

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: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/25/2014 11:31 am
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 11/25/2014 Time: 11:31 am

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. 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. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date: 11. Contractor's Vendor Code: 4

12. 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 MEMORIAL MEDICAL CENTER (140176) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 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.

Encryption Information
 ECR: Date: 11/25/2014 Time: 11:31 am
 00HK3x8doW1ffJAHctnoYCmdMCnCW0
 kkHGg0SI tKza55p5bPQzTx7xnrYoFP
 5B5S1rw8W: OpERV2
 PI: Date: 11/25/2014 Time: 11:31 am
 JcuJkuMBqHDxmAJSI xXI IPT1UtN8LO
 VcpTT0seYWBzeJqHzavqNVI 8POWgx
 xb0r0H: wI XOZsi DD

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

 Title

 Date

	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	134,134	-37,247	-105,316	0	1.00
2.00 Subprovider - IPF	0	77,457	0		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
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	211,591	-37,247	-105,316	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: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 1:00 pm
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1.00	Hospital and Hospital Health Care Complex Address:		2.00	3.00	4.00			
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1.00	Street: ROUTE 14 AND DOTY ROAD		PO Box:					1.00
2.00	City: WOODSTOCK		State: IL	Zip Code: 60098-	County: MCHENRY			2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MEMORIAL MEDICAL CENTER	140176	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MMC INPATIENT PSYCHIATRY	14S176	16974	4	07/01/1992	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	MMC SKILLED NURSING FACILITY	145788	16974		11/22/1993	N	P	N	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)	07/01/2013	06/30/2014	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
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.	1	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	

24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,731	409	25	9	497	84	24.00
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25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 1:00 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	0			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.	0			38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		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	N	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 Worksheet L, Part III and L-1, Parts I through 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 Worksheet D, Part III & IV and D-2, Part II, if applicable.				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, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	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		
61.03	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		
61.04	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		
61.05	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		
61.06	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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140176		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 1:00 pm	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 1:00 pm																																																																																																																																																																										
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		1.00	2.00	3.00																																																																																																																																																																										
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))																																																																																																																																																																								
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<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Inpatient Psychiatric Facility PPS</td> </tr> <tr> <td>70.00</td> <td>Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>Y</td> <td></td> </tr> <tr> <td>71.00</td> <td>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. 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 respectively 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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)</td> <td></td> <td></td> <td></td> <td>N</td> <td>0</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>76.00</td> <td>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 respectively 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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td colspan="7">Long Term Care Hospital PPS</td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> <th colspan="3"></th> </tr> <tr> <th colspan="2"></th> <td>1.00</td> <td>2.00</td> <td colspan="3"></td> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td></td> <td>Y</td> <td>Y</td> <td></td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td>N</td> <td></td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td>N</td> <td></td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> <td>N</td> <td></td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> <td>0.00</td> <td></td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>									1.00	2.00	3.00	4.00	5.00	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		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. 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 respectively 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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0	Inpatient Rehabilitation Facility PPS							75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		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 respectively in column 3. 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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 1:00 pm		
		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part 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)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	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	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 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 hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	938,974	223,597	-333,193		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
DO NOT USE THIS LINE						
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 1:00 pm	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H122	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: NAME: CENTEGRA HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	
142.00	Street: 385 MILLENNIUM DR.	PO Box:		142.00	
143.00	City: CRYSTAL LAKE	State: IL	Zip Code: 60012-3761	143.00	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00	
				1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00	
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			1.00	
		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)	06/15/2013		09/12/2013	
				170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/24/2014 1:00 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		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	10/17/2014	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: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-2
Part II
Date/Time Prepared:
11/24/2014 1:00 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	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			N	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	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.			N	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	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.			N	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.			N	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.			N	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.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNA		BURACKER	41.00
42.00	Enter the employer/company name of the cost report preparer.	CENTEGRA HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815)759-8037		ABURACKER@CENTEGRA.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/17/2014	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 ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-2
Part V
Date/Time Prepared:
11/24/2014 1:00 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	ANNA	1.00
2.00	Last Name	BURACKER	2.00
3.00	Title	SR. REIMBURSEMENT ANALYST	3.00
4.00	Employer	CENTEGRA HEALTH SYSTEM	4.00
5.00	Phone Number	(815)759-8037	5.00
6.00	E-mail Address	ABURACKER@CENTEGRA.COM	6.00
7.00	Department	FINANCE	7.00
8.00	Mailing Address 1	527 W. SOUTH ST.	8.00
9.00	Mailing Address 2		9.00
10.00	City	WOODSTOCK	10.00
11.00	State	IL	11.00
12.00	Zip	60098	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	DAVID	13.00
14.00	Last Name	TOMLINSON	14.00
15.00	Title	EXECUTIVE VP, CFO & CIO	15.00
16.00	Employer	CENTEGRA HEALTH SYSTEM	16.00
17.00	Phone Number	(815)788-5800	17.00
18.00	E-mail Address	DTOMLINSON@CENTEGRA.COM	18.00
19.00	Department	ADMINISTRATION	19.00
20.00	Mailing Address 1	385 MILLENNIUM DRIVE	20.00
21.00	Mailing Address 2		21.00
22.00	City	CRYSTAL LAKE	22.00
23.00	State	IL	23.00
24.00	Zip	60012	24.00

