

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: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/20/2015 8:36 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/20/2015 Time: 8:36 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE MERCY MEDICAL CENTER (140174) 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	531,754	-5,562	18,458	0	1.00
2.00 Subprovider - IPF	0	156,058	-798		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	687,812	-6,360	18,458	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: 140174		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:34 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1325 NORTH HIGHLAND AVENUE			PO Box:				1.00			
2.00	City: AURORA			State: IL		Zip Code: 60506		County: KANE			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		PRESENCE MERCY MEDICAL CENTER	140174	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		PRESENCE PSYCH UNIT	14S174	16974	4	07/01/1985	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			5,269	2,872	0	0	325	1,177		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid 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.			0	0	0	0	0			25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:34 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	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)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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

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		V	XIX				
		1.00	2.00				
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00		
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00		
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00			
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
		1.00	2.00	3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00		
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	90,571	3,121,476		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: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:34 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2013	09/30/2014	170.00
			1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 8:34 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	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.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	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	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/01/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 8:34 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.	JENNIFER		HANES	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) 806-2333		JENNIFER.HANES@PRESENCEHEALTH.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	05/01/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MGR	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: 140174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 8:34 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	200	73,000	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)		200	73,000	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						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		216	78,840	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	77	28,105		0	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)		293				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: 140174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 8:34 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,258	6,536	28,080			1.00
2.00 HMO and other (see instructions)	3,548	1,703				2.00
3.00 HMO IPF Subprovider	0	867				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)	10,258	6,536	28,080			7.00
8.00 INTENSIVE CARE UNIT	1,456	497	3,813			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		907	1,096			13.00
14.00 Total (see instructions)	11,714	7,940	32,989	0.00	771.50	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,562	3,406	12,323	0.00	71.38	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	842.88	27.00
28.00 Observation Bed Days		1,121	5,933			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			166			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: 140174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 8:34 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,487	1,570	7,849	1.00
2.00 HMO and other (see instructions)			799	375		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	2,487	1,570	7,849	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	462	678	2,147	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: 140174		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/20/2015 8:34 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	50,165,398	0	50,165,398	1,753,201.00	28.61	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		332,486	0	332,486	4,894.00	67.94	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)		5,124,691	-347,256	4,777,435	164,449.00	29.05	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		3,255,584	0	3,255,584	74,350.00	43.79	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		537,189	0	537,189	4,466.00	120.28	13.00
14.00	Home office salaries & wage-related costs		8,178,913	0	8,178,913	182,121.00	44.91	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)		11,603,482	0	11,603,482			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,218,282	0	1,218,282			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		28,490	0	28,490			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	4,894	0	4,894	167.00	29.31	26.00
27.00	Administrative & General	5.00	4,291,376	0	4,291,376	174,608.00	24.58	27.00
28.00	Administrative & General under contract (see inst.)		181,746	0	181,746	2,472.00	73.52	28.00
29.00	Maintenance & Repairs	6.00	294,980	0	294,980	11,881.00	24.83	29.00
30.00	Operation of Plant	7.00	1,260,968	0	1,260,968	49,840.00	25.30	30.00
31.00	Laundry & Linen Service	8.00	14,504	0	14,504	1,078.00	13.45	31.00
32.00	Housekeeping	9.00	1,302,549	0	1,302,549	93,163.00	13.98	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	831,255	-470,995	360,260	26,711.00	13.49	34.00
35.00	Dietary under contract (see instructions)		687,287	0	687,287	27,007.00	25.45	35.00
36.00	Cafeteria	11.00	0	470,995	470,995	34,921.00	13.49	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,738,052	0	1,738,052	40,359.00	43.06	38.00
39.00	Central Services and Supply	14.00	373,153	0	373,153	21,698.00	17.20	39.00
40.00	Pharmacy	15.00	1,929,055	0	1,929,055	43,496.00	44.35	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140174

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

Worksheet S-3
Part II
Date/Time Prepared:
5/20/2015 8:34 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,198,918	0	1,198,918	52,088.00	23.02	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140174

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

Worksheet S-3
Part III
Date/Time Prepared:
5/20/2015 8:34 am

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	50,701,945	0	50,701,945	1,777,786.00	28.52	1.00
2.00	Excluded area salaries (see instructions)	5,124,691	-347,256	4,777,435	164,449.00	29.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,577,254	347,256	45,924,510	1,613,337.00	28.47	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,971,686	0	11,971,686	260,937.00	45.88	4.00
5.00	Subtotal wage-related costs (see inst.)	11,603,482	0	11,603,482	0.00	25.27	5.00
6.00	Total (sum of lines 3 thru 5)	69,152,422	347,256	69,499,678	1,874,274.00	37.08	6.00
7.00	Total overhead cost (see instructions)	14,108,737	0	14,108,737	579,489.00	24.35	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/20/2015 8:34 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,407,915 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			-381,901 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			1,802,772 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)			5,058,626 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			120,290 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			52,628 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)			259,799 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			636,546 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,662,025 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			114,935 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			116,620 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			12,850,255 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/20/2015 8:34 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		3,255,584	12,850,254
2.00	Hospital		3,255,584	11,603,482
3.00	Subprovider - IPF		0	1,074,004
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	172,768

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10	Date/Time Prepared: 5/20/2015 8:34 am
					1.00
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.166403	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			43,641,316	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			202,466,380	6.00
7.00	Medicaid cost (line 1 times line 6)			33,691,013	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)			0	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			43,931	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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	33,819,222	969,475	34,788,697	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,627,620	161,324	5,788,944	21.00
22.00	Partial payment by patients approved for charity care	324,540	161,237	485,777	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,303,080	87	5,303,167	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)			0	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			830,787	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			-830,787	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			-138,245	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,164,922	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,164,922	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/20/2015 8:34 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		8,140,559	8,140,559	-1,489,229	6,651,330	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,693,066	4,693,066	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,894	11,043,670	11,048,564	-9	11,048,555	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	4,291,376	31,049,644	35,341,020	-1,513	35,339,507	5.00
6.00 00600	MAINTENANCE & REPAIRS	294,980	1,740,545	2,035,525	-242	2,035,283	6.00
7.00 00700	OPERATION OF PLANT	1,260,968	3,235,614	4,496,582	-233	4,496,349	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	14,504	404,000	418,504	583	419,087	8.00
9.00 00900	HOUSEKEEPING	1,302,549	345,282	1,647,831	-1,443	1,646,388	9.00
10.00 01000	DIETARY	831,255	1,416,939	2,248,194	-1,273,923	974,271	10.00
11.00 01100	CAFETERIA	0	0	0	1,273,842	1,273,842	11.00
13.00 01300	NURSING ADMINISTRATION	1,738,052	104,780	1,842,832	-1,411	1,841,421	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	373,153	482,136	855,289	-349,058	506,231	14.00
15.00 01500	PHARMACY	1,929,055	4,397,947	6,327,002	-4,060,568	2,266,434	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,198,918	1,184,366	2,383,284	-7	2,383,277	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	10,109,855	1,001,217	11,111,072	-507,615	10,603,457	30.00
31.00 03100	INTENSIVE CARE UNIT	2,572,331	744,960	3,317,291	-164,952	3,152,339	31.00
40.00 04000	SUBPROVIDER - I/PF	4,562,601	381,419	4,944,020	-468,337	4,475,683	40.00
43.00 04300	NURSERY	372,174	371,996	744,170	-20,692	723,478	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	1,623,516	6,837,742	8,461,258	-4,975,878	3,485,380	50.00
51.00 05100	RECOVERY ROOM	1,181,195	120,911	1,302,106	-22,726	1,279,380	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,869,706	677,572	2,547,278	-71,519	2,475,759	52.00
53.00 05300	ANESTHESIOLOGY	84,050	1,171,314	1,255,364	-144,437	1,110,927	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,628,238	495,914	2,124,152	-327,904	1,796,248	54.00
54.02 03630	ULTRA SOUND	529,876	87,127	617,003	-13,475	603,528	54.02
57.00 05700	CT SCAN	503,859	159,895	663,754	-116,425	547,329	57.00
58.00 05800	MRI	232,676	55,395	288,071	-47,193	240,878	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,149,385	7,369,118	8,518,503	-7,135,209	1,383,294	59.00
60.00 06000	LABORATORY	0	4,694,872	4,694,872	-95,262	4,599,610	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	757,936	757,936	0	757,936	63.00
65.00 06500	RESPIRATORY THERAPY	911,621	139,087	1,050,708	-90,260	960,448	65.00
66.00 06600	PHYSICAL THERAPY	678,324	88,837	767,161	-2,674	764,487	66.00
67.00 06700	OCCUPATIONAL THERAPY	202,084	21,787	223,871	-2,292	221,579	67.00
68.00 06800	SPEECH PATHOLOGY	329,765	24,283	354,048	-2,558	351,490	68.00
69.00 06900	ELECTROCARDIOLOGY	386,277	24,250	410,527	-12,202	398,325	69.00
70.01 03320	ELECTROSHOCK THERAPY	3,286	1,483	4,769	-636	4,133	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,829,829	5,829,829	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,249,635	9,249,635	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,055,631	4,055,631	73.00
74.00 07400	RENAL DIALYSIS	0	589,461	589,461	0	589,461	74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	565,310	26,307	591,617	118,847	710,464	75.01
76.00 03950	OCCUPATIONAL HEALTH	365,851	930,622	1,296,473	-20,474	1,275,999	76.00
76.97 07697	CARDIAC REHABILITATION	232,534	14,958	247,492	-4,782	242,710	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	655,591	383,008	1,038,599	-9,829	1,028,770	90.00
90.01 09001	OUTPATIENT PROCEDURES	5,833	119,789	125,622	387,400	513,022	90.01
90.02 09002	PRCC	2,196,391	28,207,221	30,403,612	-436,088	29,967,524	90.02
91.00 09100	EMERGENCY	3,411,275	1,899,989	5,311,264	-637,584	4,673,680	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE		3,104,710	3,104,710	-3,104,710	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	49,603,308	124,048,662	173,651,970	-4,516	173,647,454	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,681	54,681	0	54,681	190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	5,299	5,299	0	5,299	192.01
193.01 19301	MASSAGE THERAPY	25,008	2,269	27,277	-15	27,262	193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03 19303	ADOL SCHOOL	21,779	18	21,797	4,601	26,398	193.03
193.04 19304	FOUNDATION	119,463	85,543	205,006	-70	204,936	193.04
193.05 19305	LEASED BLDG	0	50,495	50,495	0	50,495	193.05
193.07 19307	PARI SH NURSING	156,903	0	156,903	0	156,903	193.07
194.00 07950	OP PHARMACY	238,937	1,135,431	1,374,368	0	1,374,368	194.00
200.00	TOTAL (SUM OF LINES 118-199)	50,165,398	125,382,398	175,547,796	0	175,547,796	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140174

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

Worksheet A
Date/Time Prepared:
5/20/2015 8:34 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,301,777	5,349,553	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,060	4,692,006	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,397,050	12,445,605	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,989,005	31,350,502	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,035,283	6.00
7.00	00700	OPERATION OF PLANT	-15,110	4,481,239	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	419,087	8.00
9.00	00900	HOUSEKEEPING	-25	1,646,363	9.00
10.00	01000	DIETARY	-539,765	434,506	10.00
11.00	01100	CAFETERIA	0	1,273,842	11.00
13.00	01300	NURSING ADMINISTRATION	-17,547	1,823,874	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	506,231	14.00
15.00	01500	PHARMACY	0	2,266,434	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,514	2,381,763	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-21,218	10,582,239	30.00
31.00	03100	INTENSIVE CARE UNIT	-352,706	2,799,633	31.00
40.00	04000	SUBPROVIDER - I/PF	-253,687	4,221,996	40.00
43.00	04300	NURSERY	-341,250	382,228	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-16,786	3,468,594	50.00
51.00	05100	RECOVERY ROOM	0	1,279,380	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-563,754	1,912,005	52.00
53.00	05300	ANESTHESIOLOGY	-934,422	176,505	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,166	1,795,082	54.00
54.02	03630	ULTRA SOUND	-298	603,230	54.02
57.00	05700	CT SCAN	-2,646	544,683	57.00
58.00	05800	MRI	-2,061	238,817	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,383,294	59.00
60.00	06000	LABORATORY	68,047	4,667,657	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	757,936	63.00
65.00	06500	RESPIRATORY THERAPY	0	960,448	65.00
66.00	06600	PHYSICAL THERAPY	0	764,487	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	221,579	67.00
68.00	06800	SPEECH PATHOLOGY	0	351,490	68.00
69.00	06900	ELECTROCARDIOLOGY	-827	397,498	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	4,133	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,829,829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,249,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,055,631	73.00
74.00	07400	RENAL DIALYSIS	0	589,461	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-12,109	698,355	75.01
76.00	03950	OCCUPATIONAL HEALTH	-465,173	810,826	76.00
76.97	07697	CARDIAC REHABILITATION	0	242,710	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,872	1,026,898	90.00
90.01	09001	OUTPATIENT PROCEDURES	-102,667	410,355	90.01
90.02	09002	PRCC	-7,232,168	22,735,356	90.02
91.00	09100	EMERGENCY	-727,434	3,946,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,432,950	158,214,504	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,681	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	5,299	192.01
193.01	19301	MASSAGE THERAPY	0	27,262	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	193.02
193.03	19303	ADOL SCHOOL	-54,270	-27,872	193.03
193.04	19304	FOUNDATION	-75,476	129,460	193.04
193.05	19305	LEASED BLDG	0	50,495	193.05
193.07	19307	PARI SH NURSING	-31,772	125,131	193.07
194.00	07950	OP PHARMACY	0	1,374,368	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-15,594,468	159,953,328	200.00

