERAPY	1,878,414	0	1,878,414	66.00
66.01	06601	WOUND CARE	2,042,501	0	2,042,501	66.01
67.00	06700	OCCUPATIONAL THERAPY	334,593	0	334,593	67.00
68.00	06800	SPEECH PATHOLOGY	223,210	0	223,210	68.00
69.00	06900	ELECTROCARDIOLOGY	800,654	0	800,654	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,876	0	102,876	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,772,849	0	6,772,849	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,556,605	0	5,556,605	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,049,424	0	14,049,424	73.00
74.00	07400	RENAL DIALYSIS	5,680,963	-742,024	4,938,939	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	541,975	0	541,975	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	1,799,953	0	1,799,953	90.01
91.00	09100	EMERGENCY	6,489,706	0	6,489,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	108,323,636	0	107,581,612	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	186,392	0	186,392	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.00	07950	OTHER NRCC	4,807,830	0	4,807,830	194.00
194.01	07951	SISTERS RESIDENCE	3,785	0	3,785	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	113,321,643	0	112,579,619	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 5:42 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	63,868	0	63,868	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	238,041	161,783	399,824	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	1,449,238	236,225	1,685,463	7.00
7.01 00701	BIO MED	0	6,347	0	6,347	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	15,497	0	15,497	8.00
9.00 00900	HOUSEKEEPING	0	16,034	6,434	22,468	9.00
10.00 01000	DIETARY	0	107,300	3,000	110,300	10.00
11.00 01100	CAFETERIA	0	58,635	0	58,635	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	8,185	24,231	32,416	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	106,321	0	106,321	14.00
14.01 01401	STERILE PROCESSING	0	96,580	33,280	129,860	14.01
15.00 01500	PHARMACY	0	27,278	713	27,991	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	91,991	23,418	115,409	16.00
17.00 01700	SOCIAL SERVICE	0	4,025	0	4,025	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATIONAL PROGRAM	0	2,684	2,870	5,554	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	661,069	123,295	784,364	30.00
31.00 03100	INTENSIVE CARE UNIT	0	97,693	32,557	130,250	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	77,822	28,766	106,588	34.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	156,717	369,278	525,995	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	58,058	27,119	85,177	51.00
51.01 05101	OP ONCOLOGY	0	390,947	8,879	399,826	51.01
52.02 05201	SUBSTANCE ABUSE	0	65,934	0	65,934	52.02
52.04 05202	DIABETES EDUCATION	0	13,646	0	13,646	52.04
52.05 05203	PODIATRY	0	0	0	0	52.05
52.06 05204	INFUSION CLINIC	0	31,746	215	31,961	52.06
53.00 05300	ANESTHESIOLOGY	0	4,159	0	4,159	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	193,763	62,366	256,129	54.00
56.00 05600	RADIOISOTOPE	0	24,152	146,741	170,893	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	54,140	248,187	302,327	59.00
60.00 06000	LABORATORY	0	158,797	236,408	395,205	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	37,113	41,425	78,538	65.00
66.00 06600	PHYSICAL THERAPY	0	99,853	5,280	105,133	66.00
66.01 06601	WOUND CARE	0	44,157	1,446	45,603	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	5,448	0	5,448	67.00
68.00 06800	SPEECH PATHOLOGY	0	3,220	0	3,220	68.00
69.00 06900	ELECTROCARDIOLOGY	0	40,709	50,106	90,815	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	10,721	3,281	14,002	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	178,789	54,140	232,929	74.00
76.00 03951	OTHER	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	92,541	8,216	100,757	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	OCCUPATIONAL HEALTH	0	107,340	9,729	117,069	90.01
91.00 09100	EMERGENCY	0	137,101	85,601	222,702	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,037,659	2,034,989	7,072,648	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 5:42 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	143	190.00	
194.00	07950	OTHER NRCC	0	353,982	15,993	1,105	194.00	
194.01	07951	SISTERS RESIDENCE	0	0	0	4	194.01	
200.00		Cross Foot Adjustments			0		200.00	
201.00		Negative Cost Centers		0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	0	5,391,641	2,050,982	7,442,623	63,868	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 5:42 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
		5.00	6.00	7.00	7.01	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	404,580				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	25,163	0	1,712,249		7.00	
7.01	00701	BIO MED	7,913	0	2,985	17,245	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	1,273	0	7,289	0	8.00	
9.00	00900	HOUSEKEEPING	6,058	0	7,541	0	9.00	
10.00	01000	DIETARY	5,300	0	50,467	0	10.00	
11.00	01100	CAFETERIA	3,129	0	27,578	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	6,073	0	3,850	194	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	50,006	0	14.00	
14.01	01401	STERILE PROCESSING	2,405	0	45,425	1,745	14.01	
15.00	01500	PHARMACY	8,707	0	12,830	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	10,338	0	43,266	0	16.00	
17.00	01700	SOCIAL SERVICE	4,704	0	1,893	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMEDICAL EDUCATIONAL PROGRAM	1,201	0	1,262	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,350	0	310,924	3,181	30.00	
31.00	03100	INTENSIVE CARE UNIT	13,223	0	45,948	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,976	0	36,602	0	34.00	
43.00	04300	NURSERY	0	0	0	1,013	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,977	0	73,709	12	50.00	
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	7,683	0	27,307	0	51.00	
51.01	05101	OP ONCOLOGY	5,654	0	183,876	182	51.01	
52.02	05201	SUBSTANCE ABUSE	2,578	0	31,011	0	52.02	
52.04	05202	DIABETES EDUCATION	66	0	6,418	0	52.04	
52.05	05203	PODIATRY	0	0	0	0	52.05	
52.06	05204	INFUSION CLINIC	1,881	0	14,931	75	52.06	
53.00	05300	ANESTHESIOLOGY	15,374	0	1,956	1,059	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,375	0	91,133	524	54.00	
56.00	05600	RADIOISOTOPE	4,955	0	11,359	0	56.00	
59.00	05900	CARDIAC CATHETERIZATION	4,589	0	25,464	595	59.00	
60.00	06000	LABORATORY	23,458	0	74,688	754	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	8,394	0	17,456	115	65.00	
66.00	06600	PHYSICAL THERAPY	5,634	0	46,965	0	66.00	
66.01	06601	WOUND CARE	6,599	0	20,769	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	1,085	0	2,562	0	67.00	
68.00	06800	SPEECH PATHOLOGY	741	0	1,515	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,080	0	19,147	59	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	257	0	5,042	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,370	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,500	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	39,128	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	16,129	0	84,091	1,682	74.00	
76.00	03951	OTHER	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	461	0	43,525	1,571	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98	
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	OCCUPATIONAL HEALTH	5,215	0	50,486	0	90.01	
91.00	09100	EMERGENCY	16,920	0	64,483	4,656	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	389,916	0	1,545,759	16,404	24,061	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	598	0	0	0	190.00	
194.00	07950	OTHER NRCC	14,053	0	166,490	841	194.00	
194.01	07951	SISTERS RESIDENCE	13	0	0	0	194.01	
200.00		Cross Foot Adjustments					200.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155			Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 5:42 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
		5.00	6.00	7.00	7.01	8.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	404,580	0	1,712,249	17,245	24,061	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 5:42 pm		
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
7.01	00701					7.01
8.00	00800					8.00
9.00	00900	37,413				9.00
10.00	01000	2,213	168,942			10.00
11.00	01100	0	0	90,004		11.00
12.00	01200	0	0	0	0	12.00
13.00	01300	849	0	2,171	0	47,371
14.00	01400	0	0	0	0	0
14.01	01401	529	0	1,353	0	0
15.00	01500	1,151	0	2,943	0	0
16.00	01600	1,615	0	4,130	0	0
17.00	01700	706	0	1,806	0	0
19.00	01900	0	0	0	0	0
20.00	02000	0	0	0	0	0
21.00	02100	0	0	0	0	0
22.00	02200	0	0	0	0	0
23.00	02300	232	0	594	0	471
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	8,750	161,005	22,364	0	17,740
31.00	03100	1,974	4,933	5,046	0	4,003
34.00	03400	1,322	3,004	3,381	0	2,682
43.00	04300	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	1,909	0	4,880	0	3,871
50.01	03330	0	0	0	0	0
51.00	05100	1,330	0	3,401	0	2,697
51.01	05101	456	0	1,166	0	925
52.02	05201	452	0	1,157	0	917
52.04	05202	0	0	0	0	0
52.05	05203	0	0	0	0	0
52.06	05204	295	0	755	0	599
53.00	05300	74	0	189	0	0
54.00	05400	2,952	0	7,549	0	0
56.00	05600	432	0	1,105	0	0
59.00	05900	484	0	1,238	0	982
60.00	06000	0	0	0	0	0
62.30	06250	0	0	0	0	0
65.00	06500	1,197	0	3,060	0	0
66.00	06600	898	0	2,297	0	0
66.01	06601	35	0	90	0	71
67.00	06700	165	0	422	0	0
68.00	06800	98	0	250	0	0
69.00	06900	350	0	894	0	709
70.00	07000	47	0	121	0	96
71.00	07100	0	0	0	0	0
72.00	07200	0	0	0	0	0
73.00	07300	0	0	0	0	0
74.00	07400	1,936	0	4,950	0	3,927
76.00	03951	0	0	0	0	0
76.97	07697	179	0	459	0	364
76.98	07698	0	0	0	0	0
76.99	07699	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	0
90.01	09001	786	0	2,011	0	1,595
91.00	09100	2,821	0	7,214	0	5,722
92.00	09200					
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300					