HFS Supplemental Information		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part IX Date/Time Prepared: 11/24/2014 1:00 pm
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
11/24/2014 1:00 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	74	27,010	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)		74	27,010	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	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)		86	31,390	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	24	8,760		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	25	9,125		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		135				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)		5	1,825			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: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
11/24/2014 1:00 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,263	1,727	16,233			1.00
2.00 HMO and other (see instructions)	677	927				2.00
3.00 HMO IPF Subprovider	65	651				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,263	1,727	16,233			7.00
8.00 INTENSIVE CARE UNIT	1,419	91	2,138			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		954	1,914			13.00
14.00 Total (see instructions)	9,682	2,772	20,285	0.00	646.81	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,104	1,355	6,817	0.00	32.38	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	3,773	0	5,114	0.00	0.50	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	679.69	27.00
28.00 Observation Bed Days		173	2,264			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	84	224			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: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
11/24/2014 1:00 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,308	615	5,347	1.00
2.00 HMO and other (see instructions)			174	183		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	2,308	615	5,347	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	228	263	925	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140176		Period: From 07/01/2013 To 06/30/2014		Worksheet S-3 Part II Date/Time Prepared: 11/24/2014 1:00 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	52,176,824	-7,951,211	44,225,613	1,413,758.00	31.28	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	53,637	215,928	269,565	6,774.00	39.79	9.00
10.00	Excluded area salaries (see instructions)		3,473,816	465,735	3,939,551	111,602.00	35.30	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,904,590	0	1,904,590	48,431.00	39.33	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		353,917	0	353,917	3,433.00	103.09	13.00
14.00	Home office salaries & wage-related costs		12,713,649	0	12,713,649	228,059.00	55.75	14.00
15.00	Home office: Physician Part A - Administrative		24,459	0	24,459	256.00	95.54	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)		9,978,765	0	9,978,765			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		959,399	0	959,399			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	502,027	-502,027	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	11,912,703	-9,274,062	2,638,641	112,008.00	23.56	27.00
28.00	Administrative & General under contract (see inst.)		439,424	0	439,424	5,729.00	76.70	28.00
29.00	Maintenance & Repairs	6.00	875,980	12,134	888,114	28,499.00	31.16	29.00
30.00	Operation of Plant	7.00	970,609	8,291	978,900	48,951.00	20.00	30.00
31.00	Laundry & Linen Service	8.00	44,281	44,621	88,902	4,639.00	19.16	31.00
32.00	Housekeeping	9.00	1,040,131	-32,393	1,007,738	64,486.00	15.63	32.00
33.00	Housekeeping under contract (see instructions)		247,330	0	247,330	6,687.00	36.99	33.00
34.00	Dietary	10.00	1,327,849	-696,655	631,194	39,504.00	15.98	34.00
35.00	Dietary under contract (see instructions)		60,971	0	60,971	783.00	77.87	35.00
36.00	Cafeteria	11.00	0	709,883	709,883	38,939.00	18.23	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,044,161	6,548	1,050,709	29,292.00	35.87	38.00
39.00	Central Services and Supply	14.00	257,812	2,629	260,441	14,153.00	18.40	39.00
40.00	Pharmacy	15.00	2,346,436	24,675	2,371,111	52,292.00	45.34	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
11/24/2014 1:00 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,167,199	12,993	1,180,192	49,026.00	24.07	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: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
11/24/2014 1:00 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,924,549	-7,951,211	44,973,338	1,426,957.00	31.52	1.00
2.00	Excluded area salaries (see instructions)	3,527,453	681,663	4,209,116	118,376.00	35.56	2.00
3.00	Subtotal salaries (line 1 minus line 2)	49,397,096	-8,632,874	40,764,222	1,308,581.00	31.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,996,615	0	14,996,615	280,179.00	53.53	4.00
5.00	Subtotal wage-related costs (see inst.)	9,978,765	0	9,978,765	0.00	24.48	5.00
6.00	Total (sum of lines 3 thru 5)	74,372,476	-8,632,874	65,739,602	1,588,760.00	41.38	6.00
7.00	Total overhead cost (see instructions)	22,236,913	-9,683,363	12,553,550	494,988.00	25.36	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2014 1:00 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		640,367	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		24,440	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)		5,519,664	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		249,352	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		66,486	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)		441,219	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		632,259	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		3,073,083	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		67,861	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		223,433	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,938,164	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: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part V
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,904,590	0	1.00
2.00	Hospital	1,904,590	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-7
Date/Time Prepared:
11/24/2014 1:00 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	3.00
4.00		RUL	0	0	4.00
5.00		RVX	0	0	5.00
6.00		RVL	14	0	6.00
7.00		RHX	0	0	7.00
8.00		RHL	0	0	8.00
9.00		RMX	0	0	9.00
10.00		RML	0	0	10.00
11.00		RLX	0	0	11.00
12.00		RUC	270	0	12.00
13.00		RUB	905	0	13.00
14.00		RUA	1,985	0	14.00
15.00		RVC	51	0	15.00
16.00		RVB	85	0	16.00
17.00		RVA	335	0	17.00
18.00		RHC	0	0	18.00
19.00		RHB	29	0	19.00
20.00		RHA	8	0	20.00
21.00		RMC	3	0	21.00
22.00		RMB	2	0	22.00
23.00		RMA	9	0	23.00
24.00		RLB	0	0	24.00
25.00		RLA	0	0	25.00
26.00		ES3	0	0	26.00
27.00		ES2	0	0	27.00
28.00		ES1	0	0	28.00
29.00		HE2	0	0	29.00
30.00		HE1	0	0	30.00
31.00		HD2	0	0	31.00
32.00		HD1	1	0	32.00
33.00		HC2	0	0	33.00
34.00		HC1	0	0	34.00
35.00		HB2	0	0	35.00
36.00		HB1	1	0	36.00
37.00		LE2	0	0	37.00
38.00		LE1	0	0	38.00
39.00		LD2	0	0	39.00
40.00		LD1	0	0	40.00
41.00		LC2	0	0	41.00
42.00		LC1	0	0	42.00
43.00		LB2	0	0	43.00
44.00		LB1	0	0	44.00
45.00		CE2	0	0	45.00
46.00		CE1	0	0	46.00
47.00		CD2	0	0	47.00
48.00		CD1	0	0	48.00
49.00		CC2	0	0	49.00
50.00		CC1	6	0	50.00
51.00		CB2	0	0	51.00
52.00		CB1	3	0	52.00
53.00		CA2	0	0	53.00
54.00		CA1	15	0	54.00
55.00		SE3	0	0	55.00
56.00		SE2	0	0	56.00
57.00		SE1	0	0	57.00
58.00		SSC	0	0	58.00
59.00		SSB	0	0	59.00
60.00		SSA	0	0	60.00
61.00		IB2	0	0	61.00
62.00		IB1	0	0	62.00
63.00		IA2	0	0	63.00
64.00		IA1	0	0	64.00
65.00		BB2	0	0	65.00
66.00		BB1	0	0	66.00
67.00		BA2	0	0	67.00
68.00		BA1	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-7