RECLASSIFICATIONS

Provider CCN: 140174

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

Worksheet A-6

Date/Time Prepared:
5/20/2015 8:34 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,829,829	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,249,635	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	583	3.00
4.00	LABORATORY	60.00	0	3,865	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
				15,083,912	
B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,055,631	1.00
				4,055,631	
C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,104,710	1.00
				3,104,710	
D - PSYCH ADMIN RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	250,908	61,955	1.00
2.00	ELECTROSHOCK THERAPY	70.01	557	137	2.00
3.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	95,791	23,653	3.00
4.00	ADOL SCHOOL	193.03	3,690	911	4.00
			350,946	86,656	
F - CAFETERIA					
1.00	CAFETERIA	11.00	470,995	802,847	1.00
			470,995	802,847	
G - OP PROCEDURES					
1.00	OUTPATIENT PROCEDURES	90.01	352,492	34,908	1.00
			352,492	34,908	
I - EQUIP DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,593,939	1.00
				4,593,939	
J - LAB EQUIPMENT					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	99,127	1.00
				99,127	
500.00	Grand Total: Increases		1,174,433	27,861,730	500.00

RECLASSIFICATIONS

Provider CCN: 140174

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

Worksheet A-6
Date/Time Prepared:
5/20/2015 8:34 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - RECLASS SUPPLY COSTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,513	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	242	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	233	0	4.00	
5.00	HOUSEKEEPING	9.00	0	1,443	0	5.00	
6.00	DIETARY	10.00	0	81	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	1,411	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	349,058	0	8.00	
9.00	PHARMACY	15.00	0	4,937	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	7	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	433,078	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	164,952	0	12.00	
13.00	SUBPROVIDER - IPF	40.00	0	30,735	0	13.00	
14.00	NURSERY	43.00	0	20,692	0	14.00	
15.00	OPERATING ROOM	50.00	0	4,975,878	0	15.00	
16.00	RECOVERY ROOM	51.00	0	22,726	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	71,519	0	17.00	
18.00	ANESTHESIOLOGY	53.00	0	144,437	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	327,904	0	19.00	
20.00	ULTRA SOUND	54.02	0	13,475	0	20.00	
21.00	CT SCAN	57.00	0	116,425	0	21.00	
22.00	MRI	58.00	0	47,193	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	7,135,209	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	90,260	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	2,674	0	25.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	2,292	0	26.00	
27.00	SPEECH PATHOLOGY	68.00	0	2,558	0	27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	12,202	0	28.00	
29.00	ELECTROSHOCK THERAPY	70.01	0	1,330	0	29.00	
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	597	0	30.00	
31.00	OCCUPATIONAL HEALTH	76.00	0	20,474	0	31.00	
32.00	CARDIAC REHABILITATION	76.97	0	4,782	0	32.00	
33.00	CLINIC	90.00	0	9,829	0	33.00	
34.00	PRCC	90.02	0	436,088	0	34.00	
35.00	EMERGENCY	91.00	0	637,584	0	35.00	
36.00	MESSAGE THERAPY	193.01	0	15	0	36.00	
37.00	FOUNDATION	193.04	0	70	0	37.00	
	O		0	15,083,912			
B - PHARMACY							
1.00	PHARMACY	15.00	0	4,055,631	0	1.00	
	O		0	4,055,631			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	3,104,710	11	1.00	
	O		0	3,104,710			
D - PSYCH ADMIN RECLASS							
1.00	SUBPROVIDER - IPF	40.00	350,946	86,656	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	O		350,946	86,656			
F - CAFETERIA							
1.00	DIETARY	10.00	470,995	802,847	0	1.00	
	O		470,995	802,847			
G - OP PROCEDURES							
1.00	ADULTS & PEDIATRICS	30.00	352,492	34,908	0	1.00	
	O		352,492	34,908			
I - EQUIP DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,593,939	9	1.00	
	O		0	4,593,939			
J - LAB EQUIPMENT							
1.00	LABORATORY	60.00	0	99,127	9	1.00	
	O		0	99,127			
500.00	Grand Total: Decreases		1,174,433	27,861,730		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140174

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

Worksheet A-7
Part I
Date/Time Prepared:
5/20/2015 8:34 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,545,766	0	0	0	1.00
2.00	Land Improvements	4,392,996	54,525	0	54,525	2.00
3.00	Buildings and Fixtures	119,561,026	1,886,666	0	1,886,666	3.00
4.00	Building Improvements	902,212	0	0	0	4.00
5.00	Fixed Equipment	5,104,034	0	0	0	5.00
6.00	Movable Equipment	44,507,197	4,048,057	0	4,048,057	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	179,013,231	5,989,248	0	5,989,248	8.00
9.00	Reconciling Items	2,815,310	0	0	0	9.00
10.00	Total (line 8 minus line 9)	176,197,921	5,989,248	0	5,989,248	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,545,766	0			1.00
2.00	Land Improvements	4,447,521	0			2.00
3.00	Buildings and Fixtures	121,447,692	0			3.00
4.00	Building Improvements	902,212	0			4.00
5.00	Fixed Equipment	5,102,720	0			5.00
6.00	Movable Equipment	46,058,105	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	182,504,016	0			8.00
9.00	Reconciling Items	210,427	0			9.00
10.00	Total (line 8 minus line 9)	182,293,589	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140174

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

Worksheet A-7
Part II
Date/Time Prepared:
5/20/2015 8:34 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,140,559	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)	8,140,559	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	8,140,559				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,140,559				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140174

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

Worksheet A-7
Part III
Date/Time Prepared:
5/20/2015 8:34 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	131,900,144	0	131,900,144	0.741186	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	46,058,105	0	46,058,105	0.258814	0	2.00
3.00	Total (sum of lines 1-2)	177,958,249	0	177,958,249	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	3,469,875	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,693,066	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,162,941	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,879,678	0	0	0	5,349,553	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	-1,060	4,692,006	2.00
3.00	Total (sum of lines 1-2)	1,879,678	0	0	-1,060	10,041,559	3.00

Provider CCN: 140174

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

Worksheet A-8
 Date/Time Prepared:
 5/20/2015 8:34 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-784,968	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 2.00
3.00	Investment income - other (chapter 2)		0			0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-5,136	ADMINISTRATIVE & GENERAL		5.00		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)	B	-16,777	ADMINISTRATIVE & GENERAL		5.00		0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-141,300	ADMINISTRATIVE & GENERAL		5.00		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	-11,033,715					0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-392	OPERATION OF PLANT		7.00		0 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,464,091					0 12.00
13.00	Laundry and linen service		0			0.00		0 13.00
14.00	Cafeteria-employees and guests		0			0.00		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	-1,514	MEDICAL RECORDS & LIBRARY		16.00		0 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00		0 19.00
20.00	Vending machines		0			0.00		0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00		0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00
33.00	MISC MEDICAL STAFF INCOME	B	-31,300	ADMINISTRATIVE & GENERAL		5.00		0 33.00
34.00			0			0.00		0 34.00

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	
35.00 MISC A&G INCOME OFFSET	B	-77,728	ADMINISTRATIVE & GENERAL		5.00	0 35.00
37.00 MISC OPERATION OF PLANT INCOME	B	-14,718	OPERATION OF PLANT		7.00	0 37.00
38.00 CAFETERIA AND VENDING SALES	B	-524,090	DIETARY		10.00	0 38.00
38.01 MEALS ON WHEELS INCOME OFFSET	B	-16,517	DIETARY		10.00	0 38.01
39.00 MISC CAFETERIA INCOME OFFSET	B	842	DIETARY		10.00	0 39.00
40.00 MISC INCOME SUBPROVIDER	B	-74,089	SUBPROVIDER - IPF		40.00	0 40.00
41.00 MISC RADIOLOGY INCOME	B	-504	RADIOLOGY-DIAGNOSTIC		54.00	0 41.00
42.00 MISC INCOME HOUSEKEEPING	B	-25	HOUSEKEEPING		9.00	0 42.00
43.00 MISC INCOME - CLINIC	B	-1,872	CLINIC		90.00	0 43.00
44.02 ADOL SCHOOL MISC REVENUE	B	-54,270	ADOL SCHOOL		193.03	0 44.02
44.03 MISC INCOME PSYCHOLOGY	B	-1,250	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		75.01	0 44.03
44.04		0			0.00	0 44.04
44.05 MISC INCOME NURSING ADMIN	B	-17,547	NURSING ADMINISTRATION		13.00	0 44.05
44.06		0			0.00	0 44.06
45.03 FAITH COM NURSING MISC INCOME	B	-31,772	PARI SH NURSING		193.07	0 45.03
45.04 RENT INCOME CARDIO PULMONARY	B	-827	ELECTROCARDIOLOGY		69.00	0 45.04
45.06 NON-ALLOW DONATIONS, SPONSORSHI	A	-75,476	FOUNDATION		193.04	0 45.06
45.07 NON-ALLOW DONATIONS, SPONSORSHI	A	-165,806	ADMINISTRATIVE & GENERAL		5.00	0 45.07
45.13 RENTAL INCOME	B	-12,960	ADMINISTRATIVE & GENERAL		5.00	0 45.13
45.16 MISC ER INCOME	B	-2,376	EMERGENCY		91.00	0 45.16
45.18 NON ALLOWABLE LOBBYING DUES	A	-38,886	ADMINISTRATIVE & GENERAL		5.00	0 45.18
45.19 OFFSET UNUSED BUILDING DEPR	A	-1,060	CAP REL COSTS-MVBLE EQUIP		2.00	14 45.19
47.00 OTHER MINISTRY EXPENSES	A	-4,344	ADMINISTRATIVE & GENERAL		5.00	0 47.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,594,468				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: 140174

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

Worksheet A-8-1

Date/Time Prepared: 5/20/2015 8:34 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL	2,274,457	2,351,202	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	1,663,938	266,888	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	A&G	15,302,277	18,722,245	3.00
3.01	10.00	DIETARY	DIETARY	542,264	542,264	3.01
3.02	59.00	CARDIAC CATHETERIZATION	CARDIAC CATH LAB	775	775	3.02
3.03	90.00	CLINIC	DIABETIC HEALTH	34,101	34,101	3.03
3.04	90.02	PRCC	PRCC	67,702	67,702	3.04
3.05	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	2,639,433	3,079,497	3.05
4.00	60.00	LABORATORY	ALVERNO LAB	4,523,930	4,448,294	4.00
4.01	0.00		EICU	0	0	4.01
4.02	0.00		PACS/CPACS	0	0	4.02
4.03	0.00		CPACS	0	0	4.03
4.04	0.00		INTEREST	0	0	4.04
4.05	0.00		MATERIALS MANAGEMENT	0	0	4.05
4.06	0.00		LAB	0	0	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,048,877	29,512,968	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		100.00	PRESENCE PRV HE	100.00	6.00
7.00	C		0.00	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: 140174

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

Worksheet A-8-1

Date/Time Prepared:
5/20/2015 8:34 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-76,745	9		1.00
2.00	1,397,050	0		2.00
3.00	-3,419,968	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	-440,064	11		3.05
4.00	75,636	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
5.00	-2,464,091			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	HEALTHCARE CHAIN		6.00
7.00	LABORATORY		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: 140174