118.00		36,237	168,942	86,996	0	47,371
NONREIMBURSABLE COST CENTERS						
190.00	19000	250	0	638	0	0
194.00	07950	925	0	2,366	0	0
194.01	07951	1	0	4	0	0
200.00						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155			Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 5:42 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		9.00	10.00	11.00	12.00	13.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	37,413	168,942	90,004	0	47,371	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 5:42 pm		
Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		14.00	14.01	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,797			14.00
14.01	01401	STERILE PROCESSING	179	181,963		14.01
15.00	01500	PHARMACY	68	0	55,956	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	122	0	0	16.00
17.00	01700	SOCIAL SERVICE	2	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATIONAL PROGRAM	46	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	329	4,440	0	30.00
31.00	03100	INTENSIVE CARE UNIT	31	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25	0	0	34.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	511	163,031	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	20	0	0	51.00
51.01	05101	OP ONCOLOGY	30	0	0	51.01
52.02	05201	SUBSTANCE ABUSE	13	0	0	52.02
52.04	05202	DIABETES EDUCATION	3	0	0	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	3	0	0	52.06
53.00	05300	ANESTHESIOLOGY	10	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	414	578	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	205	985	0	59.00
60.00	06000	LABORATORY	93	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	77	203	0	65.00
66.00	06600	PHYSICAL THERAPY	11	0	0	66.00
66.01	06601	WOUND CARE	14	8,842	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	3	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	55,956	73.00
74.00	07400	RENAL DIALYSIS	236	0	0	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	66	317	0	90.01
91.00	09100	EMERGENCY	106	3,567	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,708	181,963	55,956	177,123
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950	OTHER NRCC	89	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155			Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 5:42 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	STERILE PROCESSING 14.01	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	153,530	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	156,327	181,963	55,956	177,123	14,389		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATIONAL PROGRAM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	BIO MED					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
14.01 01401	STERILE PROCESSING					14.01
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0	22.00
23.00 02300	PARAMEDICAL EDUCATIONAL PROGRAM					9,773 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
43.00 04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.01 03330	SPECIAL PROCEDURES					50.01
51.00 05100	RECOVERY ROOM					51.00
51.01 05101	OP ONCOLOGY					51.01
52.02 05201	SUBSTANCE ABUSE					52.02
52.04 05202	DIABETES EDUCATION					52.04
52.05 05203	PODIATRY					52.05
52.06 05204	INFUSION CLINIC					52.06
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
56.00 05600	RADIOISOTOPE					56.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
66.01 06601	WOUND CARE					66.01
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
76.00 03951	OTHER					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99 07699	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00
90.01 09001	OCCUPATIONAL HEALTH					90.01
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES					95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATIONAL PROGRAM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
194.00 07950 OTHER NRCC						194.00
194.01 07951 SISTERS RESIDENCE						194.01
200.00 Cross Foot Adjustments	0	0	0	0	9,773	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	9,773	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
14.01	01401	STERILE PROCESSING				14.01
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMEDICAL EDUCATIONAL PROGRAM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,411,667	0	1,411,667	30.00
31.00	03100	INTENSIVE CARE UNIT	217,885	0	217,885	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	170,623	0	170,623	34.00
43.00	04300	NURSERY	1,013	0	1,013	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	804,627	0	804,627	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	132,403	0	132,403	51.00
51.01	05101	OP ONCOLOGY	593,569	0	593,569	51.01
52.02	05201	SUBSTANCE ABUSE	103,219	0	103,219	52.02
52.04	05202	DIABETES EDUCATION	20,666	0	20,666	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	51,249	0	51,249	52.06
53.00	05300	ANESTHESIOLOGY	25,383	0	25,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	407,075	0	407,075	54.00
56.00	05600	RADIOISOTOPE	192,717	0	192,717	56.00
59.00	05900	CARDIAC CATHETERIZATION	343,827	0	343,827	59.00
60.00	06000	LABORATORY	511,472	0	511,472	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	114,791	0	114,791	65.00
66.00	06600	PHYSICAL THERAPY	164,433	0	164,433	66.00
66.01	06601	WOUND CARE	84,588	0	84,588	66.01
67.00	06700	OCCUPATIONAL THERAPY	10,393	0	10,393	67.00
68.00	06800	SPEECH PATHOLOGY	6,145	0	6,145	68.00
69.00	06900	ELECTROCARDIOLOGY	118,196	0	118,196	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,773	0	19,773	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,294	0	35,294	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,212	0	24,212	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,271	0	123,271	73.00
74.00	07400	RENAL DIALYSIS	360,250	0	360,250	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	147,448	0	147,448	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	179,456	0	179,456	90.01
91.00	09100	EMERGENCY	346,180	0	346,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,721,825	0	6,721,825	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,629	0	1,629	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.00	07950	OTHER NRCC	555,844	0	555,844	194.00
194.01	07951	SISTERS RESIDENCE	22	0	22	194.01
200.00		Cross Foot Adjustments	9,773	0	9,773	200.00
201.00		Negative Cost Centers	153,530	0	153,530	201.00
202.00		TOTAL (sum lines 118-201)	7,442,623	0	7,442,623	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	401,835				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		819,593			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,760	0	35,968,561		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,741	64,650	2,678,056	-25,728,581	87,793,688
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	108,011	94,398	913,842	0	5,460,697
7.01	00701	BIO MED	473	0	0	0	1,717,299
8.00	00800	LAUNDRY & LINEN SERVICE	1,155	0	1,134	0	276,360
9.00	00900	HOUSEKEEPING	1,195	2,571	757,733	0	1,314,607
10.00	01000	DIETARY	7,997	1,199	372,482	0	1,150,068
11.00	01100	CAFETERIA	4,370	0	372,481	0	679,043
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	610	9,683	1,023,830	0	1,317,957
14.00	01400	CENTRAL SERVICES & SUPPLY	7,924	0	0	200,626	0
14.01	01401	STERILE PROCESSING	7,198	13,299	263,160	0	521,883
15.00	01500	PHARMACY	2,033	285	1,276,106	0	1,889,506
16.00	01600	MEDICAL RECORDS & LIBRARY	6,856	9,358	1,262,833	0	2,243,467
17.00	01700	SOCIAL SERVICE	300	0	705,470	0	1,020,831
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATIONAL PROGRAM	200	1,147	232,670	0	260,714
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,269	49,270	6,823,269	0	9,401,822
31.00	03100	INTENSIVE CARE UNIT	7,281	13,010	1,749,446	0	2,869,479
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,800	11,495	1,294,225	0	1,730,984
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,680	147,567	1,671,583	0	3,467,330
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00	05100	RECOVERY ROOM	4,327	10,837	1,261,024	0	1,667,390
51.01	05101	OP ONCOLOGY	29,137	3,548	401,529	0	1,226,899
52.02	05201	SUBSTANCE ABUSE	4,914	0	347,112	0	559,547
52.04	05202	DIABETES EDUCATION	1,017	0	0	0	14,306
52.05	05203	PODIATRY	0	0	0	0	0
52.06	05204	INFUSION CLINIC	2,366	86	296,105	0	408,148
53.00	05300	ANESTHESIOLOGY	310	0	24,530	0	3,336,287
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,441	24,922	2,273,143	0	3,336,658
56.00	05600	RADIOISOTOPE	1,800	58,639	472,660	0	1,075,225
59.00	05900	CARDIAC CATHETERIZATION	4,035	99,178	520,092	0	995,867
60.00	06000	LABORATORY	11,835	94,471	0	0	5,090,649
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,766	16,554	1,258,082	0	1,821,654
66.00	06600	PHYSICAL THERAPY	7,442	2,110	823,224	0	1,222,756
66.01	06601	WOUND CARE	3,291	578	43,362	0	1,432,045
67.00	06700	OCCUPATIONAL THERAPY	406	0	169,469	0	235,411
68.00	06800	SPEECH PATHOLOGY	240	0	124,526	0	160,774
69.00	06900	ELECTROCARDIOLOGY	3,034	20,023	287,933	0	451,371
70.00	07000	ELECTROENCEPHALOGRAPHY	799	1,311	33,318	0	55,834
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,071,693
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,231,879
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	670,466	0	8,491,243
74.00	07400	RENAL DIALYSIS	13,325	21,635	1,560,682	0	3,500,234
76.00	03951	OTHER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	6,897	3,283	0	0	100,129
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OCCUPATIONAL HEALTH	8,000	3,888	858,719	0	1,131,627
91.00	09100	EMERGENCY	10,218	34,207	2,438,956	0	3,671,796
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	375,453	813,202	35,263,252	-25,527,955	84,611,469