Date/Time Prepared:
11/24/2014 1:00 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	1	0	1	78.00
199.00		AAA	50	0	50	199.00
200.00	TOTAL		3,773	0	3,773	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		2,676,699			207.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT		18,046,886	18,046,886	-13,114,972	4,931,914	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	4,489,774	4,489,774	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	502,027	10,206,405	10,708,432	-4,439	10,703,993	4.00	
5.00 00500 ADMINI STRATIVE & GENERAL	11,912,703	15,405,027	27,317,730	6,528,116	33,845,846	5.00	
6.00 00600 MAINTENANCE & REPAIRS	875,980	839,855	1,715,835	12,134	1,727,969	6.00	
7.00 00700 OPERATION OF PLANT	970,609	1,438,136	2,408,745	8,291	2,417,036	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	44,281	353,224	397,505	75,993	473,498	8.00	
9.00 00900 HOUSEKEEPING	1,040,131	749,322	1,789,453	-63,896	1,725,557	9.00	
10.00 01000 DIETARY	1,327,849	1,175,907	2,503,756	-1,245,784	1,257,972	10.00	
11.00 01100 CAFETERIA	0	0	0	1,259,012	1,259,012	11.00	
13.00 01300 NURSING ADMINISTRATION	1,044,161	55,876	1,100,037	-8,366	1,091,671	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	257,812	849,914	1,107,726	-16,805	1,090,921	14.00	
15.00 01500 PHARMACY	2,346,436	4,718,557	7,064,993	-4,236,010	2,828,983	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,167,199	901,105	2,068,304	12,993	2,081,297	16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	9,124,789	1,682,881	10,807,670	-1,512,298	9,295,372	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,691,159	378,637	2,069,796	33,031	2,102,827	31.00	
40.00 04000 SUBPROVIDER - I/PF	2,261,624	241,969	2,503,593	517,600	3,021,193	40.00	
43.00 04300 NURSERY	0	0	0	841,625	841,625	43.00	
44.00 04400 SKILLED NURSING FACILITY	53,637	2,258,113	2,311,750	277,264	2,589,014	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	4,858,201	8,253,833	13,112,034	-6,290,853	6,821,181	50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,555,045	1,555,045	52.00	
53.00 05300 ANESTHESIOLOGY	14,572	268,972	283,544	-6,092	277,452	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,743,033	1,995,731	4,738,764	-15,444	4,723,320	54.00	
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	254,420	265,861	520,281	4,063	524,344	56.00	
57.00 05700 CT SCAN	543,109	376,669	919,778	-10,839	908,939	57.00	
58.00 05800 MRI	251,494	149,505	400,999	3,069	404,068	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	2,958,726	2,958,726	213	2,958,939	60.00	
65.00 06500 RESPIRATORY THERAPY	713,055	307,907	1,020,962	-18,839	1,002,123	65.00	
66.00 06600 PHYSICAL THERAPY	1,230,628	348,477	1,579,105	11,445	1,590,550	66.00	
67.00 06700 OCCUPATIONAL THERAPY	109,314	2,647	111,961	1,340	113,301	67.00	
68.00 06800 SPEECH PATHOLOGY	63,056	986	64,042	1,517	65,559	68.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
70.01 07001 SLEEP LAB/NEUROLOGY	417,506	42,704	460,210	-4,630	455,580	70.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,307,816	3,307,816	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,649,358	3,649,358	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	4,231,006	4,231,006	73.00	
76.00 03140 CARDIOLOGY	277,265	34,793	312,058	4,337	316,395	76.00	
76.01 03950 WOUND CARE	403,335	787,610	1,190,945	-381,386	809,559	76.01	
76.97 07697 CARDIAC REHABILITATION	277,634	43,851	321,485	4,052	325,537	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	233,459	233,459	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 WOMENS CENTER	0	0	0	0	0	90.01	
90.02 09002 PSYCH SERVICES	325,186	6,728	331,914	-331,914	0	90.02	
90.03 09003 OP BEHAVIORAL HEALTH	657,476	49,202	706,678	194,211	900,889	90.03	
90.04 09004 DIABETES CENTER	121,301	2,648	123,949	1,126	125,075	90.04	
91.00 09100 EMERGENCY	3,083,650	1,027,817	4,111,467	416	4,111,883	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						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)	50,964,632	76,226,481	127,191,113	-4,261	127,186,852	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.02 19002 CRISIS PROGRAM	1,212,192	84,231	1,296,423	4,261	1,300,684	190.02	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
200.00	TOTAL (SUM OF LINES 118-199)	52,176,824	76,310,712	128,487,536	0	128,487,536	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,340,447	2,591,467	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-27,800	4,461,974	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6,049	10,697,944	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,366,312	21,479,534	5.00
6.00	00600	MAINTENANCE & REPAIRS	-42,039	1,685,930	6.00
7.00	00700	OPERATION OF PLANT	-197,664	2,219,372	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	473,498	8.00
9.00	00900	HOUSEKEEPING	-91,455	1,634,102	9.00
10.00	01000	DIETARY	0	1,257,972	10.00
11.00	01100	CAFETERIA	-535,836	723,176	11.00
13.00	01300	NURSING ADMINISTRATION	131,684	1,223,355	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,090,921	14.00
15.00	01500	PHARMACY	-3,233	2,825,750	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,544	2,075,753	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-441,061	8,854,311	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,102,827	31.00
40.00	04000	SUBPROVIDER - IPF	-169,000	2,852,193	40.00
43.00	04300	NURSERY	0	841,625	43.00
44.00	04400	SKILLED NURSING FACILITY	-6,935	2,582,079	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-77,458	6,743,723	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,555,045	52.00
53.00	05300	ANESTHESIOLOGY	0	277,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-403,094	4,320,226	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	524,344	56.00
57.00	05700	CT SCAN	0	908,939	57.00
58.00	05800	MRI	0	404,068	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	2,958,939	60.00
65.00	06500	RESPIRATORY THERAPY	-58,716	943,407	65.00
66.00	06600	PHYSICAL THERAPY	-192,443	1,398,107	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	113,301	67.00
68.00	06800	SPEECH PATHOLOGY	0	65,559	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	455,580	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,307,816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,649,358	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,231,006	73.00
76.00	03140	CARDIOLOGY	0	316,395	76.00
76.01	03950	WOUND CARE	-63,288	746,271	76.01
76.97	07697	CARDIAC REHABILITATION	-24,974	300,563	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-15,296	218,163	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	-7,187	893,702	90.03
90.04	09004	DIABETES CENTER	0	125,075	90.04
91.00	09100	EMERGENCY	-244,131	3,867,752	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-17,188,278	109,998,574	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.02	19002	CRISIS PROGRAM	-250	1,300,434	190.02
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-17,188,528	111,299,008	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet Non-CMS W
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY - THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MRI	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
70.01 SLEEP LAB/NEUROLOGY	07001		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
76.00 CARDIOLOGY	03140		76.00
76.01 WOUND CARE	03950		76.01
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
90.01 WOMENS CENTER	09001		90.01
90.02 PSYCH SERVICES	09002		90.02
90.03 OP BEHAVIORAL HEALTH	09003		90.03
90.04 DIABETES CENTER	09004		90.04
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.02 CRISIS PRGRAM	19002		190.02
191.00 RESEARCH	19100		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
11/24/2014 1:00 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,481,541	1.00
				4,481,541	
B - EQUIPMENT INTEREST					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,233	1.00
				8,233	
C - NON-CAPITAL RELATED COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	477,387	1.00
				477,387	
D - NON-CAPITAL INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,415,548	1.00
				1,415,548	
E - WORKERS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	497,588	1.00
				497,588	
F - PROVIDER TAX					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,166,184	1.00
				7,166,184	
G - SNF TAX					
1.00	SKILLED NURSING FACILITY	44.00	0	23,265	1.00
				23,265	
H - CHARGABLE DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,231,006	1.00
				4,231,006	
I - MED SUPPLIES & IMPLANTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	720	1.00
2.00	LABORATORY	60.00	0	213	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,307,816	3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,649,358	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
TOTALS			0	6,958,107	
J - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	709,883	549,129	1.00
			709,883	549,129	
K - ATO RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	43,664		1.00
2.00	MAINTENANCE & REPAIRS	6.00	12,134		2.00
3.00	OPERATION OF PLANT	7.00	8,291		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	406		4.00
5.00	HOUSEKEEPING	9.00	11,822		5.00
6.00	DIETARY	10.00	13,228		6.00
7.00	NURSING ADMINISTRATION	13.00	6,548		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	2,629		8.00
9.00	PHARMACY	15.00	24,675		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	12,993		10.00
11.00	ADULTS & PEDIATRICS	30.00	94,944		11.00
12.00	INTENSIVE CARE UNIT	31.00	18,919		12.00
13.00	SUBPROVIDER - IPF	40.00	29,286		13.00
14.00	SKILLED NURSING FACILITY	44.00	813		14.00
15.00	OPERATING ROOM	50.00	69,958		15.00
16.00	ANESTHESIOLOGY	53.00	106		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	37,695		17.00
18.00	RADIOISOTOPE	56.00	4,192		18.00
19.00	CT SCAN	57.00	7,945		19.00
20.00	MRI	58.00	4,067		20.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00	RESPIRATORY THERAPY	65.00	9,104		21.00
22.00	PHYSICAL THERAPY	66.00	16,328		22.00
23.00	OCCUPATIONAL THERAPY	67.00	2,177		23.00
24.00	SPEECH PATHOLOGY	68.00	1,517		24.00
25.00	SLEEP LAB/NEUROLOGY	70.01	5,593		25.00
26.00	CARDIOLOGY	76.00	4,337		26.00
27.00	WOUND CARE	76.01	4,985		27.00
28.00	CARDIAC REHABILITATION	76.97	4,232		28.00
29.00	OP BEHAVIORAL HEALTH	90.03	11,659		29.00
30.00	DIABETES CENTER	90.04	1,287		30.00
31.00	EMERGENCY	91.00	32,232		31.00
32.00	CRISIS PROGRAM	190.02	4,261		32.00
			502,027	0	
L - CENTEGRA ALLOCATION					
1.00	ADMINISTRATIVE & GENERAL	5.00		7,919,983	1.00
			0	7,919,983	
M - NURSERY					
1.00	NURSERY	43.00	559,335	188,180	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,163,577	391,468	2.00
			1,722,912	579,648	
N - CASE MANAGEMENT/SOCIAL SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	695,446	129,316	1.00
2.00	INTENSIVE CARE UNIT	31.00	90,745	16,874	2.00
3.00	SUBPROVIDER - IPF	40.00	285,854	53,153	3.00
4.00	NURSERY	43.00	79,355	14,755	4.00
5.00	SKILLED NURSING FACILITY	44.00	215,115	40,000	5.00
	TOTALS		1,366,515	254,098	
O - LAUNDRY AND LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	44,215	31,372	1.00
			44,215	31,372	
P - HYPERBARIC COSTS					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	61,547	171,912	1.00
			61,547	171,912	
Q - CENTRAL INTAKE					
1.00	SUBPROVIDER - IPF	40.00	146,334	3,028	1.00
2.00	OP BEHAVIORAL HEALTH	90.03	178,852	3,700	2.00
	TOTALS		325,186	6,728	
R - SALARY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	31,228	1.00
	TOTALS		0	31,228	
500.00	Grand Total: Increases		4,732,285	34,802,957	500.00