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

Worksheet A-8-2

Date/Time Prepared: 5/20/2015 8:34 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00 AGGREGATE-ADMINISTRATIVE & GENERAL	144,960	0	144,960	154,100	947	1.00
2.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	463,384	352,706	110,678	177,200	1,446	2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	45,000	0	45,000	154,100	321	3.00
4.00	40.00 AGGREGATE-SUBPROVIDER - IPF	219,308	155,666	63,642	154,100	536	4.00
5.00	43.00 AGGREGATE-NURSERY	341,250	341,250	0	0	0	5.00
6.00	50.00 AGGREGATE-OPERATING ROOM	4,920	4,920	0	0	0	6.00
7.00	52.00 AGGREGATE-DELIVERY ROOM & LABOR ROOM	563,754	563,754	0	0	0	7.00
8.00	53.00 AGGREGATE-ANESTHESIOLOGY	934,422	934,422	0	0	0	8.00
9.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	662	662	0	0	0	9.00
10.00	54.02 AGGREGATE-ULTRA SOUND	298	298	0	0	0	10.00
11.00	57.00 AGGREGATE-CT SCAN	2,646	2,646	0	0	0	11.00
12.00	58.00 AGGREGATE-MRI	2,061	2,061	0	0	0	12.00
13.00	76.00 AGGREGATE-OCCUPATIONAL HEALTH	465,173	465,173	0	0	0	13.00
14.00	90.01 AGGREGATE-OUTPATIENT PROCEDURES	102,667	102,667	0	0	0	14.00
15.00	90.02 AGGREGATE-PRCC	7,232,168	7,232,168	0	0	0	15.00
16.00	91.00 AGGREGATE-EMERGENCY	819,110	700,460	118,650	177,200	1,104	16.00
17.00	50.00 AGGREGATE-OPERATING ROOM	18,000	0	18,000	177,200	72	17.00
18.00	60.00 AGGREGATE-LABORATORY	76,966	0	76,966	215,700	669	18.00
19.00	75.01 AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	22,935	0	22,935	154,100	163	19.00
200.00		11,459,684	10,858,853	600,831		5,258	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 AGGREGATE-ADMINISTRATIVE & GENERAL	70,160	3,508	0	0	0	1.00
2.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	123,188	6,159	0	0	0	2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	23,782	1,189	0	0	0	3.00
4.00	40.00 AGGREGATE-SUBPROVIDER - IPF	39,710	1,986	0	0	0	4.00
5.00	43.00 AGGREGATE-NURSERY	0	0	0	0	0	5.00
6.00	50.00 AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00 AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00 AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	54.02 AGGREGATE-ULTRA SOUND	0	0	0	0	0	10.00
11.00	57.00 AGGREGATE-CT SCAN	0	0	0	0	0	11.00
12.00	58.00 AGGREGATE-MRI	0	0	0	0	0	12.00
13.00	76.00 AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	0	0	13.00
14.00	90.01 AGGREGATE-OUTPATIENT PROCEDURES	0	0	0	0	0	14.00
15.00	90.02 AGGREGATE-PRCC	0	0	0	0	0	15.00
16.00	91.00 AGGREGATE-EMERGENCY	94,052	4,703	0	0	0	16.00
17.00	50.00 AGGREGATE-OPERATING ROOM	6,134	307	0	0	0	17.00
18.00	60.00 AGGREGATE-LABORATORY	69,377	3,469	0	0	0	18.00
19.00	75.01 AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	12,076	604	0	0	0	19.00
200.00		438,479	21,925	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 AGGREGATE-ADMINISTRATIVE & GENERAL	0	70,160	74,800	74,800	1.00
2.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	0	123,188	0	352,706	2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	0	23,782	21,218	21,218	3.00
4.00	40.00 AGGREGATE-SUBPROVIDER - IPF	0	39,710	23,932	179,598	4.00
5.00	43.00 AGGREGATE-NURSERY	0	0	0	341,250	5.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140174

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

Worksheet A-8-2

Date/Time Prepared:
5/20/2015 8:34 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	4,920		6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	563,754		7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	934,422		8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	662		9.00
10.00	54.02	AGGREGATE-ULTRASOUND	0	0	0	298		10.00
11.00	57.00	AGGREGATE-CT SCAN	0	0	0	2,646		11.00
12.00	58.00	AGGREGATE-MRI	0	0	0	2,061		12.00
13.00	76.00	AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	465,173		13.00
14.00	90.01	AGGREGATE-OUTPATIENT PROCEDURES	0	0	0	102,667		14.00
15.00	90.02	AGGREGATE-PRCC	0	0	0	7,232,168		15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	94,052	24,598	725,058		16.00
17.00	50.00	AGGREGATE-OPERATING ROOM	0	6,134	11,866	11,866		17.00
18.00	60.00	AGGREGATE-LABORATORY	0	69,377	7,589	7,589		18.00
19.00	75.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	0	12,076	10,859	10,859		19.00
200.00			0	438,479	174,862	11,033,715		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140174

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 8:34 am

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	5,349,553	5,349,553			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,692,006		4,692,006		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,445,605	49,917	43,781	12,539,303	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	31,350,502	977,516	857,361	1,072,775	34,258,154
6.00 00600	MAINTENANCE & REPAIRS	2,035,283	761,218	667,652	73,740	3,537,893
7.00 00700	OPERATION OF PLANT	4,481,239	232,559	203,974	315,222	5,232,994
8.00 00800	LAUNDRY & LINEN SERVICE	419,087	7,727	6,778	3,626	437,218
9.00 00900	HOUSEKEEPING	1,646,363	86,024	75,450	325,616	2,133,453
10.00 01000	DIETARY	434,506	196,839	172,644	207,800	1,011,789
11.00 01100	CAFETERIA	1,273,842	0	0	0	1,273,842
13.00 01300	NURSING ADMINISTRATION	1,823,874	56,897	49,903	434,485	2,365,159
14.00 01400	CENTRAL SERVICES & SUPPLY	506,231	183,615	161,045	93,282	944,173
15.00 01500	PHARMACY	2,266,434	133,772	117,330	482,233	2,999,769
16.00 01600	MEDICAL RECORDS & LIBRARY	2,381,763	91,944	80,643	299,710	2,854,060
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	10,582,239	207,370	181,881	2,527,285	13,498,775
31.00 03100	INTENSIVE CARE UNIT	2,799,633	248,962	218,360	643,042	3,909,997
40.00 04000	SUBPROVIDER - IPF	4,221,996	494,832	434,009	1,140,577	6,291,414
43.00 04300	NURSERY	382,228	14,495	12,714	93,038	502,475
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,468,594	358,879	314,767	405,853	4,548,093
51.00 05100	RECOVERY ROOM	1,279,380	282,289	247,592	295,280	2,104,541
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,912,005	229,630	201,405	467,397	2,810,437
53.00 05300	ANESTHESIOLOGY	176,505	7,889	6,920	21,011	212,325
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,795,082	155,696	136,558	407,033	2,494,369
54.02 03630	ULTRA SOUND	603,230	35,609	31,232	132,461	802,532
57.00 05700	CT SCAN	544,683	17,611	15,446	125,957	703,697
58.00 05800	MRI	238,817	31,845	27,930	58,165	356,757
59.00 05900	CARDIAC CATHETERIZATION	1,383,294	41,180	36,118	287,328	1,747,920
60.00 06000	LABORATORY	4,667,657	8,201	7,193	0	4,683,051
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	757,936	6,718	5,892	0	770,546
65.00 06500	RESPIRATORY THERAPY	960,448	13,049	11,445	227,891	1,212,833
66.00 06600	PHYSICAL THERAPY	764,487	45,305	39,737	169,570	1,019,099
67.00 06700	OCCUPATIONAL THERAPY	221,579	0	0	50,518	272,097
68.00 06800	SPEECH PATHOLOGY	351,490	3,851	3,378	82,436	441,155
69.00 06900	ELECTROCARDIOLOGY	397,498	40,445	35,473	96,563	569,979
70.01 03320	ELECTROSHOCK THERAPY	4,133	0	0	821	4,954
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,829,829	0	0	0	5,829,829
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,249,635	0	0	0	9,249,635
73.00 07300	DRUGS CHARGED TO PATIENTS	4,055,631	0	0	0	4,055,631
74.00 07400	RENAL DIALYSIS	589,461	6,531	5,728	0	601,720
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	698,355	61,533	53,970	141,318	955,176
76.00 03950	OCCUPATIONAL HEALTH	810,826	5,085	4,460	91,457	911,828
76.97 07697	CARDIAC REHABILITATION	242,710	35,110	30,795	58,130	366,745
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	1,026,898	4,973	4,362	163,887	1,200,120
90.01 09001	OUTPATIENT PROCEDURES	410,355	0	0	1,458	411,813
90.02 09002	PRCC	22,735,356	0	0	549,063	23,284,419
91.00 09100	EMERGENCY	3,946,246	202,198	177,345	852,764	5,178,553
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	158,214,504	5,337,314	4,681,271	12,398,792	158,051,019
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,681	0	0	0	54,681
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	5,299	0	0	0	5,299
193.01 19301	MASSAGE THERAPY	27,262	0	0	6,250	33,512
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0
193.03 19303	ADOL SCHOOL	-27,872	0	0	5,444	-22,428
193.04 19304	FOUNDATION	129,460	8,687	7,619	29,864	175,630
193.05 19305	LEASED BLDG	50,495	0	0	0	50,495
193.07 19307	PARI SH NURSING	125,131	3,552	3,116	39,223	171,022
194.00 07950	OP PHARMACY	1,374,368	0	0	59,730	1,434,098
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	159,953,328	5,349,553	4,692,006	12,539,303	159,953,328

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/20/2015 8:34 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
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	34,258,154			5.00		
6.00	00600	MAINTENANCE & REPAIRS	964,079	4,501,972		6.00		
7.00	00700	OPERATION OF PLANT	1,425,996	294,020	6,953,010	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	119,142	9,770	16,143	582,273	8.00	
9.00	00900	HOUSEKEEPING	581,368	108,758	179,707	0	3,003,286	9.00
10.00	01000	DIETARY	275,714	248,859	411,201	0	182,763	10.00
11.00	01100	CAFETERIA	347,123	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	644,508	71,933	118,859	0	52,828	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	257,288	232,140	383,576	0	170,484	14.00
15.00	01500	PHARMACY	817,440	169,126	279,455	0	124,206	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	777,734	116,243	192,075	0	85,369	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,678,430	262,174	433,203	361,645	192,541	30.00
31.00	03100	INTENSIVE CARE UNIT	1,065,478	314,757	520,088	48,819	231,158	31.00
40.00	04000	SUBPROVIDER - I/PF	1,714,417	625,605	1,033,718	157,776	459,447	40.00
43.00	04300	NURSERY	136,925	18,326	30,281	14,033	13,459	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,239,360	453,722	749,708	0	333,215	50.00
51.00	05100	RECOVERY ROOM	573,490	356,892	589,711	0	262,103	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	765,847	290,317	479,705	0	213,209	52.00
53.00	05300	ANESTHESIOLOGY	57,859	9,975	16,481	0	7,325	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	679,718	196,843	325,254	0	144,562	54.00
54.02	03630	ULTRA SOUND	218,691	45,019	74,388	0	33,062	54.02
57.00	05700	CT SCAN	191,758	22,265	36,790	0	16,352	57.00
58.00	05800	MRI	97,217	40,260	66,524	0	29,567	58.00
59.00	05900	CARDIAC CATHETERIZATION	476,310	52,063	86,026	0	38,235	59.00
60.00	06000	LABORATORY	1,276,136	10,368	17,132	0	7,615	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	209,975	8,493	14,034	0	6,238	63.00
65.00	06500	RESPIRATORY THERAPY	330,498	16,498	27,261	0	12,116	65.00
66.00	06600	PHYSICAL THERAPY	277,705	57,279	94,644	0	42,066	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,147	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	120,215	4,869	8,045	0	3,576	68.00
69.00	06900	ELECTROCARDIOLOGY	155,320	51,133	84,490	0	37,552	69.00
70.01	03320	ELECTROSHOCK THERAPY	1,350	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,588,634	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,520,535	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,105,164	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	163,969	8,257	13,643	0	6,064	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	260,286	77,795	128,544	0	57,133	75.01
76.00	03950	OCCUPATIONAL HEALTH	248,474	6,429	10,623	0	4,722	76.00
76.97	07697	CARDIAC REHABILITATION	99,938	44,389	73,346	0	32,599	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	327,034	6,287	10,389	0	4,617	90.00
90.01	09001	OUTPATIENT PROCEDURES	112,219	0	0	0	0	90.01
90.02	09002	PRCC	6,345,009	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,411,161	255,634	422,397	0	187,739	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,733,661	4,486,498	6,927,441	582,273	2,991,922	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,901	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	1,444	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	9,132	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	47,859	10,983	18,148	0	8,066	193.04
193.05	19305	LEASED BLDG	13,760	0	0	0	0	193.05
193.07	19307	PARI SH NURSING	46,604	4,491	7,421	0	3,298	193.07
194.00	07950	OP PHARMACY	390,793	0	0	0	0	194.00
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)	34,258,154	4,501,972	6,953,010	582,273	3,003,286	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140174

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

Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,130,326					10.00
11.00	01100	0	1,620,965				11.00
13.00	01300	0	0	3,253,287			13.00
14.00	01400	0	0	0	1,987,661		14.00
15.00	01500	0	0	114,978	0	4,504,974	15.00
16.00	01600	0	0	0	1,121	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,354,138	1,030,363	949,871	24,976	72,886	30.00
31.00	03100	121,900	92,754	192,626	2,536	18,035	31.00
40.00	04000	577,203	439,194	392,489	3,504	313	40.00
43.00	04300	12,358	9,403	25,998	270	1,094	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	124,658	18,088	18,846	50.00
51.00	05100	0	0	84,790	3,764	5,048	51.00
52.00	05200	48,445	36,862	137,362	1,991	4,117	52.00
53.00	05300	0	0	11,705	3,644	2,810	53.00
54.00	05400	0	0	136,651	2,958	1,335	54.00
54.02	03630	0	0	34,528	136	5	54.02
57.00	05700	0	0	36,133	110	5	57.00
58.00	05800	0	0	15,168	116	317	58.00
59.00	05900	0	0	73,500	0	3,640	59.00
60.00	06000	0	0	0	277	0	60.00
63.00	06300	0	0	0	89,875	0	63.00
65.00	06500	0	0	83,387	444	6	65.00
66.00	06600	0	0	50,251	972	0	66.00
67.00	06700	0	0	13,487	129	0	67.00
68.00	06800	0	0	20,896	300	0	68.00
69.00	06900	0	0	34,000	926	576	69.00
70.01	03320	0	0	463	18	0	70.01
71.00	07100	0	0	0	691,289	0	71.00
72.00	07200	0	0	0	1,096,804	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.01	03550	0	0	55,665	302	0	75.01
76.00	03950	0	0	39,540	3,242	3,642	76.00
76.97	07697	0	0	20,346	1,051	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	56,114	2,357	2,843	90.00
90.01	09001	0	0	38,499	0	0	90.01
90.02	09002	0	0	216,102	22,468	4,308,384	90.02
91.00	09100	16,282	12,389	294,080	13,474	44,874	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		2,130,326	1,620,965	3,253,287	1,987,142	4,488,776	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	297	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	0	0	0	30	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	2	0	193.03
193.04	19304	0	0	0	190	0	193.04
193.05	19305	0	0	0	0	0	193.05
193.07	19307	0	0	0	0	0	193.07
194.00	07950	0	0	0	0	16,198	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,130,326	1,620,965	3,253,287	1,987,661	4,504,974	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140174