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5A
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	80,739	0	129,772	190.00
194.00	07950	OTHER NRCC	26,382	6,391	622,289	0	3,049,604	194.00
194.01	07951	SISTERS RESIDENCE	0	0	2,281	0	2,843	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,391,641	2,050,982	8,858,129		25,728,581	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.417549	2.502440	0.246274		0.293057	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			63,868		404,580	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001776		0.004608	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		271,323				7.00
7.01	00701		473	4,348			7.01
8.00	00800	0	1,155	0	24,445		8.00
9.00	00900	0	1,195	0	0	1,023,327	9.00
10.00	01000		7,997	0	0	60,536	10.00
11.00	01100		4,370	0	0	0	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		610	49	0	23,227	13.00
14.00	01400		7,924	0	0	0	14.00
14.01	01401		7,198	440	0	14,476	14.01
15.00	01500		2,033	0	0	31,481	15.00
16.00	01600		6,856	0	0	44,181	16.00
17.00	01700		300	0	0	19,322	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		200	0	0	6,353	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		49,269	802	21,315	239,238	30.00
31.00	03100		7,281	0	1,306	53,981	31.00
34.00	03400		5,800	0	795	36,165	34.00
43.00	04300		0	0	1,029	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		11,680	3	0	52,202	50.00
50.01	03330		0	0	0	0	50.01
51.00	05100		4,327	0	0	36,376	51.00
51.01	05101		29,137	46	0	12,471	51.01
52.02	05201		4,914	0	0	12,373	52.02
52.04	05202		1,017	0	0	0	52.04
52.05	05203		0	0	0	0	52.05
52.06	05204		2,366	19	0	8,075	52.06
53.00	05300		310	267	0	2,023	53.00
54.00	05400		14,441	132	0	80,749	54.00
56.00	05600		1,800	0	0	11,817	56.00
59.00	05900		4,035	150	0	13,242	59.00
60.00	06000		11,835	190	0	0	60.00
62.30	06250		0	0	0	0	62.30
65.00	06500		2,766	29	0	32,731	65.00
66.00	06600		7,442	0	0	24,576	66.00
66.01	06601		3,291	0	0	963	66.01
67.00	06700		406	0	0	4,509	67.00
68.00	06800		240	0	0	2,673	68.00
69.00	06900		3,034	15	0	9,563	69.00
70.00	07000		799	0	0	1,295	70.00
71.00	07100		0	0	0	0	71.00
72.00	07200		0	0	0	0	72.00
73.00	07300		0	0	0	0	73.00
74.00	07400		13,325	424	0	52,956	74.00
76.00	03951		0	0	0	0	76.00
76.97	07697		6,897	396	0	4,909	76.97
76.98	07698		0	0	0	0	76.98
76.99	07699		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		0	0	0	0	90.00
90.01	09001		8,000	0	0	21,510	90.01
91.00	09100		10,218	1,174	0	77,170	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500		0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00			244,941	4,136	24,445	991,143	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		0	0	0	6,830	190.00
194.00	07950		26,382	212	0	25,314	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
194.01	07951 SISTERS RESIDENCE	0	0	0	0	40	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	7,060,992	2,232,874	387,407	1,730,961	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	26.024303	513.540478	15.848108	1.691503	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,712,249	17,245	24,061	37,413	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	6.310740	3.966191	0.984291	0.036560	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	67,097					10.00
11.00	01100	0	962,791				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	23,227	0	638,842		13.00
14.00	01400	0	0	0	0	535,908	14.00
14.01	01401	0	14,476	0	0	34,319	14.01
15.00	01500	0	31,481	0	0	13,122	15.00
16.00	01600	0	44,181	0	0	23,345	16.00
17.00	01700	0	19,322	0	0	433	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	6,353	0	6,353	8,896	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	63,945	239,238	0	239,238	62,951	30.00
31.00	03100	1,959	53,981	0	53,981	5,959	31.00
34.00	03400	1,193	36,165	0	36,165	4,801	34.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	52,202	0	52,202	97,484	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	0	36,376	0	36,376	3,874	51.00
51.01	05101	0	12,471	0	12,471	5,771	51.01
52.02	05201	0	12,373	0	12,373	2,497	52.02
52.04	05202	0	0	0	0	635	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	0	8,075	0	8,075	512	52.06
53.00	05300	0	2,023	0	0	1,946	53.00
54.00	05400	0	80,749	0	0	79,360	54.00
56.00	05600	0	11,817	0	0	38	56.00
59.00	05900	0	13,242	0	13,242	39,323	59.00
60.00	06000	0	0	0	0	17,795	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	32,731	0	0	14,742	65.00
66.00	06600	0	24,576	0	0	2,108	66.00
66.01	06601	0	963	0	963	2,676	66.01
67.00	06700	0	4,509	0	0	582	67.00
68.00	06800	0	2,673	0	0	6	68.00
69.00	06900	0	9,563	0	9,563	3,125	69.00
70.00	07000	0	1,295	0	1,295	56	70.00
71.00	07100	0	0	0	0	7,253	71.00
72.00	07200	0	0	0	0	7,000	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	52,956	0	52,956	45,205	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	0	4,909	0	4,909	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	21,510	0	21,510	12,668	90.01
91.00	09100	0	77,170	0	77,170	20,301	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		67,097	930,607	0	638,842	518,783	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	6,830	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
194.00	07950 OTHER NRCC	0	25,314	0	0	17,125	194.00
194.01	07951 SISTERS RESIDENCE	0	40	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,797,616	991,767	0	1,808,447	5,591	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26.791302	1.030096	0.000000	2.830820	0.010433	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	168,942	90,004	0	47,371	156,327	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.517877	0.093482	0.000000	0.074151	0.005219	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	BIO MED					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
14.01	01401	STERILE PROCESSING	96,970				14.01
15.00	01500	PHARMACY	0	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	617,025,053		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	9,401	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATIONAL PROGRAM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,366	0	39,183,706	7,114	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	22,823,663	1,003	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	17,255,860	659	34.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	86,881	0	40,987,392	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	8,877,803	0	51.00
51.01	05101	OP ONCOLOGY	0	0	2,580,551	0	51.01
52.02	05201	SUBSTANCE ABUSE	0	0	1,885,054	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	1,855,416	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	777,737	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	8,772,066	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	308	0	98,773,635	0	54.00
56.00	05600	RADIOISOTOPE	0	0	10,918,746	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	525	0	21,025,874	0	59.00
60.00	06000	LABORATORY	0	0	60,187,283	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	108	0	12,254,023	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,084,529	0	66.00
66.01	06601	WOUND CARE	4,712	0	8,669,278	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,417,100	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	347,116	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	12,595,024	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	519,597	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	41,416,376	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	16,288,294	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	94,061,246	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	37,075,152	625	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	461,521	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	169	0	1,344,248	0	90.01
91.00	09100	EMERGENCY	1,901	0	47,586,763	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,970	100	617,025,053	9,401	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description			STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.01	15.00	16.00	17.00	19.00	
194.00	07950	OTHER NRCC	0	0	0	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,127,861	2,581,961	3,199,841	1,380,392	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.631030	25,819.610000	0.005186	146.834592	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	181,963	55,956	177,123	14,389	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.876488	559.560000	0.000287	1.530582	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUCATIONAL PROGRAM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	BIO MED					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
14.01 01401	STERILE PROCESSING					14.01
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300	PARAMEDICAL EDUCATIONAL PROGRAM				2,286	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	216	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	216	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	216	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	144	51.00
51.01 05101	OP ONCOLOGY	0	0	0	0	51.01
52.02 05201	SUBSTANCE ABUSE	0	0	0	0	52.02
52.04 05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05 05203	PODIATRY	0	0	0	0	52.05
52.06 05204	INFUSION CLINIC	0	0	0	0	52.06
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72	54.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	72	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	0	144	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01 06601	WOUND CARE	0	0	0	0	66.01
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	0	72	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	72	74.00
76.00 03951	OTHER	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	0	0	1,062	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	2,286	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUCATIONAL PROGRAM (ASSIGNED TIME)			
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		20.00	21.00				22.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	0	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	377,690	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	165.218723	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	9,773	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	4.275153	205.00