RECLASSIFICATIONS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
11/24/2014 1:00 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,481,541	9	1.00
				4,481,541		
B - EQUIPMENT INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,233	11	1.00
				8,233		
C - NON-CAPITAL RELATED COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	477,387	14	1.00
				477,387		
D - NON-CAPITAL INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,415,548	12	1.00
				1,415,548		
E - WORKERS COMP INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	497,588	12	1.00
				497,588		
F - PROVIDER TAX						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,166,184	13	1.00
				7,166,184		
G - SNF TAX						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	23,265	13	1.00
				23,265		
H - CHARGABLE DRUG COSTS						
1.00	PHARMACY	15.00	0	4,231,006		1.00
				4,231,006		
I - MED SUPPLIES & IMPLANTS						
1.00	HOUSEKEEPING	9.00	0	131	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	14,914	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,434	0	3.00
4.00	PHARMACY	15.00	0	29,679	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	129,444	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	93,507	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	55	0	7.00
8.00	SKILLED NURSING FACILITY	44.00	0	1,929	0	8.00
9.00	OPERATING ROOM	50.00	0	6,360,811	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	6,198	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,139	0	11.00
12.00	RADIOISOTOPE	56.00	0	129	0	12.00
13.00	CT SCAN	57.00	0	18,784	0	13.00
14.00	MRI	58.00	0	998	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	27,943	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	4,883	0	16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	837	0	17.00
18.00	SLEEP LAB/NEUROLOGY	70.01	0	10,223	0	18.00
19.00	WOUND CARE	76.01	0	152,912	0	19.00
20.00	CARDIAC REHABILITATION	76.97	0	180	0	20.00
21.00	DIABETES CENTER	90.04	0	161	0	21.00
22.00	EMERGENCY	91.00	0	31,816	0	22.00
	TOTALS		0	6,958,107		
J - CAFETERIA RECLASS						
1.00	DIETARY	10.00	709,883	549,129		1.00
			709,883	549,129		
K - ATO RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	502,027			1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00

		Decreases						
		Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
		6.00	7.00	8.00	9.00	10.00		
23.00								23.00
24.00								24.00
25.00								25.00
26.00								26.00
27.00								27.00
28.00								28.00
29.00								29.00
30.00								30.00
31.00								31.00
32.00								32.00
				502,027	0			
L - CENTEGRA ALLOCATION								
1.00		ADMINISTRATIVE & GENERAL	5.00	7,919,983				1.00
				7,919,983	0			
M - NURSERY								
1.00		ADULTS & PEDIATRICS	30.00	1,722,912	579,648			1.00
2.00				1,722,912	579,648			2.00
N - CASE MANAGEMENT/SOCIAL SERVICES								
1.00		ADMINISTRATIVE & GENERAL	5.00	1,366,515	254,098	0		1.00
2.00			0.00	0	0	0		2.00
3.00			0.00	0	0	0		3.00
4.00			0.00	0	0	0		4.00
5.00			0.00	0	0	0		5.00
		TOTALS		1,366,515	254,098			
O - LAUNDRY AND LINEN								
1.00		HOUSEKEEPING	9.00	44,215	31,372			1.00
				44,215	31,372			
P - HYPERBARIC COSTS								
1.00		WOUND CARE	76.01	61,547	171,912			1.00
				61,547	171,912			
Q - CENTRAL INTAKE								
1.00		PSYCH SERVICES	90.02	325,186	6,728	0		1.00
2.00			0.00	0	0	0		2.00
		TOTALS		325,186	6,728			
R - SALARY RECLASS								
1.00		ADMINISTRATIVE & GENERAL	5.00	31,228	0	0		1.00
		TOTALS		31,228	0			
500.00		Grand Total: Decreases		12,683,496	26,851,746			500.00

RECLASSIFICATIONS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/24/2014 1:00 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	CAP REL COSTS-BLDG & FIXT	1.00		1.00
		0			0	
B - EQUIPMENT INTEREST						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	CAP REL COSTS-BLDG & FIXT	1.00		1.00
		0			0	
C - NON-CAPITAL RELATED COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00		1.00
		0			0	
D - NON-CAPITAL INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	CAP REL COSTS-BLDG & FIXT	1.00		1.00
		0			0	
E - WORKERS COMP INSURANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	CAP REL COSTS-BLDG & FIXT	1.00		1.00
		0			0	
F - PROVIDER TAX						
1.00	ADMINISTRATIVE & GENERAL	5.00	CAP REL COSTS-BLDG & FIXT	1.00		1.00
		0			0	
G - SNF TAX						
1.00	SKILLED NURSING FACILITY	44.00	CAP REL COSTS-BLDG & FIXT	1.00		1.00
		0			0	
H - CHARGABLE DRUG COSTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	PHARMACY	15.00		1.00
		0			0	
I - MED SUPPLIES & IMPLANTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	HOUSEKEEPING	9.00		1.00
2.00	LABORATORY	60.00	NURSING ADMINISTRATION	13.00		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	CENTRAL SERVICES & SUPPLY	14.00		3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	PHARMACY	15.00		4.00
5.00		0.00	ADULTS & PEDIATRICS	30.00		5.00
6.00		0.00	INTENSIVE CARE UNIT	31.00		6.00
7.00		0.00	SUBPROVIDER - IPF	40.00		7.00
8.00		0.00	SKILLED NURSING FACILITY	44.00		8.00
9.00		0.00	OPERATING ROOM	50.00		9.00
10.00		0.00	ANESTHESIOLOGY	53.00		10.00
11.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00		11.00
12.00		0.00	RADIOISOTOPE	56.00		12.00
13.00		0.00	CT SCAN	57.00		13.00
14.00		0.00	MRI	58.00		14.00
15.00		0.00	RESPIRATORY THERAPY	65.00		15.00
16.00		0.00	PHYSICAL THERAPY	66.00		16.00
17.00		0.00	OCCUPATIONAL THERAPY	67.00		17.00
18.00		0.00	SLEEP LAB/NEUROLOGY	70.01		18.00
19.00		0.00	WOUND CARE	76.01		19.00
20.00		0.00	CARDIAC REHABILITATION	76.97		20.00
21.00		0.00	DIABETES CENTER	90.04		21.00
22.00		0.00	EMERGENCY	91.00		22.00
	TOTALS		TOTALS			0
J - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	DIETARY	10.00	709,883	1.00
					709,883	
K - ATO RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	502,027	1.00
2.00	MAINTENANCE & REPAIRS	6.00				2.00
3.00	OPERATION OF PLANT	7.00				3.00
4.00	LAUNDRY & LINEN SERVICE	8.00				4.00
5.00	HOUSEKEEPING	9.00				5.00
6.00	DIETARY	10.00				6.00
7.00	NURSING ADMINISTRATION	13.00				7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00				8.00
9.00	PHARMACY	15.00				9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00				10.00
11.00	ADULTS & PEDIATRICS	30.00				11.00
12.00	INTENSIVE CARE UNIT	31.00				12.00
13.00	SUBPROVIDER - IPF	40.00				13.00
14.00	SKILLED NURSING FACILITY	44.00				14.00
15.00	OPERATING ROOM	50.00				15.00
16.00	ANESTHESIOLOGY	53.00				16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00				17.00
18.00	RADIOISOTOPE	56.00				18.00
19.00	CT SCAN	57.00				19.00
20.00	MRI	58.00				20.00