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

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Part I
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Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	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
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,026,602				16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	317,893	22,176,895	0	22,176,895	30.00
31.00	03100	INTENSIVE CARE UNIT	86,442	6,604,590	0	6,604,590	31.00
40.00	04000	SUBPROVIDER - I/PF	104,863	11,799,943	0	11,799,943	40.00
43.00	04300	NURSERY	9,160	773,782	0	773,782	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	420,504	7,906,194	0	7,906,194	50.00
51.00	05100	RECOVERY ROOM	121,844	4,102,183	0	4,102,183	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,700	4,811,992	0	4,811,992	52.00
53.00	05300	ANESTHESIOLOGY	47,113	369,237	0	369,237	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,013	4,097,703	0	4,097,703	54.00
54.02	03630	ULTRA SOUND	61,071	1,269,432	0	1,269,432	54.02
57.00	05700	CT SCAN	226,256	1,233,366	0	1,233,366	57.00
58.00	05800	MRI	52,305	658,231	0	658,231	58.00
59.00	05900	CARDIAC CATHETERIZATION	210,125	2,687,819	0	2,687,819	59.00
60.00	06000	LABORATORY	308,968	6,303,547	0	6,303,547	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,295	1,109,456	0	1,109,456	63.00
65.00	06500	RESPIRATORY THERAPY	47,364	1,730,407	0	1,730,407	65.00
66.00	06600	PHYSICAL THERAPY	26,663	1,568,679	0	1,568,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,028	366,888	0	366,888	67.00
68.00	06800	SPEECH PATHOLOGY	6,201	605,257	0	605,257	68.00
69.00	06900	ELECTROCARDIOLOGY	102,253	1,036,229	0	1,036,229	69.00
70.01	03320	ELECTROSHOCK THERAPY	1,280	8,065	0	8,065	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	243,287	8,353,039	0	8,353,039	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	117,018	12,983,992	0	12,983,992	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	382,734	5,543,529	0	5,543,529	73.00
74.00	07400	RENAL DIALYSIS	20,175	813,828	0	813,828	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	17,771	1,552,672	0	1,552,672	75.01
76.00	03950	OCCUPATIONAL HEALTH	6,197	1,234,697	0	1,234,697	76.00
76.97	07697	CARDIAC REHABILITATION	9,697	648,111	0	648,111	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	7,738	1,617,499	0	1,617,499	90.00
90.01	09001	OUTPATIENT PROCEDURES	16,455	578,986	0	578,986	90.01
90.02	09002	PRCC	489,120	34,665,502	0	34,665,502	90.02
91.00	09100	EMERGENCY	409,069	8,245,652	0	8,245,652	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,026,602	157,457,402	0	157,457,402	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	69,879	0	69,879	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	6,743	0	6,743	192.01
193.01	19301	MASSAGE THERAPY	0	42,674	0	42,674	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	-22,426	0	-22,426	193.03
193.04	19304	FOUNDATION	0	260,876	0	260,876	193.04
193.05	19305	LEASED BLDG	0	64,255	0	64,255	193.05
193.07	19307	PARISH NURSING	0	232,836	0	232,836	193.07
194.00	07950	OP PHARMACY	0	1,841,089	0	1,841,089	194.00
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)	4,026,602	159,953,328	0	159,953,328	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 8:34 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	49,917	43,781	93,698	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	977,516	857,361	1,834,877	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	761,218	667,652	1,428,870	6.00
7.00 00700	OPERATION OF PLANT	0	232,559	203,974	436,533	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	7,727	6,778	14,505	8.00
9.00 00900	HOUSEKEEPING	0	86,024	75,450	161,474	9.00
10.00 01000	DIETARY	0	196,839	172,644	369,483	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	56,897	49,903	106,800	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	183,615	161,045	344,660	14.00
15.00 01500	PHARMACY	0	133,772	117,330	251,102	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	91,944	80,643	172,587	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	207,370	181,881	389,251	30.00
31.00 03100	INTENSIVE CARE UNIT	0	248,962	218,360	467,322	31.00
40.00 04000	SUBPROVIDER - I/PF	0	494,832	434,009	928,841	40.00
43.00 04300	NURSERY	0	14,495	12,714	27,209	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	358,879	314,767	673,646	50.00
51.00 05100	RECOVERY ROOM	0	282,289	247,592	529,881	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	229,630	201,405	431,035	52.00
53.00 05300	ANESTHESIOLOGY	0	7,889	6,920	14,809	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	155,696	136,558	292,254	54.00
54.02 03630	ULTRA SOUND	0	35,609	31,232	66,841	54.02
57.00 05700	CT SCAN	0	17,611	15,446	33,057	57.00
58.00 05800	MRI	0	31,845	27,930	59,775	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	41,180	36,118	77,298	59.00
60.00 06000	LABORATORY	0	8,201	7,193	15,394	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	6,718	5,892	12,610	63.00
65.00 06500	RESPIRATORY THERAPY	0	13,049	11,445	24,494	65.00
66.00 06600	PHYSICAL THERAPY	0	45,305	39,737	85,042	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	3,851	3,378	7,229	68.00
69.00 06900	ELECTROCARDIOLOGY	0	40,445	35,473	75,918	69.00
70.01 03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	6,531	5,728	12,259	74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	61,533	53,970	115,503	75.01
76.00 03950	OCCUPATIONAL HEALTH	0	5,085	4,460	9,545	76.00
76.97 07697	CARDIAC REHABILITATION	0	35,110	30,795	65,905	76.97
76.98 07698	HYPERBARI C 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	4,973	4,362	9,335	90.00
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02 09002	PRCC	0	0	0	0	90.02
91.00 09100	EMERGENCY	0	202,198	177,345	379,543	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,337,314	4,681,271	10,018,585	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01 19301	MASSAGE THERAPY	0	0	0	0	193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03 19303	ADOL SCHOOL	0	0	0	0	193.03
193.04 19304	FOUNDATION	0	8,687	7,619	16,306	193.04
193.05 19305	LEASED BLDG	0	0	0	0	193.05
193.07 19307	PARI SH NURSING	0	3,552	3,116	6,668	193.07
194.00 07950	OP PHARMACY	0	0	0	0	194.00
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	5,349,553	4,692,006	10,041,559	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140174		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 8:34 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
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	1,842,893				5.00
6.00	00600	MAINTENANCE & REPAIRS	51,862	1,481,283			6.00
7.00	00700	OPERATION OF PLANT	76,710	96,741	612,339		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,409	3,215	1,422	25,578	8.00
9.00	00900	HOUSEKEEPING	31,274	35,785	15,826	0	246,792
10.00	01000	DIETARY	14,832	81,882	36,214	0	15,018
11.00	01100	CAFETERIA	18,673	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	34,671	23,668	10,468	0	4,341
14.00	01400	CENTRAL SERVICES & SUPPLY	13,841	76,381	33,781	0	14,009
15.00	01500	PHARMACY	43,974	55,647	24,611	0	10,207
16.00	01600	MEDICAL RECORDS & LIBRARY	41,838	38,247	16,916	0	7,015
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	197,879	86,263	38,151	15,886	15,822
31.00	03100	INTENSIVE CARE UNIT	57,317	103,564	45,803	2,145	18,995
40.00	04000	SUBPROVIDER - IPF	92,226	205,843	91,036	6,931	37,753
43.00	04300	NURSERY	7,366	6,030	2,667	616	1,106
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	66,670	149,288	66,025	0	27,382
51.00	05100	RECOVERY ROOM	30,850	117,428	51,935	0	21,538
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,198	95,523	42,247	0	17,520
53.00	05300	ANESTHESIOLOGY	3,112	3,282	1,451	0	602
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,565	64,767	28,644	0	11,879
54.02	03630	ULTRA SOUND	11,764	14,813	6,551	0	2,717
57.00	05700	CT SCAN	10,315	7,326	3,240	0	1,344
58.00	05800	MRI	5,230	13,247	5,859	0	2,430
59.00	05900	CARDIAC CATHETERIZATION	25,623	17,130	7,576	0	3,142
60.00	06000	LABORATORY	68,649	3,412	1,509	0	626
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,295	2,795	1,236	0	513
65.00	06500	RESPIRATORY THERAPY	17,779	5,428	2,401	0	996
66.00	06600	PHYSICAL THERAPY	14,939	18,846	8,335	0	3,457
67.00	06700	OCCUPATIONAL THERAPY	3,989	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	6,467	1,602	709	0	294
69.00	06900	ELECTROCARDIOLOGY	8,355	16,824	7,441	0	3,086
70.01	03320	ELECTROSHOCK THERAPY	73	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	85,459	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	135,590	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	59,451	0	0	0	0
74.00	07400	RENAL DIALYSIS	8,821	2,717	1,202	0	498
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	14,002	25,597	11,321	0	4,695
76.00	03950	OCCUPATIONAL HEALTH	13,366	2,115	936	0	388
76.97	07697	CARDIAC REHABILITATION	5,376	14,605	6,459	0	2,679
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	17,593	2,069	915	0	379
90.01	09001	OUTPATIENT PROCEDURES	6,037	0	0	0	0
90.02	09002	PRCC	341,326	0	0	0	0
91.00	09100	EMERGENCY	75,912	84,111	37,200	0	15,427
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,814,678	1,476,191	610,087	25,578	245,858
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	802	0	0	0	0
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	78	0	0	0	0
193.01	19301	MASSAGE THERAPY	491	0	0	0	0
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0
193.03	19303	ADOL SCHOOL	0	0	0	0	0
193.04	19304	FOUNDATION	2,575	3,614	1,598	0	663
193.05	19305	LEASED BLDG	740	0	0	0	0
193.07	19307	PARI SH NURSING	2,507	1,478	654	0	271
194.00	07950	OP PHARMACY	21,022	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,842,893	1,481,283	612,339	25,578	246,792

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140174

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 8:34 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	518,982					10.00
11.00	01100	0	18,673				11.00
13.00	01300	0	0	183,195			13.00
14.00	01400	0	0	0	483,369		14.00
15.00	01500	0	0	6,475	0	395,619	15.00
16.00	01600	0	0	0	273	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	329,889	11,870	53,484	6,074	6,401	30.00
31.00	03100	29,697	1,068	10,847	617	1,584	31.00
40.00	04000	140,616	5,059	22,101	852	27	40.00
43.00	04300	3,011	108	1,464	66	96	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	7,020	4,399	1,655	50.00
51.00	05100	0	0	4,775	915	443	51.00
52.00	05200	11,802	425	7,735	484	362	52.00
53.00	05300	0	0	659	886	247	53.00
54.00	05400	0	0	7,695	719	117	54.00
54.02	03630	0	0	1,944	33	0	54.02
57.00	05700	0	0	2,035	27	0	57.00
58.00	05800	0	0	854	28	28	58.00
59.00	05900	0	0	4,139	0	320	59.00
60.00	06000	0	0	0	67	0	60.00
63.00	06300	0	0	0	21,856	0	63.00
65.00	06500	0	0	4,696	108	1	65.00
66.00	06600	0	0	2,830	236	0	66.00
67.00	06700	0	0	759	31	0	67.00
68.00	06800	0	0	1,177	73	0	68.00
69.00	06900	0	0	1,915	225	51	69.00
70.01	03320	0	0	26	4	0	70.01
71.00	07100	0	0	0	168,109	0	71.00
72.00	07200	0	0	0	266,730	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.01	03550	0	0	3,135	73	0	75.01
76.00	03950	0	0	2,227	788	320	76.00
76.97	07697	0	0	1,146	256	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	3,160	573	250	90.00
90.01	09001	0	0	2,168	0	0	90.01
90.02	09002	0	0	12,169	5,464	378,354	90.02
91.00	09100	3,967	143	16,560	3,277	3,941	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		518,982	18,673	183,195	483,243	394,197	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	72	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	0	0	0	7	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	1	0	193.03
193.04	19304	0	0	0	46	0	193.04
193.05	19305	0	0	0	0	0	193.05
193.07	19307	0	0	0	0	0	193.07
194.00	07950	0	0	0	0	1,422	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		518,982	18,673	183,195	483,369	395,619	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 8:34 am
Cost Center Description	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	16.00	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
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	279,116		16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	22,005	1,191,859	30.00
31.00 03100	INTENSIVE CARE UNIT	5,984	749,748	31.00
40.00 04000	SUBPROVIDER - IPF	7,259	1,547,067	40.00
43.00 04300	NURSERY	634	51,068	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	29,107	1,028,225	50.00
51.00 05100	RECOVERY ROOM	8,434	768,405	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,641	653,465	52.00
53.00 05300	ANESTHESIOLOGY	3,261	28,466	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,030	453,712	54.00
54.02 03630	ULTRA SOUND	4,227	109,880	54.02
57.00 05700	CT SCAN	15,661	73,946	57.00
58.00 05800	MRI	3,621	91,507	58.00
59.00 05900	CARDIAC CATHETERIZATION	14,545	151,920	59.00
60.00 06000	LABORATORY	21,387	111,044	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	713	51,018	63.00
65.00 06500	RESPIRATORY THERAPY	3,279	60,885	65.00
66.00 06600	PHYSICAL THERAPY	1,846	136,798	66.00
67.00 06700	OCCUPATIONAL THERAPY	486	5,642	67.00
68.00 06800	SPEECH PATHOLOGY	429	18,596	68.00
69.00 06900	ELECTROCARDIOLOGY	7,078	121,615	69.00
70.01 03320	ELECTROSHOCK THERAPY	89	198	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,840	270,408	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,100	410,420	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	26,493	85,944	73.00
74.00 07400	RENAL DIALYSIS	1,396	26,893	74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,230	176,612	75.01
76.00 03950	OCCUPATIONAL HEALTH	429	30,797	76.00
76.97 07697	CARDIAC REHABILITATION	671	97,531	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	536	36,035	90.00
90.01 09001	OUTPATIENT PROCEDURES	1,139	9,355	90.01
90.02 09002	PRCC	34,250	775,666	90.02
91.00 09100	EMERGENCY	28,316	654,769	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	279,116	9,979,494	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	874	190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	78	192.01
193.01 19301	MASSAGE THERAPY	0	545	193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	193.02
193.03 19303	ADOL SCHOOL	0	42	193.03
193.04 19304	FOUNDATION	0	25,025	193.04
193.05 19305	LEASED BLDG	0	740	193.05
193.07 19307	PARI SH NURSING	0	11,871	193.07
194.00 07950	OP PHARMACY	0	22,890	194.00
200.00	Cross Foot Adjustments		0	200.00
201.00	Negative Cost Centers		0	201.00
202.00	TOTAL (sum lines 118-201)	279,116	10,041,559	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 8:34 am