Provider CCN: 140155

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

Worksheet B-2
 Date/Time Prepared:
 5/20/2015 5:42 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-742,024	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 5:42 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	18,542,143	18,542,143	63,114	18,605,257	30.00
31.00	03100 INTENSIVE CARE UNIT	4,574,178	4,574,178	0	4,574,178	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	2,820,869	2,820,869	0	2,820,869	34.00
43.00	04300 NURSERY	16,308	16,308	0	16,308	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,338,586	6,338,586	0	6,338,586	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	2,540,483	2,540,483	0	2,540,483	51.00
51.01	05101 OP ONCOLOGY	2,451,030	2,451,030	6,124	2,457,154	51.01
52.02	05201 SUBSTANCE ABUSE	929,911	929,911	0	929,911	52.02
52.04	05202 DIABETES EDUCATION	54,594	54,594	0	54,594	52.04
52.05	05203 PODIATRY	0	0	0	0	52.05
52.06	05204 INFUSION CLINIC	647,964	647,964	0	647,964	52.06
53.00	05300 ANESTHESIOLOGY	4,510,210	4,510,210	0	4,510,210	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,506,354	5,506,354	0	5,506,354	54.00
56.00	05600 RADIOISOTOPE	1,525,957	1,525,957	0	1,525,957	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,670,730	1,670,730	29,956	1,700,686	59.00
60.00	06000 LABORATORY	7,300,387	7,300,387	8,414	7,308,801	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	2,620,209	2,620,209	756	2,620,965	65.00
66.00	06600 PHYSICAL THERAPY	1,878,414	1,878,414	0	1,878,414	66.00
66.01	06601 WOUND CARE	2,042,501	2,042,501	0	2,042,501	66.01
67.00	06700 OCCUPATIONAL THERAPY	334,593	334,593	0	334,593	67.00
68.00	06800 SPEECH PATHOLOGY	223,210	223,210	0	223,210	68.00
69.00	06900 ELECTROCARDIOLOGY	800,654	800,654	0	800,654	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	102,876	102,876	0	102,876	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,772,849	6,772,849	0	6,772,849	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,556,605	5,556,605	0	5,556,605	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,049,424	14,049,424	0	14,049,424	73.00
74.00	07400 RENAL DIALYSIS	4,938,939	4,938,939	65,699	5,004,638	74.00
76.00	03951 OTHER	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	541,975	541,975	0	541,975	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	1,799,953	1,799,953	0	1,799,953	90.01
91.00	09100 EMERGENCY	6,489,706	6,489,706	21,132	6,510,838	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,766,440	1,766,440	0	1,766,440	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	109,348,052	109,348,052	195,195	109,543,247	200.00
201.00	Less Observation Beds	1,766,440	1,766,440		1,766,440	201.00
202.00	Total (see instructions)	107,581,612	107,581,612	195,195	107,776,807	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 5:42 pm	
			Title XVIIII		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	32,873,595		32,873,595			30.00
31.00	03100	INTENSIVE CARE UNIT	22,823,663		22,823,663			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,255,860		17,255,860			34.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,572,649	27,414,743	40,987,392	0.154647	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,177,959	6,699,844	8,877,803	0.286161	0.000000	51.00
51.01	05101	OP ONCOLOGY	0	2,580,551	2,580,551	0.949809	0.000000	51.01
52.02	05201	SUBSTANCE ABUSE	72,281	1,812,773	1,885,054	0.493307	0.000000	52.02
52.04	05202	DIABETES EDUCATION	1,615,840	239,576	1,855,416	0.029424	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000	52.05
52.06	05204	INFUSION CLINIC	205,741	571,996	777,737	0.833140	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	2,485,501	6,286,565	8,772,066	0.514156	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,952,478	73,821,157	98,773,635	0.055747	0.000000	54.00
56.00	05600	RADIOISOTOPE	1,379,399	9,539,347	10,918,746	0.139756	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	9,767,915	11,257,959	21,025,874	0.079461	0.000000	59.00
60.00	06000	LABORATORY	25,512,423	34,674,860	60,187,283	0.121295	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	8,457,018	3,797,005	12,254,023	0.213824	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,228,344	4,856,185	7,084,529	0.265143	0.000000	66.00
66.01	06601	WOUND CARE	88,372	8,580,906	8,669,278	0.235602	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	701,914	715,186	1,417,100	0.236111	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	135,779	211,337	347,116	0.643042	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,275,591	7,319,433	12,595,024	0.063569	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,776	320,821	519,597	0.197992	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,865,180	18,551,196	41,416,376	0.163531	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,909,802	6,378,492	16,288,294	0.341141	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,196,626	47,864,620	94,061,246	0.149365	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,392,837	35,682,315	37,075,152	0.133214	0.000000	74.00
76.00	03951	OTHER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	6,081	455,440	461,521	1.174324	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	1,344,248	1,344,248	1.339004	0.000000	90.01
91.00	09100	EMERGENCY	9,757,789	37,828,974	47,586,763	0.136376	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,063,077	5,247,034	6,310,111	0.279938	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	262,972,490	354,052,563	617,025,053			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	262,972,490	354,052,563	617,025,053			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 5:42 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.154647	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	50.01
51.00	05100	RECOVERY ROOM	0.286161	51.00
51.01	05101	OP ONCOLOGY	0.952182	51.01
52.02	05201	SUBSTANCE ABUSE	0.493307	52.02
52.04	05202	DIABETES EDUCATION	0.029424	52.04
52.05	05203	PODIATRY	0.000000	52.05
52.06	05204	INFUSION CLINIC	0.833140	52.06
53.00	05300	ANESTHESIOLOGY	0.514156	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.055747	54.00
56.00	05600	RADIOISOTOPE	0.139756	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.080885	59.00
60.00	06000	LABORATORY	0.121434	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0.213886	65.00
66.00	06600	PHYSICAL THERAPY	0.265143	66.00
66.01	06601	WOUND CARE	0.235602	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.236111	67.00
68.00	06800	SPEECH PATHOLOGY	0.643042	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063569	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197992	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.163531	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.341141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149365	73.00
74.00	07400	RENAL DIALYSIS	0.134986	74.00
76.00	03951	OTHER	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1.174324	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	1.339004	90.01
91.00	09100	EMERGENCY	0.136820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.279938	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 5:42 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	18,542,143	18,542,143	63,114	18,605,257	30.00
31.00	03100 INTENSIVE CARE UNIT	4,574,178	4,574,178	0	4,574,178	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	2,820,869	2,820,869	0	2,820,869	34.00
43.00	04300 NURSERY	16,308	16,308	0	16,308	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,338,586	6,338,586	0	6,338,586	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	2,540,483	2,540,483	0	2,540,483	51.00
51.01	05101 OP ONCOLOGY	2,451,030	2,451,030	6,124	2,457,154	51.01
52.02	05201 SUBSTANCE ABUSE	929,911	929,911	0	929,911	52.02
52.04	05202 DIABETES EDUCATION	54,594	54,594	0	54,594	52.04
52.05	05203 PODIATRY	0	0	0	0	52.05
52.06	05204 INFUSION CLINIC	647,964	647,964	0	647,964	52.06
53.00	05300 ANESTHESIOLOGY	4,510,210	4,510,210	0	4,510,210	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,506,354	5,506,354	0	5,506,354	54.00
56.00	05600 RADIOISOTOPE	1,525,957	1,525,957	0	1,525,957	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,670,730	1,670,730	29,956	1,700,686	59.00
60.00	06000 LABORATORY	7,300,387	7,300,387	8,414	7,308,801	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	2,620,209	2,620,209	756	2,620,965	65.00
66.00	06600 PHYSICAL THERAPY	1,878,414	1,878,414	0	1,878,414	66.00
66.01	06601 WOUND CARE	2,042,501	2,042,501	0	2,042,501	66.01
67.00	06700 OCCUPATIONAL THERAPY	334,593	334,593	0	334,593	67.00
68.00	06800 SPEECH PATHOLOGY	223,210	223,210	0	223,210	68.00
69.00	06900 ELECTROCARDIOLOGY	800,654	800,654	0	800,654	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	102,876	102,876	0	102,876	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,772,849	6,772,849	0	6,772,849	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,556,605	5,556,605	0	5,556,605	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,049,424	14,049,424	0	14,049,424	73.00
74.00	07400 RENAL DIALYSIS	4,938,939	4,938,939	65,699	5,004,638	74.00
76.00	03951 OTHER	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	541,975	541,975	0	541,975	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	1,799,953	1,799,953	0	1,799,953	90.01
91.00	09100 EMERGENCY	6,489,706	6,489,706	21,132	6,510,838	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,766,440	1,766,440	0	1,766,440	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	109,348,052	109,348,052	195,195	109,543,247	200.00
201.00	Less Observation Beds	1,766,440	1,766,440		1,766,440	201.00
202.00	Total (see instructions)	107,581,612	107,581,612	195,195	107,776,807	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140155