Increases				Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
21.00	RESPIRATORY THERAPY	65.00	9,104				21.00
22.00	PHYSICAL THERAPY	66.00	16,328				22.00
23.00	OCCUPATIONAL THERAPY	67.00	2,177				23.00
24.00	SPEECH PATHOLOGY	68.00	1,517				24.00
25.00	SLEEP LAB/NEUROLOGY	70.01	5,593				25.00
26.00	CARDIOLOGY	76.00	4,337				26.00
27.00	WOUND CARE	76.01	4,985				27.00
28.00	CARDIAC REHABILITATION	76.97	4,232				28.00
29.00	OP BEHAVIORAL HEALTH	90.03	11,659				29.00
30.00	DIABETES CENTER	90.04	1,287				30.00
31.00	EMERGENCY	91.00	32,232				31.00
32.00	CRISIS PROGRAM	190.02	4,261				32.00
			502,027			502,027	
L - CENTEGRA ALLOCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00		ADMINISTRATIVE & GENERAL	5.00	7,919,983	1.00
			0			7,919,983	
M - NURSERY							
1.00	NURSERY	43.00	559,335	ADULTS & PEDIATRICS	30.00	1,722,912	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,163,577				2.00
			1,722,912			1,722,912	
N - CASE MANAGEMENT/SOCIAL SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	695,446	ADMINISTRATIVE & GENERAL	5.00	1,366,515	1.00
2.00	INTENSIVE CARE UNIT	31.00	90,745		0.00	0	2.00
3.00	SUBPROVIDER - IPF	40.00	285,854		0.00	0	3.00
4.00	NURSERY	43.00	79,355		0.00	0	4.00
5.00	SKILLED NURSING FACILITY	44.00	215,115		0.00	0	5.00
	TOTALS		1,366,515	TOTALS		1,366,515	
O - LAUNDRY AND LINEN							
1.00	LAUNDRY & LINEN SERVICE	8.00	44,215	HOUSEKEEPING	9.00	44,215	1.00
			44,215			44,215	
P - HYPERBARIC COSTS							
1.00	HYPERBARIC OXYGEN THERAPY	76.98	61,547	WOUND CARE	76.01	61,547	1.00
			61,547			61,547	
Q - CENTRAL INTAKE							
1.00	SUBPROVIDER - IPF	40.00	146,334	PSYCH SERVICES	90.02	325,186	1.00
2.00	OP BEHAVIORAL HEALTH	90.03	178,852		0.00	0	2.00
	TOTALS		325,186	TOTALS		325,186	
R - SALARY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	ADMINISTRATIVE & GENERAL	5.00	31,228	1.00
	TOTALS		0	TOTALS		31,228	
500.00	Grand Total: Increases		4,732,285	Grand Total: Decreases		12,683,496	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
11/24/2014 1:00 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	223,785	0	0	0	3,900	1.00
2.00	Land Improvements	3,212,830	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	71,456,854	1,307,893	0	1,307,893	0	4.00
5.00	Fixed Equipment	864,704	0	0	0	864,704	5.00
6.00	Movable Equipment	49,405,447	2,713,023	0	2,713,023	0	6.00
7.00	HIT designated Assets	7,685,416	1,164,457	0	1,164,457	0	7.00
8.00	Subtotal (sum of lines 1-7)	132,849,036	5,185,373	0	5,185,373	868,604	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	132,849,036	5,185,373	0	5,185,373	868,604	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	219,885	0				1.00
2.00	Land Improvements	3,212,830	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	72,764,747	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	52,118,470	0				6.00
7.00	HIT designated Assets	8,849,873	0				7.00
8.00	Subtotal (sum of lines 1-7)	137,165,805	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	137,165,805	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	18,046,886	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)	18,046,886	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	18,046,886				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	18,046,886				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part III
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	76,197,462	0	76,197,462	0.555514	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	60,968,343	0	60,968,343	0.444486	0	2.00
3.00	Total (sum of lines 1-2)	137,165,805	0	137,165,805	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	13,565,345	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,453,741	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,019,086	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-2,348,680	-1,913,136	-7,189,449	477,387	2,591,467	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,233	0	0	0	4,461,974	2.00
3.00	Total (sum of lines 1-2)	-2,340,447	-1,913,136	-7,189,449	477,387	7,053,441	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8