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				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	429,212				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		429,212			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,005	4,005	50,160,499		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	78,429	78,429	4,291,376	-34,258,154	125,717,602
6.00 00600	MAINTENANCE & REPAIRS	61,075	61,075	294,980	0	3,537,893
7.00 00700	OPERATION OF PLANT	18,659	18,659	1,260,968	0	5,232,994
8.00 00800	LAUNDRY & LINEN SERVICE	620	620	14,504	0	437,218
9.00 00900	HOUSEKEEPING	6,902	6,902	1,302,549	0	2,133,453
10.00 01000	DIETARY	15,793	15,793	831,255	0	1,011,789
11.00 01100	CAFETERIA	0	0	0	0	1,273,842
13.00 01300	NURSING ADMINISTRATION	4,565	4,565	1,738,052	0	2,365,159
14.00 01400	CENTRAL SERVICES & SUPPLY	14,732	14,732	373,153	0	944,173
15.00 01500	PHARMACY	10,733	10,733	1,929,055	0	2,999,769
16.00 01600	MEDICAL RECORDS & LIBRARY	7,377	7,377	1,198,918	0	2,854,060
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	16,638	16,638	10,109,855	0	13,498,775
31.00 03100	INTENSIVE CARE UNIT	19,975	19,975	2,572,331	0	3,909,997
40.00 04000	SUBPROVIDER - IPF	39,702	39,702	4,562,601	0	6,291,414
43.00 04300	NURSERY	1,163	1,163	372,174	0	502,475
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,794	28,794	1,623,516	0	4,548,093
51.00 05100	RECOVERY ROOM	22,649	22,649	1,181,195	0	2,104,541
52.00 05200	DELIVERY ROOM & LABOR ROOM	18,424	18,424	1,869,706	0	2,810,437
53.00 05300	ANESTHESIOLOGY	633	633	84,050	0	212,325
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,492	12,492	1,628,238	0	2,494,369
54.02 03630	ULTRA SOUND	2,857	2,857	529,876	0	802,532
57.00 05700	CT SCAN	1,413	1,413	503,859	0	703,697
58.00 05800	MRI	2,555	2,555	232,676	0	356,757
59.00 05900	CARDIAC CATHETERIZATION	3,304	3,304	1,149,385	0	1,747,920
60.00 06000	LABORATORY	658	658	0	0	4,683,051
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	0	770,546
65.00 06500	RESPIRATORY THERAPY	1,047	1,047	911,621	0	1,212,833
66.00 06600	PHYSICAL THERAPY	3,635	3,635	678,324	0	1,019,099
67.00 06700	OCCUPATIONAL THERAPY	0	0	202,084	0	272,097
68.00 06800	SPEECH PATHOLOGY	309	309	329,765	0	441,155
69.00 06900	ELECTROCARDIOLOGY	3,245	3,245	386,277	0	569,979
70.01 03320	ELECTROSHOCK THERAPY	0	0	3,286	0	4,954
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,829,829
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,249,635
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,055,631
74.00 07400	RENAL DIALYSIS	524	524	0	0	601,720
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,937	4,937	565,310	0	955,176
76.00 03950	OCCUPATIONAL HEALTH	408	408	365,851	0	911,828
76.97 07697	CARDIAC REHABILITATION	2,817	2,817	232,534	0	366,745
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	399	399	655,591	0	1,200,120
90.01 09001	OUTPATIENT PROCEDURES	0	0	5,833	0	411,813
90.02 09002	PRCC	0	0	2,196,391	0	23,284,419
91.00 09100	EMERGENCY	16,223	16,223	3,411,275	0	5,178,553
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	428,230	428,230	49,598,414	-34,258,154	123,792,865
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	54,681
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	5,299
193.01 19301	MASSAGE THERAPY	0	0	25,003	0	33,512
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0
193.03 19303	ADOL SCHOOL	0	0	21,779	22,428	0
193.04 19304	FOUNDATION	697	697	119,463	0	175,630
193.05 19305	LEASED BLDG	0	0	0	0	50,495
193.07 19307	PARI SH NURSING	285	285	156,903	0	171,022
194.00 07950	OP PHARMACY	0	0	238,937	0	1,434,098
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:34 am

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				
202.00	Cost to be allocated (per Wkst. B, Part I)	5,349,553	4,692,006	12,539,303		34,258,154	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.463661	10.931675	0.249984		0.272501	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			93,698		1,842,893	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001868		0.014659	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140174		Period: From 01/01/2014 To 12/31/2014		Worksheet B-1	
Date/Time Prepared: 5/20/2015 8:34 am							
Cost Center	Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
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	285,703					6.00
7.00	00700	18,659	267,044				7.00
8.00	00800	620	620	45,478			8.00
9.00	00900	6,902	6,902	0	259,522		9.00
10.00	01000	15,793	15,793	0	15,793	159,626	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	4,565	4,565	0	4,565	0	13.00
14.00	01400	14,732	14,732	0	14,732	0	14.00
15.00	01500	10,733	10,733	0	10,733	0	15.00
16.00	01600	7,377	7,377	0	7,377	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,638	16,638	28,246	16,638	101,466	30.00
31.00	03100	19,975	19,975	3,813	19,975	9,134	31.00
40.00	04000	39,702	39,702	12,323	39,702	43,250	40.00
43.00	04300	1,163	1,163	1,096	1,163	926	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,794	28,794	0	28,794	0	50.00
51.00	05100	22,649	22,649	0	22,649	0	51.00
52.00	05200	18,424	18,424	0	18,424	3,630	52.00
53.00	05300	633	633	0	633	0	53.00
54.00	05400	12,492	12,492	0	12,492	0	54.00
54.02	03630	2,857	2,857	0	2,857	0	54.02
57.00	05700	1,413	1,413	0	1,413	0	57.00
58.00	05800	2,555	2,555	0	2,555	0	58.00
59.00	05900	3,304	3,304	0	3,304	0	59.00
60.00	06000	658	658	0	658	0	60.00
63.00	06300	539	539	0	539	0	63.00
65.00	06500	1,047	1,047	0	1,047	0	65.00
66.00	06600	3,635	3,635	0	3,635	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	309	309	0	309	0	68.00
69.00	06900	3,245	3,245	0	3,245	0	69.00
70.01	03320	0	0	0	0	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	524	524	0	524	0	74.00
75.01	03550	4,937	4,937	0	4,937	0	75.01
76.00	03950	408	408	0	408	0	76.00
76.97	07697	2,817	2,817	0	2,817	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	399	399	0	399	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	16,223	16,223	0	16,223	1,220	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		284,721	266,062	45,478	258,540	159,626	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	697	697	0	697	0	193.04
193.05	19305	0	0	0	0	0	193.05
193.07	19307	285	285	0	285	0	193.07
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		4,501,972	6,953,010	582,273	3,003,286	2,130,326	202.00
203.00		15,757,524	26,036,945	12,803,399	11,572,375	13,345,733	203.00
204.00		1,481,283	612,339	25,578	246,792	518,982	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:34 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	5.184695	2.293027	0.562426	0.950948	3.251237	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1

Date/Time Prepared: 5/20/2015 8:34 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	159,626					11.00
13.00	01300	0	1,230,713				13.00
14.00	01400	0	0	16,762,448			14.00
15.00	01500	0	43,496	0	12,063,949		15.00
16.00	01600	0	0	9,457	0	929,095,293	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	101,466	359,334	210,632	195,183	73,348,536	30.00
31.00	03100	9,134	72,870	21,383	48,295	19,945,102	31.00
40.00	04000	43,250	148,478	29,546	837	24,195,408	40.00
43.00	04300	926	9,835	2,274	2,929	2,113,560	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	47,158	152,541	50,469	97,024,468	50.00
51.00	05100	0	32,076	31,744	13,517	28,113,459	51.00
52.00	05200	3,630	51,964	16,791	11,025	5,468,350	52.00
53.00	05300	0	4,428	30,732	7,526	10,870,448	53.00
54.00	05400	0	51,695	24,943	3,575	26,768,159	54.00
54.02	03630	0	13,062	1,143	14	14,091,059	54.02
57.00	05700	0	13,669	926	13	52,204,938	57.00
58.00	05800	0	5,738	978	850	12,068,600	58.00
59.00	05900	0	27,805	0	9,747	48,482,915	59.00
60.00	06000	0	0	2,336	0	71,289,360	60.00
63.00	06300	0	0	757,936	0	2,375,496	63.00
65.00	06500	0	31,545	3,743	16	10,928,501	65.00
66.00	06600	0	19,010	8,195	0	6,152,069	66.00
67.00	06700	0	5,102	1,089	0	1,621,576	67.00
68.00	06800	0	7,905	2,529	0	1,430,771	68.00
69.00	06900	0	12,862	7,808	1,543	23,593,224	69.00
70.01	03320	0	175	153	0	295,297	70.01
71.00	07100	0	0	5,829,829	0	56,134,564	71.00
72.00	07200	0	0	9,249,635	0	27,000,017	72.00
73.00	07300	0	0	0	0	88,309,568	73.00
74.00	07400	0	0	0	0	4,654,981	74.00
75.01	03550	0	21,058	2,545	0	4,100,273	75.01
76.00	03950	0	14,958	27,337	9,754	1,429,902	76.00
76.97	07697	0	7,697	8,864	0	2,237,360	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	21,228	19,873	7,614	1,785,392	90.00
90.01	09001	0	14,564	0	0	3,796,620	90.01
90.02	09002	0	81,751	189,479	11,537,496	112,879,236	90.02
91.00	09100	1,220	111,250	113,632	120,169	94,386,084	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		159,626	1,230,713	16,758,073	12,020,572	929,095,293	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	2,505	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	0	0	251	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	18	0	0	193.03
193.04	19304	0	0	1,601	0	0	193.04
193.05	19305	0	0	0	0	0	193.05
193.07	19307	0	0	0	0	0	193.07
194.00	07950	0	0	0	43,377	0	194.00
200.00							200.00
201.00							201.00
202.00		1,620,965	3,253,287	1,987,661	4,504,974	4,026,602	202.00
203.00		10.154768	2.643416	0.118578	0.373424	0.004334	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140174

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:34 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	18,673	183,195	483,369	395,619	279,116	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.116980	0.148853	0.028836	0.032793	0.000300	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 8:34 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		22,176,895	21,218	22,198,113
31.00	03100 INTENSIVE CARE UNIT		6,604,590	0	6,604,590
40.00	04000 SUBPROVIDER - I/PF		11,799,943	23,932	11,823,875
43.00	04300 NURSERY		773,782	0	773,782
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		7,906,194	11,866	7,918,060
51.00	05100 RECOVERY ROOM		4,102,183	0	4,102,183
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,811,992	0	4,811,992
53.00	05300 ANESTHESIOLOGY		369,237	0	369,237
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,097,703	0	4,097,703
54.02	03630 ULTRA SOUND		1,269,432	0	1,269,432
57.00	05700 CT SCAN		1,233,366	0	1,233,366
58.00	05800 MRI		658,231	0	658,231
59.00	05900 CARDIAC CATHETERIZATION		2,687,819	0	2,687,819
60.00	06000 LABORATORY		6,303,547	7,589	6,311,136
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,109,456	0	1,109,456
65.00	06500 RESPIRATORY THERAPY	0	1,730,407	0	1,730,407
66.00	06600 PHYSICAL THERAPY	0	1,568,679	0	1,568,679
67.00	06700 OCCUPATIONAL THERAPY	0	366,888	0	366,888
68.00	06800 SPEECH PATHOLOGY	0	605,257	0	605,257
69.00	06900 ELECTROCARDIOLOGY		1,036,229	0	1,036,229
70.01	03320 ELECTROSHOCK THERAPY		8,065	0	8,065
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,353,039	0	8,353,039
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,983,992	0	12,983,992
73.00	07300 DRUGS CHARGED TO PATIENTS		5,543,529	0	5,543,529
74.00	07400 RENAL DIALYSIS		813,828	0	813,828
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,552,672	10,859	1,563,531
76.00	03950 OCCUPATIONAL HEALTH		1,234,697	0	1,234,697
76.97	07697 CARDIAC REHABILITATION		648,111	0	648,111
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		1,617,499	0	1,617,499
90.01	09001 OUTPATIENT PROCEDURES		578,986	0	578,986
90.02	09002 PRCC		34,665,502	0	34,665,502
91.00	09100 EMERGENCY		8,245,652	24,598	8,270,250
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,872,113	0	3,872,113
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)	0	161,329,515	100,062	161,429,577
201.00	Less Observation Beds		3,872,113		3,872,113
202.00	Total (see instructions)	0	157,457,402	100,062	157,557,464