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

Worksheet C
Part I
Date/Time Prepared:
5/20/2015 5:42 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,873,595		32,873,595		30.00
31.00	03100	INTENSIVE CARE UNIT	22,823,663		22,823,663		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,255,860		17,255,860		34.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,572,649	27,414,743	40,987,392	0.154647	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,177,959	6,699,844	8,877,803	0.286161	51.00
51.01	05101	OP ONCOLOGY	0	2,580,551	2,580,551	0.949809	51.01
52.02	05201	SUBSTANCE ABUSE	72,281	1,812,773	1,885,054	0.493307	52.02
52.04	05202	DIABETES EDUCATION	1,615,840	239,576	1,855,416	0.029424	52.04
52.05	05203	PODIATRY	0	0	0	0.000000	52.05
52.06	05204	INFUSION CLINIC	205,741	571,996	777,737	0.833140	52.06
53.00	05300	ANESTHESIOLOGY	2,485,501	6,286,565	8,772,066	0.514156	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,952,478	73,821,157	98,773,635	0.055747	54.00
56.00	05600	RADIOISOTOPE	1,379,399	9,539,347	10,918,746	0.139756	56.00
59.00	05900	CARDIAC CATHETERIZATION	9,767,915	11,257,959	21,025,874	0.079461	59.00
60.00	06000	LABORATORY	25,512,423	34,674,860	60,187,283	0.121295	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	8,457,018	3,797,005	12,254,023	0.213824	65.00
66.00	06600	PHYSICAL THERAPY	2,228,344	4,856,185	7,084,529	0.265143	66.00
66.01	06601	WOUND CARE	88,372	8,580,906	8,669,278	0.235602	66.01
67.00	06700	OCCUPATIONAL THERAPY	701,914	715,186	1,417,100	0.236111	67.00
68.00	06800	SPEECH PATHOLOGY	135,779	211,337	347,116	0.643042	68.00
69.00	06900	ELECTROCARDIOLOGY	5,275,591	7,319,433	12,595,024	0.063569	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,776	320,821	519,597	0.197992	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,865,180	18,551,196	41,416,376	0.163531	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,909,802	6,378,492	16,288,294	0.341141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,196,626	47,864,620	94,061,246	0.149365	73.00
74.00	07400	RENAL DIALYSIS	1,392,837	35,682,315	37,075,152	0.133214	74.00
76.00	03951	OTHER	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	6,081	455,440	461,521	1.174324	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	1,344,248	1,344,248	1.339004	90.01
91.00	09100	EMERGENCY	9,757,789	37,828,974	47,586,763	0.136376	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,063,077	5,247,034	6,310,111	0.279938	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	262,972,490	354,052,563	617,025,053		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	262,972,490	354,052,563	617,025,053		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 5:42 pm
		Title XIX	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 SPECIAL PROCEDURES	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
51.01	05101 OP ONCOLOGY	0.000000		51.01
52.02	05201 SUBSTANCE ABUSE	0.000000		52.02
52.04	05202 DIABETES EDUCATION	0.000000		52.04
52.05	05203 PODIATRY	0.000000		52.05
52.06	05204 INFUSION CLINIC	0.000000		52.06
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 WOUND CARE	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03951 OTHER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OCCUPATIONAL HEALTH	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/20/2015 5:42 pm		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,411,667	0	1,411,667	23,551	59.94	30.00	
31.00	INTENSIVE CARE UNIT	217,885		217,885	1,306	166.83	31.00	
34.00	SURGICAL INTENSIVE CARE UNIT	170,623		170,623	795	214.62	34.00	
43.00	NURSERY	1,013		1,013	1,029	0.98	43.00	
200.00	Total (Lines 30-199)	1,801,188		1,801,188	26,681		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	10,650	638,361					30.00
31.00	INTENSIVE CARE UNIT	696	116,114					31.00
34.00	SURGICAL INTENSIVE CARE UNIT	417	89,497					34.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	11,763	843,972					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 5:42 pm
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	804,627	40,987,392	0.019631	5,801,058	113,881	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	132,403	8,877,803	0.014914	920,789	13,733	51.00
51.01	05101 OP ONCOLOGY	593,569	2,580,551	0.230016	0	0	51.01
52.02	05201 SUBSTANCE ABUSE	103,219	1,885,054	0.054757	10,191	558	52.02
52.04	05202 DIABETES EDUCATION	20,666	1,855,416	0.011138	911,873	10,156	52.04
52.05	05203 PODIATRY	0	0	0.000000	0	0	52.05
52.06	05204 INFUSION CLINIC	51,249	777,737	0.065895	114,329	7,534	52.06
53.00	05300 ANESTHESIOLOGY	25,383	8,772,066	0.002894	1,050,066	3,039	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	407,075	98,773,635	0.004121	13,188,454	54,350	54.00
56.00	05600 RADIOISOTOPE	192,717	10,918,746	0.017650	817,811	14,434	56.00
59.00	05900 CARDIAC CATHETERIZATION	343,827	21,025,874	0.016353	5,770,643	94,367	59.00
60.00	06000 LABORATORY	511,472	60,187,283	0.008498	13,057,058	110,959	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	114,791	12,254,023	0.009368	4,675,260	43,798	65.00
66.00	06600 PHYSICAL THERAPY	164,433	7,084,529	0.023210	1,372,623	31,859	66.00
66.01	06601 WOUND CARE	84,588	8,669,278	0.009757	47,754	466	66.01
67.00	06700 OCCUPATIONAL THERAPY	10,393	1,417,100	0.007334	392,287	2,877	67.00
68.00	06800 SPEECH PATHOLOGY	6,145	347,116	0.017703	96,560	1,709	68.00
69.00	06900 ELECTROCARDIOLOGY	118,196	12,595,024	0.009384	3,062,401	28,738	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	19,773	519,597	0.038054	106,138	4,039	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	35,294	41,416,376	0.000852	11,868,593	10,112	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	24,212	16,288,294	0.001486	3,120,469	4,637	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	123,271	94,061,246	0.001311	24,445,743	32,048	73.00
74.00	07400 RENAL DIALYSIS	360,250	37,075,152	0.009717	1,156,492	11,238	74.00
76.00	03951 OTHER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	147,448	461,521	0.319483	3,178	1,015	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	179,456	1,344,248	0.133499	0	0	90.01
91.00	09100 EMERGENCY	346,180	47,586,763	0.007275	4,477,187	32,572	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	134,029	6,310,111	0.021240	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	5,054,666	544,071,935		96,466,957	628,119	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 5:42 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	35,687	0	0	35,687	30.00
31.00	03100	INTENSIVE CARE UNIT	0	35,687	0	0	35,687	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	71,374	0	0	71,374	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,551	1.52	10,650	16,188		30.00
31.00	03100	INTENSIVE CARE UNIT	1,306	27.33	696	19,022		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	795	0.00	417	0		34.00
43.00	04300	NURSERY	1,029	0.00	0	0		43.00
200.00		Total (lines 30-199)	26,681		11,763	35,210		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 5:42 pm
--	----------------------	---	--

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	35,687	0	35,687	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	23,791	0	23,791	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,896	0	11,896	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,896	0	11,896	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	23,791	0	23,791	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
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	11,896	0	11,896	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	11,896	0	11,896	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	175,463	0	175,463	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	3,388	0	3,388	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	0	0	309,704	0	309,704	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140155