Date/Time Prepared:
11/24/2014 1:00 pm

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	-1,937,966	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)		0			0.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00		0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00		0 7.00
8.00	Television and radio service (chapter 21)	A	-194,720	OPERATION OF PLANT		7.00		0 8.00
9.00	Parking lot (chapter 21)		0			0.00		0 9.00
10.00	Provider-based physician adjustment	A-8-2	-1,211,938					0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0			0.00		0 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-4,506,752					0 12.00
13.00	Laundry and linen service		0			0.00		0 13.00
14.00	Cafeteria-employees and guests	B	-519,951	CAFETERIA		11.00		0 14.00
15.00	Rental of quarters to employee and others		0			0.00		0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00		0 16.00
17.00	Sale of drugs to other than patients		0			0.00		0 17.00
18.00	Sale of medical records and abstracts	B	-5,544	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	RADIOLOGY X-RAY COPY FEE	B	-50	RADIOLOGY-DIAGNOSTIC		54.00		0 33.00
34.00	EDUCATION INCOME	B	-16,961	ADMINISTRATIVE & GENERAL		5.00		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		
35.00 LACTATION SUPPLIES	B	-9,523	ADULTS & PEDIATRICS	30.00	0	35.00
36.00 MISCELLANEOUS INCOME	B	-231,007	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00 OB EDUCATION	B	-10,934	ADULTS & PEDIATRICS	30.00	0	37.00
38.00 EMS TUITION	B	-62,386	EMERGENCY	91.00	0	38.00
39.00 CRISIS INCOME	B	-250	CRISIS PRGRAM	190.02	0	39.00
40.00 OTHER INCOME	B	-990	PHARMACY	15.00	0	40.00
41.00 PT OTHER INCOME	B	-16,117	PHYSICAL THERAPY	66.00	0	41.00
42.00 OPERATION PLANT	B	-42,039	MAINTENANCE & REPAIRS	6.00	0	42.00
43.00 HOUSEKEEPING OTHER REVENUE	B	-91,455	HOUSEKEEPING	9.00	0	43.00
44.00 RELATED PARTY SALARIES	A	-31,228	ADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00 RELATED PARTY BENEFITS	A	-6,049	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.00
45.01 2012 INTEREST EXPENSE	A	-401,897	CAP REL COSTS-BLDG & FIXT	1.00	11	45.01
45.02 2012 INTEREST INCOME	B	-584	CAP REL COSTS-BLDG & FIXT	1.00	11	45.02
45.03 PATIENT TELEPHONE CRC OFFSET	A	-27,800	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.03
45.04 IHA/AHA DUES LOBBYING PORTION	A	-28,397	ADMINISTRATIVE & GENERAL	5.00	0	45.04
45.05 MEALS ON WHEELS	B	-15,885	CAFETERIA	11.00	0	45.05
45.06 ER RELATED RENTAL	A	-9,100	EMERGENCY	91.00	0	45.06
45.07 POM RELATED RENTAL	A	-2,944	OPERATION OF PLANT	7.00	0	45.07
45.08 PHYSICAL THERAPY RENTAL	A	-167,700	PHYSICAL THERAPY	66.00	0	45.08
45.09 WOUND CARE RENTAL	A	-52,800	WOUND CARE	76.01	0	45.09
45.10 HBOT RENTAL	A	-15,296	HYPERBARIC OXYGEN THERAPY	76.98	0	45.10
45.11 IMAGING RENTAL	A	-344,880	RADIOLOGY-DIAGNOSTIC	54.00	0	45.11
45.12 ANTI-COAG CLINIC RENT	A	-2,243	PHARMACY	15.00	0	45.12
45.13 BARIATRIC RENTAL	A	-56,958	OPERATING ROOM	50.00	0	45.13
45.14 IDPA PROVIDER TAX	A	-7,166,184	ADMINISTRATIVE & GENERAL	5.00	0	45.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,188,528				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: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:
11/24/2014 1:00 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	CENTEGRA ALLOCATION	18,418,904	23,093,469 1.00
2.00	13.00	NURSING ADMINISTRATION	CENTEGRA ALLOCATION	131,684	0 2.00
3.00	91.00	EMERGENCY	CENTEGRA ALLOCATION	240,642	0 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	CENTEGRA INSURANCE SERVICES	750,461	954,974 4.00
5.00	0		0	19,541,691	24,048,443 5.00

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

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

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

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

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

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

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

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

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:
11/24/2014 1:00 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-4,674,565	0		1.00
2.00	131,684	0		2.00
3.00	240,642	0		3.00
4.00	-204,513	0		4.00
5.00	-4,506,752			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	INSURANCE SERVI		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-2

Date/Time Prepared:
11/24/2014 1:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	44.00	SKILLED NURSING FACILITY	13,750	0	13,750	177,200	80	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	90.03	OP BEHAVIORAL HEALTH	10,002	0	10,002	154,100	38	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	174,631	139,633	34,998	154,100	76	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	420,604	420,604	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	48,000	0	48,000	208,000	275	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	60,000	0	60,000	200,300	1,951	11.00
13.00	91.00	EMERGENCY	414,650	394,650	20,000	177,200	16	13.00
15.00	54.00	DR. AA	84,000	0	84,000	225,300	328	15.00
16.00	54.00	DR. AB	12,400	0	12,400	225,300	25	16.00
18.00	76.97	CARDIAC REHABILITATION	30,000	0	30,000	177,200	59	18.00
20.00	65.00	RESPIRATORY THERAPY	66,049	58,716	7,333	177,200	248	20.00
22.00	76.01	WOUND CARE	15,600	0	15,600	177,200	60	22.00
24.00	70.01	SLEEP LAB/NEUROLOGY	7,333	0	7,333	177,200	255	24.00
26.00	66.00	PHYSICAL THERAPY	10,500	0	10,500	177,200	22	26.00
28.00	5.00	ADMINISTRATIVE & GENERAL	5,150	5,150	0	0	0	28.00
29.00	5.00	DR. AC	7,506	0	6,825	177,200	37	29.00
30.00	5.00	DR. AD	7,714	0	7,014	177,200	54	30.00
31.00	5.00	DR. AE	9,239	0	8,400	177,200	165	31.00
200.00			1,397,128	1,018,753	376,155		3,689	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	44.00	SKILLED NURSING FACILITY	6,815	341	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	90.03	OP BEHAVIORAL HEALTH	2,815	141	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	5,631	282	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	27,500	1,375	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	187,878	9,394	0	0	0	11.00
13.00	91.00	EMERGENCY	1,363	68	0	0	0	13.00
15.00	54.00	DR. AA	35,528	1,776	0	0	0	15.00
16.00	54.00	DR. AB	2,708	135	0	0	0	16.00
18.00	76.97	CARDIAC REHABILITATION	5,026	251	0	0	0	18.00
20.00	65.00	RESPIRATORY THERAPY	21,128	1,056	0	0	0	20.00
22.00	76.01	WOUND CARE	5,112	256	0	0	0	22.00
24.00	70.01	SLEEP LAB/NEUROLOGY	21,724	1,086	0	0	0	24.00
26.00	66.00	PHYSICAL THERAPY	1,874	94	0	0	0	26.00
28.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	28.00
29.00	5.00	DR. AC	3,152	158	0	0	0	29.00
30.00	5.00	DR. AD	4,600	230	0	0	0	30.00
31.00	5.00	DR. AE	14,057	703	0	0	0	31.00
200.00			346,911	17,346	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	44.00	SKILLED NURSING FACILITY	0	6,815	6,935	6,935		1.00
2.00	0.00		0	0	0	0		2.00
3.00	90.03	OP BEHAVIORAL HEALTH	0	2,815	7,187	7,187		3.00
4.00	0.00		0	0	0	0		4.00
5.00	40.00	SUBPROVIDER - IPF	0	5,631	29,367	169,000		5.00
6.00	0.00		0	0	0	0		6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	420,604		7.00
8.00	0.00		0	0	0	0		8.00
9.00	50.00	OPERATING ROOM	0	27,500	20,500	20,500		9.00
10.00	0.00		0	0	0	0		10.00
11.00	53.00	ANESTHESIOLOGY	0	187,878	0	0		11.00
13.00	91.00	EMERGENCY	0	1,363	18,637	413,287		13.00
15.00	54.00	DR. AA	0	35,528	48,472	48,472		15.00
16.00	54.00	DR. AB	0	2,708	9,692	9,692		16.00
18.00	76.97	CARDIAC REHABILITATION	0	5,026	24,974	24,974		18.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-2