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140174		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 8:34 am	
			Title XVII I		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	73,348,536		73,348,536			30.00
31.00	03100	INTENSIVE CARE UNIT	19,945,102		19,945,102			31.00
40.00	04000	SUBPROVIDER - IPF	24,195,408		24,195,408			40.00
43.00	04300	NURSERY	2,113,560		2,113,560			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,221,732	38,802,735	97,024,467	0.081487	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,738,029	16,375,430	28,113,459	0.145915	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,685,392	782,958	5,468,350	0.879971	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,737,936	6,132,512	10,870,448	0.033967	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,644,415	19,123,744	26,768,159	0.153081	0.000000	54.00
54.02	03630	ULTRA SOUND	3,639,982	10,451,077	14,091,059	0.090088	0.000000	54.02
57.00	05700	CT SCAN	15,459,755	36,745,183	52,204,938	0.023625	0.000000	57.00
58.00	05800	MRI	3,292,991	8,775,609	12,068,600	0.054541	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,671,671	25,811,244	48,482,915	0.055438	0.000000	59.00
60.00	06000	LABORATORY	37,472,664	33,816,696	71,289,360	0.088422	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,783,792	591,704	2,375,496	0.467042	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,506,115	1,422,386	10,928,501	0.158339	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,096,082	3,055,987	6,152,069	0.254984	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,035,459	586,117	1,621,576	0.226254	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	455,397	975,374	1,430,771	0.423029	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,772,610	13,820,614	23,593,224	0.043921	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	99,425	195,872	295,297	0.027311	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,583,279	24,551,285	56,134,564	0.148804	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,062,984	12,937,033	27,000,017	0.480888	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,261,414	24,048,154	88,309,568	0.062774	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,394,845	260,136	4,654,981	0.174829	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,887	4,097,386	4,100,273	0.378675	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	588	1,429,314	1,429,902	0.863484	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,555	2,235,805	2,237,360	0.289677	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	11,063	1,774,329	1,785,392	0.905963	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	3,796,620	3,796,620	0.152500	0.000000	90.01
90.02	09002	PRCC	0	112,879,236	112,879,236	0.307103	0.000000	90.02
91.00	09100	EMERGENCY	22,576,316	71,809,768	94,386,084	0.087361	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,937,356	12,209,474	17,146,830	0.225821	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	456,748,340	489,493,782	946,242,122			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	456,748,340	489,493,782	946,242,122			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 8:34 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.081609		50.00
51.00	05100 RECOVERY ROOM	0.145915		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.879971		52.00
53.00	05300 ANESTHESIOLOGY	0.033967		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.153081		54.00
54.02	03630 ULTRA SOUND	0.090088		54.02
57.00	05700 CT SCAN	0.023625		57.00
58.00	05800 MRI	0.054541		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.055438		59.00
60.00	06000 LABORATORY	0.088528		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.467042		63.00
65.00	06500 RESPIRATORY THERAPY	0.158339		65.00
66.00	06600 PHYSICAL THERAPY	0.254984		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226254		67.00
68.00	06800 SPEECH PATHOLOGY	0.423029		68.00
69.00	06900 ELECTROCARDIOLOGY	0.043921		69.00
70.01	03320 ELECTROSHOCK THERAPY	0.027311		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.148804		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.480888		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.062774		73.00
74.00	07400 RENAL DIALYSIS	0.174829		74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.381324		75.01
76.00	03950 OCCUPATIONAL HEALTH	0.863484		76.00
76.97	07697 CARDIAC REHABILITATION	0.289677		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	0.905963		90.00
90.01	09001 OUTPATIENT PROCEDURES	0.152500		90.01
90.02	09002 PRCC	0.307103		90.02
91.00	09100 EMERGENCY	0.087621		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.225821		92.00
	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: 140174		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 8:34 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		22,176,895		21,218	22,198,113	30.00
31.00	03100 INTENSIVE CARE UNIT		6,604,590		0	6,604,590	31.00
40.00	04000 SUBPROVIDER - I/PF		11,799,943		23,932	11,823,875	40.00
43.00	04300 NURSERY		773,782		0	773,782	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		7,906,194		11,866	7,918,060	50.00
51.00	05100 RECOVERY ROOM		4,102,183		0	4,102,183	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,811,992		0	4,811,992	52.00
53.00	05300 ANESTHESIOLOGY		369,237		0	369,237	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,097,703		0	4,097,703	54.00
54.02	03630 ULTRA SOUND		1,269,432		0	1,269,432	54.02
57.00	05700 CT SCAN		1,233,366		0	1,233,366	57.00
58.00	05800 MRI		658,231		0	658,231	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,687,819		0	2,687,819	59.00
60.00	06000 LABORATORY		6,303,547		7,589	6,311,136	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,109,456		0	1,109,456	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,730,407	0	0	1,730,407	65.00
66.00	06600 PHYSICAL THERAPY	0	1,568,679	0	0	1,568,679	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	366,888	0	0	366,888	67.00
68.00	06800 SPEECH PATHOLOGY	0	605,257	0	0	605,257	68.00
69.00	06900 ELECTROCARDIOLOGY		1,036,229		0	1,036,229	69.00
70.01	03320 ELECTROSHOCK THERAPY		8,065		0	8,065	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,353,039		0	8,353,039	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,983,992		0	12,983,992	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,543,529		0	5,543,529	73.00
74.00	07400 RENAL DIALYSIS		813,828		0	813,828	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,552,672		10,859	1,563,531	75.01
76.00	03950 OCCUPATIONAL HEALTH		1,234,697		0	1,234,697	76.00
76.97	07697 CARDIAC REHABILITATION		648,111		0	648,111	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		1,617,499		0	1,617,499	90.00
90.01	09001 OUTPATIENT PROCEDURES		578,986		0	578,986	90.01
90.02	09002 PRCC		34,665,502		0	34,665,502	90.02
91.00	09100 EMERGENCY		8,245,652		24,598	8,270,250	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,872,113		0	3,872,113	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		161,329,515	0	100,062	161,429,577	200.00
201.00	Less Observation Beds		3,872,113	0	0	3,872,113	201.00
202.00	Total (see instructions)		157,457,402	0	100,062	157,557,464	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140174		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 8:34 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,348,536		73,348,536			30.00
31.00	03100	INTENSIVE CARE UNIT	19,945,102		19,945,102			31.00
40.00	04000	SUBPROVIDER - IPF	24,195,408		24,195,408			40.00
43.00	04300	NURSERY	2,113,560		2,113,560			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,221,732	38,802,735	97,024,467	0.081487	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,738,029	16,375,430	28,113,459	0.145915	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,685,392	782,958	5,468,350	0.879971	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,737,936	6,132,512	10,870,448	0.033967	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,644,415	19,123,744	26,768,159	0.153081	0.000000	54.00
54.02	03630	ULTRA SOUND	3,639,982	10,451,077	14,091,059	0.090088	0.000000	54.02
57.00	05700	CT SCAN	15,459,755	36,745,183	52,204,938	0.023625	0.000000	57.00
58.00	05800	MRI	3,292,991	8,775,609	12,068,600	0.054541	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,671,671	25,811,244	48,482,915	0.055438	0.000000	59.00
60.00	06000	LABORATORY	37,472,664	33,816,696	71,289,360	0.088422	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,783,792	591,704	2,375,496	0.467042	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,506,115	1,422,386	10,928,501	0.158339	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,096,082	3,055,987	6,152,069	0.254984	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,035,459	586,117	1,621,576	0.226254	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	455,397	975,374	1,430,771	0.423029	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,772,610	13,820,614	23,593,224	0.043921	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	99,425	195,872	295,297	0.027311	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,583,279	24,551,285	56,134,564	0.148804	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,062,984	12,937,033	27,000,017	0.480888	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,261,414	24,048,154	88,309,568	0.062774	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,394,845	260,136	4,654,981	0.174829	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,887	4,097,386	4,100,273	0.378675	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	588	1,429,314	1,429,902	0.863484	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,555	2,235,805	2,237,360	0.289677	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	11,063	1,774,329	1,785,392	0.905963	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	3,796,620	3,796,620	0.152500	0.000000	90.01
90.02	09002	PRCC	0	112,879,236	112,879,236	0.307103	0.000000	90.02
91.00	09100	EMERGENCY	22,576,316	71,809,768	94,386,084	0.087361	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,937,356	12,209,474	17,146,830	0.225821	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	456,748,340	489,493,782	946,242,122			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	456,748,340	489,493,782	946,242,122			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 8:34 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.02	03630 ULTRA SOUND	0.000000		54.02
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.01	03320 ELECTROSHOCK THERAPY	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.00	03950 OCCUPATIONAL HEALTH	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 OUTPATIENT PROCEDURES	0.000000		90.01
90.02	09002 PRCC	0.000000		90.02
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/20/2015 8:34 am
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,191,859	0	1,191,859	34,013	35.04 30.00
31.00	INTENSIVE CARE UNIT	749,748	0	749,748	3,813	196.63 31.00
40.00	SUBPROVIDER - IPF	1,547,067	0	1,547,067	12,323	125.54 40.00
43.00	NURSERY	51,068	0	51,068	1,096	46.59 43.00
200.00	Total (lines 30-199)	3,539,742	0	3,539,742	51,245	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	10,258	359,440 30.00
31.00	INTENSIVE CARE UNIT	1,456	286,293 31.00
40.00	SUBPROVIDER - IPF	3,562	447,173 40.00
43.00	NURSERY	0	0 43.00
200.00	Total (lines 30-199)	15,276	1,092,906 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 8:34 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,028,225	97,024,467	0.010598	22,914,240	242,845	50.00
51.00	05100	RECOVERY ROOM	768,405	28,113,459	0.027332	4,179,391	114,231	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	653,465	5,468,350	0.119499	53,768	6,425	52.00
53.00	05300	ANESTHESIOLOGY	28,466	10,870,448	0.002619	1,203,781	3,153	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	453,712	26,768,159	0.016950	3,869,331	65,585	54.00
54.02	03630	ULTRA SOUND	109,880	14,091,059	0.007798	1,525,416	11,895	54.02
57.00	05700	CT SCAN	73,946	52,204,938	0.001416	7,046,209	9,977	57.00
58.00	05800	MRI	91,507	12,068,600	0.007582	1,314,835	9,969	58.00
59.00	05900	CARDIAC CATHETERIZATION	151,920	48,482,915	0.003133	9,221,483	28,891	59.00
60.00	06000	LABORATORY	111,044	71,289,360	0.001558	14,278,487	22,246	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,018	2,375,496	0.021477	874,614	18,784	63.00
65.00	06500	RESPIRATORY THERAPY	60,885	10,928,501	0.005571	4,322,419	24,080	65.00
66.00	06600	PHYSICAL THERAPY	136,798	6,152,069	0.022236	1,657,511	36,856	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,642	1,621,576	0.003479	580,000	2,018	67.00
68.00	06800	SPEECH PATHOLOGY	18,596	1,430,771	0.012997	277,174	3,602	68.00
69.00	06900	ELECTROCARDIOLOGY	121,615	23,593,224	0.005155	4,731,315	24,390	69.00
70.01	03320	ELECTROSHOCK THERAPY	198	295,297	0.000671	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	270,408	56,134,564	0.004817	13,336,001	64,240	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,420	27,000,017	0.015201	5,887,743	89,500	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,944	88,309,568	0.000973	25,586,554	24,896	73.00
74.00	07400	RENAL DIALYSIS	26,893	4,654,981	0.005777	2,465,458	14,243	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	176,612	4,100,273	0.043073	732	32	75.01
76.00	03950	OCCUPATIONAL HEALTH	30,797	1,429,902	0.021538	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	97,531	2,237,360	0.043592	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,035	1,785,392	0.020183	6,158	124	90.00
90.01	09001	OUTPATIENT PROCEDURES	9,355	3,796,620	0.002464	0	0	90.01
90.02	09002	PRCC	775,666	112,879,236	0.006872	0	0	90.02
91.00	09100	EMERGENCY	654,769	94,386,084	0.006937	9,484,034	65,791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	207,901	17,146,830	0.012125	1,957,163	23,731	92.00
200.00		Total (lines 50-199)	6,647,653	826,639,516		136,773,817	907,504	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140174		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 8:34 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,013	0.00	10,258	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,813	0.00	1,456	0		31.00
40.00	04000	SUBPROVIDER - IPF	12,323	0.00	3,562	0		40.00
43.00	04300	NURSERY	1,096	0.00	0	0		43.00
200.00		Total (lines 30-199)	51,245		15,276	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:34 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:34 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	97,024,467	0.000000	0.000000	22,914,240	50.00
51.00	05100 RECOVERY ROOM	0	28,113,459	0.000000	0.000000	4,179,391	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,468,350	0.000000	0.000000	53,768	52.00
53.00	05300 ANESTHESIOLOGY	0	10,870,448	0.000000	0.000000	1,203,781	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	26,768,159	0.000000	0.000000	3,869,331	54.00
54.02	03630 ULTRA SOUND	0	14,091,059	0.000000	0.000000	1,525,416	54.02
57.00	05700 CT SCAN	0	52,204,938	0.000000	0.000000	7,046,209	57.00
58.00	05800 MRI	0	12,068,600	0.000000	0.000000	1,314,835	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	48,482,915	0.000000	0.000000	9,221,483	59.00
60.00	06000 LABORATORY	0	71,289,360	0.000000	0.000000	14,278,487	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,375,496	0.000000	0.000000	874,614	63.00
65.00	06500 RESPIRATORY THERAPY	0	10,928,501	0.000000	0.000000	4,322,419	65.00
66.00	06600 PHYSICAL THERAPY	0	6,152,069	0.000000	0.000000	1,657,511	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,621,576	0.000000	0.000000	580,000	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,430,771	0.000000	0.000000	277,174	68.00
69.00	06900 ELECTROCARDIOLOGY	0	23,593,224	0.000000	0.000000	4,731,315	69.00
70.01	03320 ELECTROSHOCK THERAPY	0	295,297	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	56,134,564	0.000000	0.000000	13,336,001	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,000,017	0.000000	0.000000	5,887,743	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	88,309,568	0.000000	0.000000	25,586,554	73.00
74.00	07400 RENAL DIALYSIS	0	4,654,981	0.000000	0.000000	2,465,458	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,100,273	0.000000	0.000000	732	75.01
76.00	03950 OCCUPATIONAL HEALTH	0	1,429,902	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,237,360	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,785,392	0.000000	0.000000	6,158	90.00
90.01	09001 OUTPATIENT PROCEDURES	0	3,796,620	0.000000	0.000000	0	90.01
90.02	09002 PRCC	0	112,879,236	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	94,386,084	0.000000	0.000000	9,484,034	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	17,146,830	0.000000	0.000000	1,957,163	92.00
200.00	Total (lines 50-199)	0	826,639,516			136,773,817	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:34 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	8,048,309	0		50.00
51.00	05100 RECOVERY ROOM	0	3,774,321	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	1,347,097	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,582,425	0		54.00
54.02	03630 ULTRA SOUND	0	1,441,623	0		54.02
57.00	05700 CT SCAN	0	6,799,247	0		57.00
58.00	05800 MRI	0	1,708,882	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,642,548	0		59.00
60.00	06000 LABORATORY	0	4,159,571	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	161,923	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	198,169	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	330	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,035,264	0		69.00
70.01	03320 ELECTROSHOCK THERAPY	0	125,161	0		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,180,096	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,832,124	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,870,582	0		73.00
74.00	07400 RENAL DIALYSIS	0	148,408	0		74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	150,490	0		75.01
76.00	03950 OCCUPATIONAL HEALTH	0	899	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	768,021	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	271,844	0		90.00
90.01	09001 OUTPATIENT PROCEDURES	0	656,492	0		90.01
90.02	09002 PRCC	0	51,375,402	0		90.02
91.00	09100 EMERGENCY	0	9,316,841	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,364,591	0		92.00
200.00	Total (lines 50-199)	0	124,960,660	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 8:34 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.081487	8,048,309	0	0	655,833 50.00
51.00	05100 RECOVERY ROOM	0.145915	3,774,321	0	0	550,730 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.879971	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.033967	1,347,097	0	0	45,757 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.153081	3,582,425	0	0	548,401 54.00
54.02	03630 ULTRA SOUND	0.090088	1,441,623	0	0	129,873 54.02
57.00	05700 CT SCAN	0.023625	6,799,247	0	0	160,632 57.00
58.00	05800 MRI	0.054541	1,708,882	0	0	93,204 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.055438	8,642,548	0	0	479,126 59.00
60.00	06000 LABORATORY	0.088422	4,159,571	1,985	0	367,798 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.467042	161,923	0	0	75,625 63.00
65.00	06500 RESPIRATORY THERAPY	0.158339	198,169	0	0	31,378 65.00
66.00	06600 PHYSICAL THERAPY	0.254984	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226254	330	0	0	75 67.00
68.00	06800 SPEECH PATHOLOGY	0.423029	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.043921	3,035,264	0	0	133,312 69.00
70.01	03320 ELECTROSHOCK THERAPY	0.027311	125,161	0	0	3,418 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.148804	6,180,096	931	0	919,623 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.480888	4,832,124	0	0	2,323,710 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.062774	4,870,582	0	189,164	305,746 73.00
74.00	07400 RENAL DIALYSIS	0.174829	148,408	0	0	25,946 74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.378675	150,490	0	0	56,987 75.01
76.00	03950 OCCUPATIONAL HEALTH	0.863484	899	0	0	776 76.00
76.97	07697 CARDIAC REHABILITATION	0.289677	768,021	0	0	222,478 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	0.905963	271,844	0	0	246,281 90.00
90.01	09001 OUTPATIENT PROCEDURES	0.152500	656,492	0	0	100,115 90.01
90.02	09002 PRCC	0.307103	51,375,402	0	0	15,777,540 90.02
91.00	09100 EMERGENCY	0.087361	9,316,841	0	0	813,929 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.225821	3,364,591	0	0	759,795 92.00
200.00	Subtotal (see instructions)		124,960,660	2,916	189,164	24,828,088 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		124,960,660	2,916	189,164	24,828,088 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 8:34 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02 03630 ULTRA SOUND	0	0		54.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	176	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.01 03320 ELECTROSHOCK THERAPY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	139	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,875		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.00 03950 OCCUPATIONAL HEALTH	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 OUTPATIENT PROCEDURES	0	0		90.01
90.02 09002 PRCC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	315	11,875		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	315	11,875		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 8:34 am
		Component CCN: 14S174	Title XVIII	Subprovider - IPF