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

Worksheet D
Part IV
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		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	35,687	40,987,392	0.000871	0.000871	5,801,058	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	23,791	8,877,803	0.002680	0.002680	920,789	51.00
51.01	05101	OP ONCOLOGY	0	2,580,551	0.000000	0.000000	0	51.01
52.02	05201	SUBSTANCE ABUSE	0	1,885,054	0.000000	0.000000	10,191	52.02
52.04	05202	DIABETES EDUCATION	0	1,855,416	0.000000	0.000000	911,873	52.04
52.05	05203	PODIATRY	0	0	0.000000	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	0	777,737	0.000000	0.000000	114,329	52.06
53.00	05300	ANESTHESIOLOGY	0	8,772,066	0.000000	0.000000	1,050,066	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,896	98,773,635	0.000120	0.000120	13,188,454	54.00
56.00	05600	RADIOISOTOPE	0	10,918,746	0.000000	0.000000	817,811	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,896	21,025,874	0.000566	0.000566	5,770,643	59.00
60.00	06000	LABORATORY	0	60,187,283	0.000000	0.000000	13,057,058	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	23,791	12,254,023	0.001941	0.001941	4,675,260	65.00
66.00	06600	PHYSICAL THERAPY	0	7,084,529	0.000000	0.000000	1,372,623	66.00
66.01	06601	WOUND CARE	0	8,669,278	0.000000	0.000000	47,754	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,417,100	0.000000	0.000000	392,287	67.00
68.00	06800	SPEECH PATHOLOGY	0	347,116	0.000000	0.000000	96,560	68.00
69.00	06900	ELECTROCARDIOLOGY	11,896	12,595,024	0.000944	0.000944	3,062,401	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	519,597	0.000000	0.000000	106,138	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	41,416,376	0.000000	0.000000	11,868,593	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,288,294	0.000000	0.000000	3,120,469	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	94,061,246	0.000000	0.000000	24,445,743	73.00
74.00	07400	RENAL DIALYSIS	11,896	37,075,152	0.000321	0.000321	1,156,492	74.00
76.00	03951	OTHER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	461,521	0.000000	0.000000	3,178	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	1,344,248	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	175,463	47,586,763	0.003687	0.003687	4,477,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,388	6,310,111	0.000537	0.000537	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	309,704	544,071,935			96,466,957	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 5:42 pm
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	5,053	7,805,946	6,799	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100 RECOVERY ROOM	2,468	1,802,905	4,832	51.00
51.01	05101 OP ONCOLOGY	0	1,092,097	0	51.01
52.02	05201 SUBSTANCE ABUSE	0	267,450	0	52.02
52.04	05202 DIABETES EDUCATION	0	83,774	0	52.04
52.05	05203 PODIATRY	0	0	0	52.05
52.06	05204 INFUSION CLINIC	0	259,661	0	52.06
53.00	05300 ANESTHESIOLOGY	0	1,587,321	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,583	18,517,681	2,222	54.00
56.00	05600 RADIOISOTOPE	0	4,268,736	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	3,266	6,425,372	3,637	59.00
60.00	06000 LABORATORY	0	4,616,726	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	9,075	1,078,275	2,093	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 WOUND CARE	0	3,668,697	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,891	2,194,611	2,072	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	67,219	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,457,496	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,630,216	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	16,283,646	0	73.00
74.00	07400 RENAL DIALYSIS	371	55,517	18	74.00
76.00	03951 OTHER	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	248,666	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	0	23,111	0	90.01
91.00	09100 EMERGENCY	16,507	5,645,541	20,815	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,160,597	1,160	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	41,214	87,241,261	43,648	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 5:42 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.154647	7,805,946	0	0	1,207,166	50.00
50.01 03330 SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.286161	1,802,905	0	0	515,921	51.00
51.01 05101 OP ONCOLOGY	0.949809	1,092,097	0	0	1,037,284	51.01
52.02 05201 SUBSTANCE ABUSE	0.493307	267,450	0	0	131,935	52.02
52.04 05202 DIABETES EDUCATION	0.029424	83,774	0	0	2,465	52.04
52.05 05203 PODIATRY	0.000000	0	0	0	0	52.05
52.06 05204 INFUSION CLINIC	0.833140	259,661	0	0	216,334	52.06
53.00 05300 ANESTHESIOLOGY	0.514156	1,587,321	0	0	816,131	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.055747	18,517,681	0	0	1,032,305	54.00
56.00 05600 RADIO SOTOPE	0.139756	4,268,736	0	0	596,581	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.079461	6,425,372	0	0	510,566	59.00
60.00 06000 LABORATORY	0.121295	4,616,726	22,636	0	559,986	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.213824	1,078,275	0	0	230,561	65.00
66.00 06600 PHYSICAL THERAPY	0.265143	0	0	0	0	66.00
66.01 06601 WOUND CARE	0.235602	3,668,697	0	0	864,352	66.01
67.00 06700 OCCUPATIONAL THERAPY	0.236111	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.643042	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.063569	2,194,611	0	0	139,509	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.197992	67,219	0	0	13,309	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.163531	6,457,496	0	0	1,056,001	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.341141	2,630,216	0	0	897,275	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.149365	16,283,646	16,959	231,615	2,432,207	73.00
74.00 07400 RENAL DIALYSIS	0.133214	55,517	0	0	7,396	74.00
76.00 03951 OTHER	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1.174324	248,666	0	0	292,014	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 OCCUPATIONAL HEALTH	1.339004	23,111	0	0	30,946	90.01
91.00 09100 EMERGENCY	0.136376	5,645,541	0	0	769,916	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.279938	2,160,597	0	0	604,833	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)	87,241,261	39,595	231,615	13,964,993	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	87,241,261	39,595	231,615	13,964,993	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 5:42 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03330 SPECIAL PROCEDURES	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
51.01 05101 OP ONCOLOGY	0	0		51.01
52.02 05201 SUBSTANCE ABUSE	0	0		52.02
52.04 05202 DIABETES EDUCATION	0	0		52.04
52.05 05203 PODIATRY	0	0		52.05
52.06 05204 INFUSION CLINIC	0	0		52.06
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	2,746	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 WOUND CARE	0	0		66.01
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 PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,533	34,595		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 OTHER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCCUPATIONAL HEALTH	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	5,279	34,595		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	5,279	34,595		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 5:42 pm	
Title XIX			Hospital		Cost			
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	35,687	0	0	35,687	30.00
31.00	03100	INTENSIVE CARE UNIT	0	35,687	0	0	35,687	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	71,374	0	0	71,374	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,551	1.52	2,959	4,498		30.00
31.00	03100	INTENSIVE CARE UNIT	1,306	27.33	151	4,127		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	795	0.00	131	0		34.00
43.00	04300	NURSERY	1,029	0.00	400	0		43.00
200.00		Total (lines 30-199)	26,681		3,641	8,625		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140155

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

Worksheet D
Part IV
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	35,687	0	35,687	50.00	
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	23,791	0	23,791	51.00	
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01	
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02	
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04	
52.05	05203	PODIATRY	0	0	0	0	0	52.05	
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,896	0	11,896	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,896	0	11,896	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	23,791	0	23,791	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
66.01	06601	WOUND CARE	0	0	0	0	0	66.01	
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	11,896	0	11,896	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	11,896	0	11,896	74.00	
76.00	03951	OTHER	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	175,463	0	175,463	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (Lines 50-199)	0	0	306,316	0	306,316	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140155