Date/Time Prepared:
11/24/2014 1:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
20.00	65.00	RESPIRATORY THERAPY	0	21,128	0	58,716		20.00
22.00	76.01	WOUND CARE	0	5,112	10,488	10,488		22.00
24.00	70.01	SLEEP LAB/NEUROLOGY	0	21,724	0	0		24.00
26.00	66.00	PHYSICAL THERAPY	0	1,874	8,626	8,626		26.00
28.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	5,150		28.00
29.00	5.00	DR. AC	0	3,152	3,673	4,354		29.00
30.00	5.00	DR. AD	0	4,600	2,414	3,114		30.00
31.00	5.00	DR. AE	0	14,057	0	839		31.00
200.00			0	346,911	190,965	1,211,938		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,591,467	2,591,467			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,461,974		4,461,974		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,697,944	0	0	10,697,944	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	21,479,534	703,494	1,211,270	638,274	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,685,930	346,016	595,769	214,830	6.00
7.00 00700	OPERATION OF PLANT	2,219,372	8,500	14,636	236,791	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	473,498	5,921	10,196	21,505	8.00
9.00 00900	HOUSEKEEPING	1,634,102	26,296	45,276	243,767	9.00
10.00 01000	DIETARY	1,257,972	95,414	164,282	152,683	10.00
11.00 01100	CAFETERIA	723,176	0	0	171,717	11.00
13.00 01300	NURSING ADMINISTRATION	1,223,355	5,906	10,169	254,161	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,090,921	54,750	94,269	62,999	14.00
15.00 01500	PHARMACY	2,825,750	15,022	25,864	573,560	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,075,753	23,912	41,171	285,483	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,854,311	297,297	511,884	1,981,658	30.00
31.00 03100	INTENSIVE CARE UNIT	2,102,827	57,765	99,460	435,610	31.00
40.00 04000	SUBPROVIDER - IPF	2,852,193	87,895	151,337	658,704	40.00
43.00 04300	NURSERY	841,625	9,708	16,715	154,496	43.00
44.00 04400	SKILLED NURSING FACILITY	2,582,079	108,620	187,021	65,206	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,743,723	192,728	331,838	1,192,097	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,555,045	0	0	281,463	52.00
53.00 05300	ANESTHESIOLOGY	277,452	0	0	3,551	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,320,226	91,081	156,824	672,644	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	524,344	9,513	16,380	62,557	56.00
57.00 05700	CT SCAN	908,939	10,830	18,647	133,297	57.00
58.00 05800	MRI	404,068	15,661	26,965	61,819	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	2,958,939	46,935	80,813	0	60.00
65.00 06500	RESPIRATORY THERAPY	943,407	1,067	1,838	174,687	65.00
66.00 06600	PHYSICAL THERAPY	1,398,107	24,146	41,574	301,632	66.00
67.00 06700	OCCUPATIONAL THERAPY	113,301	0	0	26,969	67.00
68.00 06800	SPEECH PATHOLOGY	65,559	0	0	15,620	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	455,580	24,052	41,413	102,346	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,307,816	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,649,358	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,231,006	0	0	0	73.00
76.00 03140	CARDIOLOGY	316,395	61,809	106,423	68,118	76.00
76.01 03950	WOUND CARE	746,271	0	0	83,883	76.01
76.97 07697	CARDIAC REHABILITATION	300,563	27,426	47,221	68,182	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	218,163	0	0	14,888	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOMENS CENTER	0	0	0	0	90.01
90.02 09002	PSYCH SERVICES	0	0	0	0	90.02
90.03 09003	OP BEHAVIORAL HEALTH	893,702	115,780	199,350	205,124	90.03
90.04 09004	DIABETES CENTER	125,075	0	0	29,653	90.04
91.00 09100	EMERGENCY	3,867,752	82,449	141,960	753,716	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)	109,998,574	2,549,993	4,390,565	10,403,690	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,708	16,715	0	190.00
190.02 19002	CRISIS PROGRAM	1,300,434	14,804	25,489	294,254	190.02
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	16,962	29,205	0	192.00
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)	111,299,008	2,591,467	4,461,974	10,697,944	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140176

Period: 07/01/2013 To 06/30/2014

Worksheet B Part I Date/Time Prepared: 11/24/2014 1:00 pm

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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	24,032,572					5.00
6.00	00600	782,817	3,625,362				6.00
7.00	00700	682,782	19,986	3,182,067			7.00
8.00	00800	140,759	13,922	12,288	678,089		8.00
9.00	00900	536,862	61,826	54,567	0	2,602,696	9.00
10.00	01000	460,003	224,331	197,992	0	165,418	10.00
11.00	01100	246,447	0	0	0	0	11.00
13.00	01300	411,325	13,886	12,255	0	10,239	13.00
14.00	01400	358,820	128,725	113,612	0	94,920	14.00
15.00	01500	947,406	35,318	31,172	0	26,043	15.00
16.00	01600	668,191	56,220	49,619	0	41,456	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,207,001	698,985	616,918	154,280	515,423	30.00
31.00	03100	742,366	135,815	119,869	26,862	100,148	31.00
40.00	04000	1,032,759	206,653	182,390	32,020	152,383	40.00
43.00	04300	281,601	22,825	20,145	14,029	16,831	43.00
44.00	04400	810,461	255,381	225,397	34,533	188,314	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,329,931	453,131	399,929	147,991	334,132	50.00
52.00	05200	505,761	0	0	29,182	0	52.00
53.00	05300	77,386	0	0	0	0	53.00
54.00	05400	1,443,273	214,146	189,003	50,525	157,908	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	168,759	22,367	19,741	0	16,493	56.00
57.00	05700	295,142	25,463	22,473	0	18,776	57.00
58.00	05800	140,041	36,821	32,497	0	27,151	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	850,052	110,352	97,395	0	81,372	60.00
65.00	06500	308,715	2,510	2,215	0	1,851	65.00
66.00	06600	486,195	56,770	50,104	0	41,861	66.00
67.00	06700	38,629	0	0	0	0	67.00
68.00	06800	22,356	0	0	0	0	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	171,678	56,550	49,910	0	41,699	70.01
71.00	07100	910,949	0	0	0	0	71.00
72.00	07200	1,005,008	0	0	0	0	72.00
73.00	07300	1,165,189	0	0	0	0	73.00
76.00	03140	152,222	145,322	128,260	37,734	107,158	76.00
76.01	03950	228,619	0	0	0	0	76.01
76.97	07697	122,107	64,482	56,911	49,885	47,548	76.97
76.98	07698	64,181	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	389,394	272,216	240,255	0	200,728	90.03
90.04	09004	42,611	0	0	0	0	90.04
91.00	09100	1,334,521	193,848	171,089	101,048	142,941	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		23,562,319	3,527,851	3,096,006	678,089	2,530,793	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	7,277	22,825	20,145	0	16,831	190.00
190.02	19002	450,262	34,806	30,719	0	25,665	190.02
191.00	19100	0	0	0	0	0	191.00
192.00	19200	12,714	39,880	35,197	0	29,407	192.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		24,032,572	3,625,362	3,182,067	678,089	2,602,696	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/24/2014 1:00 pm