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,028,225	97,024,467	0.010598	0	50.00
51.00	05100	RECOVERY ROOM	768,405	28,113,459	0.027332	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	653,465	5,468,350	0.119499	0	52.00
53.00	05300	ANESTHESIOLOGY	28,466	10,870,448	0.002619	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	453,712	26,768,159	0.016950	68,621	1,163 54.00
54.02	03630	ULTRA SOUND	109,880	14,091,059	0.007798	14,389	112 54.02
57.00	05700	CT SCAN	73,946	52,204,938	0.001416	132,273	187 57.00
58.00	05800	MRI	91,507	12,068,600	0.007582	21,857	166 58.00
59.00	05900	CARDIAC CATHETERIZATION	151,920	48,482,915	0.003133	0	0 59.00
60.00	06000	LABORATORY	111,044	71,289,360	0.001558	924,340	1,440 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,018	2,375,496	0.021477	321	7 63.00
65.00	06500	RESPIRATORY THERAPY	60,885	10,928,501	0.005571	4,004	22 65.00
66.00	06600	PHYSICAL THERAPY	136,798	6,152,069	0.022236	41,010	912 66.00
67.00	06700	OCCUPATIONAL THERAPY	5,642	1,621,576	0.003479	444	2 67.00
68.00	06800	SPEECH PATHOLOGY	18,596	1,430,771	0.012997	8,514	111 68.00
69.00	06900	ELECTROCARDIOLOGY	121,615	23,593,224	0.005155	45,267	233 69.00
70.01	03320	ELECTROSHOCK THERAPY	198	295,297	0.000671	53,796	36 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	270,408	56,134,564	0.004817	3,428	17 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,420	27,000,017	0.015201	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,944	88,309,568	0.000973	2,380,829	2,317 73.00
74.00	07400	RENAL DIALYSIS	26,893	4,654,981	0.005777	55,762	322 74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	176,612	4,100,273	0.043073	1,360	59 75.01
76.00	03950	OCCUPATIONAL HEALTH	30,797	1,429,902	0.021538	196	4 76.00
76.97	07697	CARDIAC REHABILITATION	97,531	2,237,360	0.043592	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	36,035	1,785,392	0.020183	105	2 90.00
90.01	09001	OUTPATIENT PROCEDURES	9,355	3,796,620	0.002464	0	0 90.01
90.02	09002	PRCC	775,666	112,879,236	0.006872	0	0 90.02
91.00	09100	EMERGENCY	654,769	94,386,084	0.006937	631,083	4,378 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	17,146,830	0.000000	0	0 92.00
200.00		Total (Lines 50-199)	6,439,752	826,639,516		4,387,599	11,490 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:34 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00 03950 OCCUPATIONAL HEALTH	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 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 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02 09002 PRCC	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:34 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	97,024,467	0.000000	0.000000	0 50.00
51.00 05100 RECOVERY ROOM	0	28,113,459	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,468,350	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	10,870,448	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	26,768,159	0.000000	0.000000	68,621 54.00
54.02 03630 ULTRA SOUND	0	14,091,059	0.000000	0.000000	14,389 54.02
57.00 05700 CT SCAN	0	52,204,938	0.000000	0.000000	132,273 57.00
58.00 05800 MRI	0	12,068,600	0.000000	0.000000	21,857 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	48,482,915	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	71,289,360	0.000000	0.000000	924,340 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,375,496	0.000000	0.000000	321 63.00
65.00 06500 RESPIRATORY THERAPY	0	10,928,501	0.000000	0.000000	4,004 65.00
66.00 06600 PHYSICAL THERAPY	0	6,152,069	0.000000	0.000000	41,010 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,621,576	0.000000	0.000000	444 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,430,771	0.000000	0.000000	8,514 68.00
69.00 06900 ELECTROCARDIOLOGY	0	23,593,224	0.000000	0.000000	45,267 69.00
70.01 03320 ELECTROSHOCK THERAPY	0	295,297	0.000000	0.000000	53,796 70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	56,134,564	0.000000	0.000000	3,428 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,000,017	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	88,309,568	0.000000	0.000000	2,380,829 73.00
74.00 07400 RENAL DIALYSIS	0	4,654,981	0.000000	0.000000	55,762 74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,100,273	0.000000	0.000000	1,360 75.01
76.00 03950 OCCUPATIONAL HEALTH	0	1,429,902	0.000000	0.000000	196 76.00
76.97 07697 CARDIAC REHABILITATION	0	2,237,360	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	1,785,392	0.000000	0.000000	105 90.00
90.01 09001 OUTPATIENT PROCEDURES	0	3,796,620	0.000000	0.000000	0 90.01
90.02 09002 PRCC	0	112,879,236	0.000000	0.000000	0 90.02
91.00 09100 EMERGENCY	0	94,386,084	0.000000	0.000000	631,083 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	17,146,830	0.000000	0.000000	0 92.00
200.00 Total (Lines 50-199)	0	826,639,516			4,387,599 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:34 am
	Component CCN: 14S174	Title XVIII	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.02 03630 ULTRA SOUND	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.01 03320 ELECTROSHOCK THERAPY	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	75.01
76.00 03950 OCCUPATIONAL HEALTH	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 OUTPATIENT PROCEDURES	0	0	0	90.01
90.02 09002 PRCC	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 8:34 am	
		Component CCN: 14S174	Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.081487	0	0	0
51.00	05100 RECOVERY ROOM	0.145915	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.879971	0	0	0
53.00	05300 ANESTHESIOLOGY	0.033967	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.153081	0	0	0
54.02	03630 ULTRA SOUND	0.090088	0	0	0
57.00	05700 CT SCAN	0.023625	0	0	0
58.00	05800 MRI	0.054541	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.055438	0	0	0
60.00	06000 LABORATORY	0.088422	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.467042	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.158339	0	0	0
66.00	06600 PHYSICAL THERAPY	0.254984	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.226254	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.423029	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.043921	0	0	0
70.01	03320 ELECTROSHOCK THERAPY	0.027311	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.148804	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.480888	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.062774	0	0	4,071
74.00	07400 RENAL DIALYSIS	0.174829	0	0	0
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.378675	0	0	0
76.00	03950 OCCUPATIONAL HEALTH	0.863484	0	0	0
76.97	07697 CARDIAC REHABILITATION	0.289677	0	0	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0
76.99	07699 LI THOTRIPSY	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.905963	0	0	0
90.01	09001 OUTPATIENT PROCEDURES	0.152500	0	0	0
90.02	09002 PRCC	0.307103	0	0	0
91.00	09100 EMERGENCY	0.087361	0	2,483	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.225821	0	0	0
200.00	Subtotal (see instructions)		0	2,483	4,071
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 +/- line 201)		0	2,483	4,071