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

Worksheet D
Part IV
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		Title XIX			Hospital		Cost
		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	35,687	40,987,392	0.000871	0.000871		0 50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0.000000	0.000000		0 50.01
51.00	05100 RECOVERY ROOM	23,791	8,877,803	0.002680	0.002680		0 51.00
51.01	05101 OP ONCOLOGY	0	2,580,551	0.000000	0.000000		0 51.01
52.02	05201 SUBSTANCE ABUSE	0	1,885,054	0.000000	0.000000		0 52.02
52.04	05202 DIABETES EDUCATION	0	1,855,416	0.000000	0.000000		0 52.04
52.05	05203 PODIATRY	0	0	0.000000	0.000000		0 52.05
52.06	05204 INFUSION CLINIC	0	777,737	0.000000	0.000000		0 52.06
53.00	05300 ANESTHESIOLOGY	0	8,772,066	0.000000	0.000000		0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,896	98,773,635	0.000120	0.000120		0 54.00
56.00	05600 RADIOISOTOPE	0	10,918,746	0.000000	0.000000		0 56.00
59.00	05900 CARDIAC CATHETERIZATION	11,896	21,025,874	0.000566	0.000566		0 59.00
60.00	06000 LABORATORY	0	60,187,283	0.000000	0.000000		0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		0 62.30
65.00	06500 RESPIRATORY THERAPY	23,791	12,254,023	0.001941	0.001941		0 65.00
66.00	06600 PHYSICAL THERAPY	0	7,084,529	0.000000	0.000000		0 66.00
66.01	06601 WOUND CARE	0	8,669,278	0.000000	0.000000		0 66.01
67.00	06700 OCCUPATIONAL THERAPY	0	1,417,100	0.000000	0.000000		0 67.00
68.00	06800 SPEECH PATHOLOGY	0	347,116	0.000000	0.000000		0 68.00
69.00	06900 ELECTROCARDIOLOGY	11,896	12,595,024	0.000944	0.000944		0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	519,597	0.000000	0.000000		0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	41,416,376	0.000000	0.000000		0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,288,294	0.000000	0.000000		0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	94,061,246	0.000000	0.000000		0 73.00
74.00	07400 RENAL DIALYSIS	11,896	37,075,152	0.000321	0.000321		0 74.00
76.00	03951 OTHER	0	0	0.000000	0.000000		0 76.00
76.97	07697 CARDIAC REHABILITATION	0	461,521	0.000000	0.000000		0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000		0 76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000		0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000		0 90.00
90.01	09001 OCCUPATIONAL HEALTH	0	1,344,248	0.000000	0.000000		0 90.01
91.00	09100 EMERGENCY	175,463	47,586,763	0.003687	0.003687		0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,310,111	0.000000	0.000000		0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						0 95.00
200.00	Total (Lines 50-199)	306,316	544,071,935				0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 5:42 pm
--	----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
51.01	05101 OP ONCOLOGY	0	0	0		51.01
52.02	05201 SUBSTANCE ABUSE	0	0	0		52.02
52.04	05202 DIABETES EDUCATION	0	0	0		52.04
52.05	05203 PODIATRY	0	0	0		52.05
52.06	05204 INFUSION CLINIC	0	0	0		52.06
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 WOUND CARE	0	0	0		66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03951 OTHER	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 OCCUPATIONAL HEALTH	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/20/2015 5:42 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,551	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,551	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)		21,315	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		10,650	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)		18,605,257	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)		18,605,257	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)		18,605,257	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)		790.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,413,500	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)		8,413,500	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 5:42 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	4,574,178	1,306	3,502.43	696	2,437,691	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	2,820,869	795	3,548.26	417	1,479,624	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)					13,904,178	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,234,993	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)					879,182	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					669,333	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,548,515	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,686,478	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)					2,236	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					790.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,766,440	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 5:42 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,411,667	18,605,257	0.075875	1,766,440	134,029	90.00
91.00	Nursing School cost	0	18,605,257	0.000000	1,766,440	0	91.00
92.00	Allied health cost	35,687	18,605,257	0.001918	1,766,440	3,388	92.00
93.00	All other Medical Education	0	18,605,257	0.000000	1,766,440	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/20/2015 5:42 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,551	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,551	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)		21,315	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,959	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,029	15.00
16.00	Nursery days (title V or XIX only)		400	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)		18,542,143	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)		18,542,143	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)		18,542,143	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)		787.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,329,680	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,329,680	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 5:42 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		16,308	1,029	15.85	400	6,340	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,574,178	1,306	3,502.43	151	528,867	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	2,820,869	795	3,548.26	131	464,822	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,329,709	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,236	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					787.32	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,760,448	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140155

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

Worksheet D-1
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,411,667	18,542,143	0.076133	1,760,448	134,028	90.00
91.00 Nursing School cost	0	18,542,143	0.000000	1,760,448	0	91.00
92.00 Allied health cost	35,687	18,542,143	0.001925	1,760,448	3,389	92.00
93.00 All other Medical Education	0	18,542,143	0.000000	1,760,448	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/20/2015 5:42 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,527,101	30.00
31.00	03100	INTENSIVE CARE UNIT		13,024,669	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		9,098,968	34.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.154647	5,801,058	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.286161	920,789	51.00
51.01	05101	OP ONCOLOGY	0.952182	0	51.01
52.02	05201	SUBSTANCE ABUSE	0.493307	10,191	52.02
52.04	05202	DIABETES EDUCATION	0.029424	911,873	52.04
52.05	05203	PODIATRY	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	0.833140	114,329	52.06
53.00	05300	ANESTHESIOLOGY	0.514156	1,050,066	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.055747	13,188,454	54.00
56.00	05600	RADIOISOTOPE	0.139756	817,811	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.080885	5,770,643	59.00
60.00	06000	LABORATORY	0.121434	13,057,058	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.213886	4,675,260	65.00
66.00	06600	PHYSICAL THERAPY	0.265143	1,372,623	66.00
66.01	06601	WOUND CARE	0.235602	47,754	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.236111	392,287	67.00
68.00	06800	SPEECH PATHOLOGY	0.643042	96,560	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063569	3,062,401	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197992	106,138	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.163531	11,868,593	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.341141	3,120,469	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149365	24,445,743	73.00
74.00	07400	RENAL DIALYSIS	0.134986	1,156,492	74.00
76.00	03951	OTHER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.174324	3,178	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	1.339004	0	90.01
91.00	09100	EMERGENCY	0.136820	4,477,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.279938	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		96,466,957	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)		96,466,957	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 5:42 pm
		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)		14,283,894	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,218,952	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)		892,378	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		2,765,952	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		175.87	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.24	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.58	31.00
32.00	Sum of lines 30 and 31		31.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.47	33.00
34.00	Disproportionate share adjustment (see instructions)		715,598	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 5:42 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000213380	0.000175115	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,929,475	1,339,216	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,443,141	337,556	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,780,697		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)		21,891,519		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)		21,891,519		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,633,121		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		35,210		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		41,214		58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,601,064		59.00
60.00	Primary payer payments		25,560		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,575,504		61.00
62.00	Deductibles billed to program beneficiaries		1,912,992		62.00
63.00	Coinurance billed to program beneficiaries		74,480		63.00
64.00	Allowable bad debts (see instructions)		744,306		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		483,799		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		707,405		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,071,831		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)		20,050		70.93
70.94	HRR adjustment amount (see instructions)		-110,065		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 5:42 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		21,981,816		71.00
71.01	Sequestration adjustment (see instructions)		439,636		71.01
72.00	Interim payments		20,664,936		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)		877,244		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		29,140		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/20/2015 5:42 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		39,874	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,921,345	2.00
3.00	PPS payments		11,681,719	3.00
4.00	Outlier payment (see instructions)		41,225	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		43,648	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		39,874	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		271,210	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)		271,210	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)		271,210	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		231,336	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)		39,874	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)		11,766,592	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,455,561	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)		9,350,905	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,350,905	30.00
31.00	Primary payer payments		4,675	31.00
32.00	Subtotal (line 30 minus line 31)		9,346,230	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		4,271	33.00
34.00	Allowable bad debts (see instructions)		535,570	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		348,121	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		510,750	36.00
37.00	Subtotal (see instructions)		9,698,622	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)		9,698,622	40.00
40.01	Sequestration adjustment (see instructions)		193,972	40.01
41.00	Interim payments		9,850,304	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-345,654	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet E-1 Part I Date/Time Prepared: 5/20/2015 5:42 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		20,297,932		9,093,352		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		98,092		633,784		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/16/2014	268,912	07/16/2014	123,168		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		268,912		123,168		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)		20,664,936		9,850,304		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		877,244		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		345,654		6.02
7.00	Total Medicare program liability (see instructions)		21,542,180		9,504,650		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140155

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

Worksheet E-1
Part II
Date/Time Prepared:
5/20/2015 5:42 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	5,943	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	11,763	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	1,557	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	23,416	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	617,025,053	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	16,973,326	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,297,952	8.00
9.00	Sequestration adjustment amount (see instructions)	25,959	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,271,993	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	1,252,633	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)	19,360	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/20/2015 5:42 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		3,329,709		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,329,709	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,329,709	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		3,329,709	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		3,329,709	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 140155

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

Worksheet G

Date/Time Prepared:
5/20/2015 5:42 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,801,244	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	40,831,928	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,468,898	0	0	0	6.00
7.00	Inventory	3,872,965	0	0	0	7.00
8.00	Prepaid expenses	504,952	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	1,971,547	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	39,513,738	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,113,245	0	0	0	12.00
13.00	Land improvements	1,335,020	0	0	0	13.00
14.00	Accumulated depreciation	-1,234,779	0	0	0	14.00
15.00	Buildings	86,373,422	0	0	0	15.00
16.00	Accumulated depreciation	-56,578,595	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	45,483,592	0	0	0	23.00
24.00	Accumulated depreciation	-29,569,786	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)	50,922,119	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	38,489	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,206,792	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,245,281	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	93,681,138	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,907,814	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,652,367	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	23,713	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	10,511,594	0	0	0	43.00
44.00	Other current liabilities	10,235,440	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,330,928	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,276,131	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,276,131	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	35,607,059	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	58,074,079				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)	58,074,079	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	93,681,138	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140155

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

Worksheet G-1

Date/Time Prepared:
5/20/2015 5:42 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		65,118,854		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-4,673,789				2.00
3.00	Total (sum of line 1 and line 2)		60,445,065		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		60,445,065		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00	NET ASSET TRANSFER	2,370,986		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,370,986		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		58,074,079		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			0				13.00
14.00			0				14.00
15.00	NET ASSET TRANSFER		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: 140155

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/20/2015 5:42 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	32,873,595		32,873,595	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	32,873,595		32,873,595	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,823,663		22,823,663	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	17,255,860		17,255,860	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	40,079,523		40,079,523	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	72,953,118		72,953,118	17.00
18.00	Ancillary services	179,183,756	309,647,060	488,830,816	18.00
19.00	Outpatient services	10,820,866	44,688,013	55,508,879	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	262,957,740	354,335,073	617,292,813	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		118,880,617		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	RECONCILING ITEM	0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		118,880,617		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140155

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

Worksheet G-3

Date/Time Prepared:
5/20/2015 5:42 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	617,292,813	1.00
2.00	Less contractual allowances and discounts on patients' accounts	507,126,341	2.00
3.00	Net patient revenues (line 1 minus line 2)	110,166,472	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	118,880,617	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,714,145	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-54,939	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	686,364	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	944,705	22.00
23.00	Governmental appropriations	0	23.00
24.00	NET ASSETS RELEASED FROM RESTRICTION	91,666	24.00
24.01	OTHER OPERATING INCOME	2,372,560	24.01
25.00	Total other income (sum of lines 6-24)	4,040,356	25.00
26.00	Total (line 5 plus line 25)	-4,673,789	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)	-4,673,789	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140155

Period:

Worksheet I-1

Component CCN: 142318

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

Date/Time Prepared:
5/20/2015 5:42 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	739,791	HOURS OF SERVICE	14,076.00	6.77	1.00
2.00	LICENSED PRACTICAL NURSES	50,676	HOURS OF SERVICE	1,951.00	0.94	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	418,437	HOURS OF SERVICE	19,102.00	9.18	4.00
5.00	SOCIAL WORKERS	92,835	HOURS OF SERVICE	2,616.00	1.26	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	258,944	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,560,683				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS	1,178,792	REQUISITIONS			15.00
16.00	OTHER	143,475	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,882,950				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	178,789	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	54,140	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	384,355	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,025,768	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	654,090	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	11,896				23.00
24.00	CENTRAL SERVICE & SUPPLIES	472	REQUISITIONS			24.00
25.00	PHARMACY	-742,024	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	488,503	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	4,938,939				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	4,938,939				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140155		Period: From 01/01/2014 To 12/31/2014		Worksheet 1-2	
		Component CCN: 142318				Date/Time Prepared: 5/20/2015 5:42 pm	
				Renal Dialysis			

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	832,879	54,140	739,791	561,948	384,355	436,768	1.00
MAINTENANCE								
2.00	Hemodialysis	492,227	32,253	437,222	332,103	227,147	258,123	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	250	16	210	166	117	133	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	2,375	154	2,102	1,614	1,104	1,254	6.00
7.00	CCPD	875	58	788	617	418	475	7.00
HOME								
8.00	Hemodialysis	9,063	582	8,041	6,102	4,181	4,751	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	21,939	1,409	19,499	14,791	10,118	11,498	10.00
11.00	CCPD	277,085	17,801	246,124	186,944	127,857	145,292	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	29,065	1,867	25,805	19,611	13,413	15,242	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	832,879	54,140	739,791	561,948	384,355	436,768	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	472	0	3,010,353	1,916,690	4,927,043		1.00
MAINTENANCE								
2.00	Hemodialysis	280	0	1,779,355	1,132,915	2,912,270		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	892	568	1,460		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	1	0	8,604	5,478	14,082		6.00
7.00	CCPD	1	0	3,232	2,058	5,290		7.00
HOME								
8.00	Hemodialysis	5	0	32,725	20,836	53,561		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	12	0	79,266	50,469	129,735		10.00
11.00	CCPD	157	0	1,001,260	637,501	1,638,761		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	16	0	105,019	66,865	171,884		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	472	0	3,010,353	1,916,690	4,927,043		17.00
18.00	Medical Educational Program Costs					11,896		18.00
19.00	Total Renal Costs (line 17 + line 18)					4,938,939		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155
Component CCN: 142318

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

Worksheet 1-3
Date/Time Prepared:
5/20/2015 5:42 pm

		Capital Related Costs		Direct Patient Care Salary				
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)		
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	832,879	54,140	739,791	561,948	384,355	1.00	
MAINTENANCE								
2.00	Hemodialysis	7,875	13,852.00	8,319.00	13,988.00	922,339	2.00	
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00	
TRAINING								
4.00	Hemodialysis	4	7.00	4.00	7.00	475	4.00	
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00	
6.00	CAPD	38	66.00	40.00	68.00	4,482	6.00	
7.00	CCPD	14	25.00	15.00	26.00	1,698	7.00	
HOME								
8.00	Hemodialysis	145	250.00	153.00	257.00	16,977	8.00	
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00	
10.00	CAPD	351	605.00	371.00	623.00	41,085	10.00	
11.00	CCPD	4,433	7,645.00	4,683.00	7,874.00	519,164	11.00	
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	802	465	802.00	491.00	826.00	54,463	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0.00	0	13.00
14.00	EPO	0	0.00	0.00	0.00	0.00	0	14.00
15.00	ARANESP	0	0.00	0.00	0.00	0.00	0	15.00
16.00	Other	0	0.00	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	13,325	23,252.00	14,076.00	23,669.00	1,560,683	17.00	
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	62.504991	2.328402	52.556905	23.741941	0.246274	18.00	
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	436,768	472	0	3,010,353	1,916,690	1.00	
MAINTENANCE								
2.00	Hemodialysis	696,648	507,208	0			2.00	
3.00	Intermittent Peritoneal	0	0	0			3.00	
TRAINING								
4.00	Hemodialysis	359	261	0			4.00	
5.00	Intermittent Peritoneal	0	0	0			5.00	
6.00	CAPD	3,385	2,465	0			6.00	
7.00	CCPD	1,282	934	0			7.00	
HOME								
8.00	Hemodialysis	12,823	9,336	0			8.00	
9.00	Intermittent Peritoneal	0	0	0			9.00	
10.00	CAPD	31,032	22,593	0			10.00	
11.00	CCPD	392,127	285,496	0			11.00	
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	41,136	29,950	0			12.00	
13.00	Method II Home Patient	0	0	0			13.00	
14.00	EPO	0	0	0			14.00	
15.00	ARANESP	0	0	0			15.00	
16.00	Other	0	0	0			16.00	
17.00	Total Statistical Basis	1,178,792	858,243	0		3,010,353	17.00	
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.370522	0.000550	0.000000		0.636699	18.00	

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140155
Component CCN: 142318

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

Worksheet 1-4
Date/Time Prepared:
5/20/2015 5:42 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	13,582	2,912,270	214.42	10,393	2,228,467	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	7	1,460	208.57	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	66	14,082	213.36	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	25	5,290	211.60	0	0	6.00
7.00	Home Program - Hemodialysis	250	53,561	214.24	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	605	129,735	214.44	220	47,177	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	7,645	1,638,761	214.36	5,172	1,108,670	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	13,930	4,755,159		10,393	3,384,314	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	38,680					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	2,752,118	264.80				
2.00	Maintenance - Peritoneal Dialysis	0	0.00				
3.00	Training - Hemodialysis	0	0.00				
4.00	Training - Peritoneal Dialysis	0	0.00				
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00				
7.00	Home Program - Hemodialysis	0	0.00				
8.00	Home Program - Peritoneal Dialysis	0	0.00				
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	36,112	164.15				
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	565,685	109.37				
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	3,353,915					
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet 1-5 Date/Time Prepared: 5/20/2015 5:42 pm
--	--	----------------------	---	---

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	3,384,314		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	3,353,915	2,901,193	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	100,507		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	2,963	2,563	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	670,191	579,727	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	670,191	579,727	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	6,497	5,620	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	6,497	5,620	5.05
6.00	Allowable bad debts (see instructions)	4,271		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	576,670	8.00
9.00	Program payment (see instructions)	2,680,762	2,318,904	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	4,271		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	5,497,183		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	4,755,159		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.865017		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140155	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/20/2015 5:42 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,478,806	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		55,974	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)		64.15	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.24	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.58	8.00
9.00	Sum of lines 7 and 8		31.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.65	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		98,341	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,633,121	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