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 8:34 am
	Component CCN: 14S174	Title XVII I	Subprovider - IPF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02 03630 ULTRA SOUND	0	0		54.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.01 03320 ELECTROSHOCK THERAPY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	256		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.00 03950 OCCUPATIONAL HEALTH	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 THOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PROCEDURES	0	0		90.01
90.02 09002 PRCC	0	0		90.02
91.00 09100 EMERGENCY	217	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	217	256		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	217	256		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/20/2015 8:34 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,013	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,013	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)		28,080	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)		10,258	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)		22,198,113	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)		22,198,113	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)		22,198,113	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)		652.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,694,781	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,694,781	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/20/2015 8:34 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,604,590	3,813	1,732.12	1,456	2,521,967		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,414,875		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,631,623		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)					645,733		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					907,504		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,553,237		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,078,386		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)					5,933		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					652.64		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,872,113		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 8:34 am	
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	1,191,859	22,198,113	0.053692	3,872,113	207,901	90.00
91.00	Nursing School cost	0	22,198,113	0.000000	3,872,113	0	91.00
92.00	Allied health cost	0	22,198,113	0.000000	3,872,113	0	92.00
93.00	All other Medical Education	0	22,198,113	0.000000	3,872,113	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/20/2015 8:34 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,323	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,323	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)		12,323	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)		3,562	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)		11,823,875	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)		11,823,875	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)		11,823,875	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)		959.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,417,739	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)		3,417,739	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14S174				Date/Time Prepared: 5/20/2015 8:34 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					332,140		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,749,879		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)					447,173		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					11,490		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					458,663		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,291,216		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140174 Component CCN: 14S174		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 8:34 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,547,067	11,823,875	0.130843	0	0	90.00
91.00	Nursing School cost	0	11,823,875	0.000000	0	0	91.00
92.00	Allied health cost	0	11,823,875	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,823,875	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/20/2015 8:34 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		28,273,506	30.00
31.00	03100	INTENSIVE CARE UNIT		8,852,393	31.00
40.00	04000	SUBPROVIDER - IPF		43,491	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.081609	22,914,240	50.00
51.00	05100	RECOVERY ROOM	0.145915	4,179,391	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.879971	53,768	52.00
53.00	05300	ANESTHESIOLOGY	0.033967	1,203,781	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153081	3,869,331	54.00
54.02	03630	ULTRA SOUND	0.090088	1,525,416	54.02
57.00	05700	CT SCAN	0.023625	7,046,209	57.00
58.00	05800	MRI	0.054541	1,314,835	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.055438	9,221,483	59.00
60.00	06000	LABORATORY	0.088528	14,278,487	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.467042	874,614	63.00
65.00	06500	RESPIRATORY THERAPY	0.158339	4,322,419	65.00
66.00	06600	PHYSICAL THERAPY	0.254984	1,657,511	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226254	580,000	67.00
68.00	06800	SPEECH PATHOLOGY	0.423029	277,174	68.00
69.00	06900	ELECTROCARDIOLOGY	0.043921	4,731,315	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.027311	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.148804	13,336,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.480888	5,887,743	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.062774	25,586,554	73.00
74.00	07400	RENAL DIALYSIS	0.174829	2,465,458	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.381324	732	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.863484	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.289677	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.905963	6,158	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.152500	0	90.01
90.02	09002	PRCC	0.307103	0	90.02
91.00	09100	EMERGENCY	0.087621	9,484,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225821	1,957,163	92.00
200.00		Total (sum of lines 50-94 and 96-98)		136,773,817	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		136,773,817	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14S174		Date/Time Prepared: 5/20/2015 8:34 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		7,009,214		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.081609	0	0	50.00
51.00	05100 RECOVERY ROOM	0.145915	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.879971	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.033967	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.153081	68,621	10,505	54.00
54.02	03630 ULTRA SOUND	0.090088	14,389	1,296	54.02
57.00	05700 CT SCAN	0.023625	132,273	3,125	57.00
58.00	05800 MRI	0.054541	21,857	1,192	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.055438	0	0	59.00
60.00	06000 LABORATORY	0.088528	924,340	81,830	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.467042	321	150	63.00
65.00	06500 RESPIRATORY THERAPY	0.158339	4,004	634	65.00
66.00	06600 PHYSICAL THERAPY	0.254984	41,010	10,457	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226254	444	100	67.00
68.00	06800 SPEECH PATHOLOGY	0.423029	8,514	3,602	68.00
69.00	06900 ELECTROCARDIOLOGY	0.043921	45,267	1,988	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.027311	53,796	1,469	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.148804	3,428	510	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.480888	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.062774	2,380,829	149,454	73.00
74.00	07400 RENAL DIALYSIS	0.174829	55,762	9,749	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.381324	1,360	519	75.01
76.00	03950 OCCUPATIONAL HEALTH	0.863484	196	169	76.00
76.97	07697 CARDIAC REHABILITATION	0.289677	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.905963	105	95	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.152500	0	0	90.01
90.02	09002 PRCC	0.307103	0	0	90.02
91.00	09100 EMERGENCY	0.087621	631,083	55,296	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.225821	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,387,599	332,140	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		4,387,599		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 8:34 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		16,383,206	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,746,637	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)		545,248	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		8,299,268	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		199.75	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)		3.89	30.00
31.00	Percentage of Medicaid patient days (see instructions)		29.08	31.00
32.00	Sum of lines 30 and 31		32.97	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.42	33.00
34.00	Disproportionate share adjustment (see instructions)		908,431	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 8:34 am	
		Title XVIII	Hospital	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	0	35.00
35.01	Factor 3 (see instructions)		0.000271509	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,456,173	1,749,009	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,837,082	440,846	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,277,928		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)		25,861,450		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)		25,861,450		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,940,614		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).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,802,064		59.00
60.00	Primary payer payments		12,313		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,789,751		61.00
62.00	Deductibles billed to program beneficiaries		2,048,160		62.00
63.00	Coinurance billed to program beneficiaries		121,184		63.00
64.00	Allowable bad debts (see instructions)		491,495		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		319,472		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		481,761		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		25,939,879		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 ADJUSTMENT PSR		910		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)		8,045		70.93
70.94	HRR adjustment amount (see instructions)		-49,090		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 8:34 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,899,744		71.00
71.01	Sequestration adjustment (see instructions)		517,995		71.01
72.00	Interim payments		24,849,995		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)		531,754		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)		31,531		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: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/20/2015 8:34 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,190	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,828,088	2.00
3.00	PPS payments		21,711,997	3.00
4.00	Outlier payment (see instructions)		220,179	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,190	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		192,080	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)		192,080	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)		192,080	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		179,890	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)		12,190	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		21,932,176	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,060,822	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		17,883,544	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)		17,883,544	30.00
31.00	Primary payer payments		1,568	31.00
32.00	Subtotal (line 30 minus line 31)		17,881,976	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		541,730	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		352,125	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		530,619	36.00
37.00	Subtotal (see instructions)		18,234,101	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENT PSR		-120	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		18,233,981	40.00
40.01	Sequestration adjustment (see instructions)		364,680	40.01
41.00	Interim payments		17,874,863	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-5,562	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/20/2015 8:34 am
		Component CCN: 14S174	Title XVIIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		473	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		473	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		6,554	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)		6,554	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)		6,554	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,081	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)		473	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		473	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)		473	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		473	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		473	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)		473	40.00
40.01	Sequestration adjustment (see instructions)		9	40.01
41.00	Interim payments		1,262	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-798	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: 140174

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

Worksheet E-1
Part I
Date/Time Prepared:
5/20/2015 8:34 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		24,858,619		17,803,344	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	08/13/2014	71,519	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	08/13/2014	8,624		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)		-8,624		71,519	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)		24,849,995		17,874,863	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		531,754		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		5,562	6.02
7.00	Total Medicare program liability (see instructions)		25,381,749		17,869,301	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140174
Component CCN: 14S174

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

Worksheet E-1
Part I
Date/Time Prepared:
5/20/2015 8:34 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		2,751,032		1,262	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,751,032		1,262	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		156,058		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		798	6.02
7.00	Total Medicare program liability (see instructions)		2,907,090		464	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: 140174

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

Worksheet E-1
Part II
Date/Time Prepared:
5/20/2015 8:34 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	7,849	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	11,714	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,548	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	31,893	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	946,242,122	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	34,788,697	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)	1,244,484	8.00
9.00	Sequestration adjustment amount (see instructions)	24,890	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,219,594	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	1,201,136	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)	18,458	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part I Date/Time Prepared: 5/20/2015 8:34 am
		Title XVIII	Hospital	PPS
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)			0 1.00
2.00	Organ acquisition			0 2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			0 4.00
5.00	Primary payer payments			0 5.00
6.00	Subtotal (line 4 less line 5).			0 6.00
7.00	Deductibles			0 7.00
8.00	Subtotal (line 6 minus line 7)			0 8.00
9.00	Coinsurance			0 9.00
10.00	Subtotal (line 8 minus line 9)			0 10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 11.00
12.00	Adjusted reimbursable bad debts (see instructions)			0 12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 13.00
14.00	Subtotal (sum of lines 10 and 12)			0 14.00
15.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 17.50
17.99	Recovery of Accelerated Depreciation			0 17.99
18.00	Total amount payable to the provider (see instructions)			0 18.00
18.01	Sequestration adjustment (see instructions)			0 18.01
19.00	Interim payments			0 19.00
20.00	Tentative settlement (for contractor use only)			0 20.00
21.00	Balance due provider/program line 18 minus lines 18.01, 19 and 20			0 21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140174 Component CCN: 14S174	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/20/2015 8:34 am
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,155,588 1.00
2.00	Net IPF PPS Outlier Payments			6,328 2.00
3.00	Net IPF PPS ECT Payments			10,235 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			33,761,644 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,172,151 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,172,151 16.00
17.00	Primary payer payments			2,107 17.00
18.00	Subtotal (line 16 less line 17).			3,170,044 18.00
19.00	Deductibles			334,240 19.00
20.00	Subtotal (line 18 minus line 19)			2,835,804 20.00
21.00	Coinsurance			28,576 21.00
22.00	Subtotal (line 20 minus line 21)			2,807,228 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			244,908 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			159,190 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			241,440 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,966,418 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,966,418 31.00
31.01	Sequestration adjustment (see instructions)			59,328 31.01
32.00	Interim payments			2,751,032 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			156,058 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			6,328 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 140174

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

Worksheet G
Date/Time Prepared:
5/20/2015 8:34 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	5,493,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	111,000	0	0	0	3.00
4.00	Accounts receivable	38,841,000	0	0	0	4.00
5.00	Other receivable	956,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,564,000	0	0	0	7.00
8.00	Prepaid expenses	690,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	158,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	50,813,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,545,766	0	0	0	12.00
13.00	Land improvements	4,447,521	0	0	0	13.00
14.00	Accumulated depreciation	-3,309,625	0	0	0	14.00
15.00	Buildings	121,447,692	0	0	0	15.00
16.00	Accumulated depreciation	-72,700,549	0	0	0	16.00
17.00	Leasehold improvements	902,212	0	0	0	17.00
18.00	Accumulated depreciation	-627,360	0	0	0	18.00
19.00	Fixed equipment	3,871,791	0	0	0	19.00
20.00	Accumulated depreciation	-3,386,670	0	0	0	20.00
21.00	Automobiles and trucks	189,842	0	0	0	21.00
22.00	Accumulated depreciation	-147,057	0	0	0	22.00
23.00	Major movable equipment	47,099,192	0	0	0	23.00
24.00	Accumulated depreciation	-36,584,573	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)	65,748,182	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,122,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,122,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	123,683,182	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,519,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	3,080,000	0	0	0	43.00
44.00	Other current liabilities	22,157,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	35,756,000	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	2,746,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,746,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	38,502,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	85,181,182	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	85,181,182	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	123,683,182	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140174

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

Worksheet G-1

Date/Time Prepared:
5/20/2015 8:34 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		80,728,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		18,063,461			2.00
3.00	Total (sum of line 1 and line 2)		98,791,461		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		98,791,461		0	11.00
12.00	NET ASSET TRANSFER	13,610,279		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		13,610,279		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		85,181,182		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	NET ASSET TRANSFER		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140174

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/20/2015 8:34 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,349,372		73,349,372	1.00
2.00	SUBPROVIDER - IPF	24,195,408		24,195,408	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)	97,544,780		97,544,780	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,945,102		19,945,102	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,945,102		19,945,102	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	117,489,882		117,489,882	17.00
18.00	Ancillary services	339,258,459	489,493,784	828,752,243	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	456,748,341	489,493,784	946,242,125	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		175,547,796		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00		0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		175,547,796		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140174

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

Worksheet G-3

Date/Time Prepared:
5/20/2015 8:34 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	946,242,125	1.00
2.00	Less contractual allowances and discounts on patients' accounts	761,455,658	2.00
3.00	Net patient revenues (line 1 minus line 2)	184,786,467	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	175,547,796	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,238,671	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	56,743	6.00
7.00	Income from investments	297,609	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	JOINT VENTURE	8,357,477	24.00
24.01	OTHER OPERATING REVENUE	112,961	24.01
25.00	Total other income (sum of lines 6-24)	8,824,790	25.00
26.00	Total (line 5 plus line 25)	18,063,461	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)	18,063,461	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet I-5 Date/Time Prepared: 5/20/2015 8:34 am
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		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)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	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	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	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	0	0	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)	0	0	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	0	0	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	0	0	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	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140174	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/20/2015 8:34 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,768,759	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		49,634	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		87.83	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)		3.89	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		29.08	8.00
9.00	Sum of lines 7 and 8		32.97	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.91	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		122,221	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,940,614	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