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	2,718,095					10.00	
11.00	01100	0	1,141,340				11.00	
13.00	01300	0	31,046	1,972,342			13.00	
14.00	01400	0	14,994	0	2,014,010		14.00	
15.00	01500	0	55,433	0	0	4,535,568	15.00	
16.00	01600	0	51,971	0	0	0	16.00	
17.00	01700	0	0	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	1,469,203	267,090	663,508	0	0	30.00	
31.00	03100	191,711	48,487	120,454	0	0	31.00	
40.00	04000	603,889	85,641	212,752	0	0	40.00	
43.00	04300	0	18,301	45,465	0	0	43.00	
44.00	04400	453,292	7,188	17,857	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	140,148	348,160	0	0	50.00	
52.00	05200	0	33,405	82,987	0	0	52.00	
53.00	05300	0	838	2,082	0	0	53.00	
54.00	05400	0	82,179	0	0	0	54.00	
55.00	05500	0	0	0	0	0	55.00	
56.00	05600	0	6,042	0	0	0	56.00	
57.00	05700	0	14,994	0	0	0	57.00	
58.00	05800	0	6,108	0	0	0	58.00	
59.00	05900	0	0	0	0	0	59.00	
60.00	06000	0	0	0	0	0	60.00	
65.00	06500	0	24,012	59,652	0	0	65.00	
66.00	06600	0	37,264	0	0	0	66.00	
67.00	06700	0	2,778	0	0	0	67.00	
68.00	06800	0	1,521	0	0	0	68.00	
70.00	07000	0	0	0	0	0	70.00	
70.01	07001	0	13,142	32,647	0	0	70.01	
71.00	07100	0	0	0	957,570	0	71.00	
72.00	07200	0	0	0	1,056,440	0	72.00	
73.00	07300	0	0	0	0	4,535,568	73.00	
76.00	03140	0	8,842	21,965	0	0	76.00	
76.01	03950	0	12,304	30,565	0	0	76.01	
76.97	07697	0	8,225	20,432	0	0	76.97	
76.98	07698	0	2,205	5,478	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	0	0	0	0	0	90.01	
90.02	09002	0	0	0	0	0	90.02	
90.03	09003	0	31,686	78,714	0	0	90.03	
90.04	09004	0	3,704	0	0	0	90.04	
91.00	09100	0	92,962	229,624	0	0	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	SUBTOTALS (SUM OF LINES 1-117)		2,718,095	1,102,510	1,972,342	2,014,010	4,535,568	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
190.02	19002	0	38,830	0	0	0	190.02	
191.00	19100	0	0	0	0	0	191.00	
192.00	19200	0	0	0	0	0	192.00	
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)		2,718,095	1,141,340	1,972,342	2,014,010	4,535,568	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	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	3,293,776				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	306,934	0	19,544,492	0	19,544,492
31.00	03100	INTENSIVE CARE UNIT	61,877	0	4,243,251	0	4,243,251
40.00	04000	SUBPROVIDER - IPF	94,609	0	6,353,225	0	6,353,225
43.00	04300	NURSERY	20,716	0	1,462,457	0	1,462,457
44.00	04400	SKILLED NURSING FACILITY	25,196	0	4,960,545	0	4,960,545
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	492,092	0	13,105,900	0	13,105,900
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,094	0	2,530,937	0	2,530,937
53.00	05300	ANESTHESIOLOGY	50,158	0	411,467	0	411,467
54.00	05400	RADIOLOGY-DIAGNOSTIC	386,781	0	7,764,590	0	7,764,590
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	46,337	0	892,533	0	892,533
57.00	05700	CT SCAN	333,007	0	1,781,568	0	1,781,568
58.00	05800	MRI	112,991	0	864,122	0	864,122
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	307,810	0	4,533,668	0	4,533,668
65.00	06500	RESPIRATORY THERAPY	46,143	0	1,566,097	0	1,566,097
66.00	06600	PHYSICAL THERAPY	59,763	0	2,497,416	0	2,497,416
67.00	06700	OCCUPATIONAL THERAPY	9,866	0	191,543	0	191,543
68.00	06800	SPEECH PATHOLOGY	2,683	0	107,739	0	107,739
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	38,243	0	1,027,260	0	1,027,260
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	60,353	0	5,236,688	0	5,236,688
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	111,745	0	5,822,551	0	5,822,551
73.00	07300	DRUGS CHARGED TO PATIENTS	330,724	0	10,262,487	0	10,262,487
76.00	03140	CARDIOLOGY	19,033	0	1,173,281	0	1,173,281
76.01	03950	WOUND CARE	25,473	0	1,127,115	0	1,127,115
76.97	07697	CARDIAC REHABILITATION	6,359	0	819,341	0	819,341
76.98	07698	HYPERBARIC OXYGEN THERAPY	21,308	0	326,223	0	326,223
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	35,013	0	2,661,962	0	2,661,962
90.04	09004	DIABETES CENTER	1,947	0	202,990	0	202,990
91.00	09100	EMERGENCY	243,521	0	7,355,431	0	7,355,431
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)	3,293,776	0	108,826,879	0	108,826,879
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	93,501	0	93,501
190.02	19002	CRISIS PROGRAM	0	0	2,215,263	0	2,215,263
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	163,365	0	163,365
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,293,776	0	111,299,008	0	111,299,008

Provider CCN: 140176

Period:
 From 07/01/2013
 To 06/30/2014

Worksheet Non-CMS W
 Date/Time Prepared:
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Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	2	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	3	MEALS SERVED	10.00
11.00	CAFETERIA	4	FTE	11.00
13.00	NURSING ADMINISTRATION	13	NURSING HOURS/FTES	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS	14.00
15.00	PHARMACY	15	COSTED REQUIS	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	16	TIME SPENT	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	829,932	703,494	1,211,270	5.00
6.00 00600	MAINTENANCE & REPAIRS	19,200	346,016	595,769	6.00
7.00 00700	OPERATION OF PLANT	5,964	8,500	14,636	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,921	10,196	8.00
9.00 00900	HOUSEKEEPING	0	26,296	45,276	9.00
10.00 01000	DIETARY	3,821	95,414	164,282	10.00
11.00 01100	CAFETERIA	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	5,906	10,169	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	218,124	54,750	94,269	14.00
15.00 01500	PHARMACY	253,723	15,022	25,864	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	23,912	41,171	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	9,170	297,297	511,884	30.00
31.00 03100	INTENSIVE CARE UNIT	1,168	57,765	99,460	31.00
40.00 04000	SUBPROVIDER - IPF	0	87,895	151,337	40.00
43.00 04300	NURSERY	0	9,708	16,715	43.00
44.00 04400	SKILLED NURSING FACILITY	142	108,620	187,021	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	193,619	192,728	331,838	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	4,772	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	503,543	91,081	156,824	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	850	9,513	16,380	56.00
57.00 05700	CT SCAN	0	10,830	18,647	57.00
58.00 05800	MRI	0	15,661	26,965	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	0	46,935	80,813	60.00
65.00 06500	RESPIRATORY THERAPY	35,531	1,067	1,838	65.00
66.00 06600	PHYSICAL THERAPY	255,378	24,146	41,574	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	2,645	24,052	41,413	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
76.00 03140	CARDIOLOGY	0	61,809	106,423	76.00
76.01 03950	WOUND CARE	132,943	0	0	76.01
76.97 07697	CARDIAC REHABILITATION	2,400	27,426	47,221	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	WOMENS CENTER	0	0	0	90.01
90.02 09002	PSYCH SERVICES	0	0	0	90.02
90.03 09003	OP BEHAVIORAL HEALTH	0	115,780	199,350	90.03
90.04 09004	DIABETES CENTER	0	0	0	90.04
91.00 09100	EMERGENCY	21,743	82,449	141,960	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)	2,494,668	2,549,993	4,390,565	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,708	16,715	190.00
190.02 19002	CRISIS PROGRAM	0	14,804	25,489	190.02
191.00 19100	RESEARCH	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	16,962	29,205	192.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers		0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,494,668	2,591,467	4,461,974	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/24/2014 1:00 pm		
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					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500	2,744,696				5.00
6.00	00600	89,404	1,050,389			6.00
7.00	00700	77,979	5,791	112,870		7.00
8.00	00800	16,076	4,034	436	36,663	8.00
9.00	00900	61,314	17,913	1,936	0	152,735
10.00	01000	52,536	64,996	7,023	0	9,707
11.00	01100	28,146	0	0	0	0
13.00	01300	46,976	4,023	435	0	601
14.00	01400	40,980	37,296	4,030	0	5,570
15.00	01500	108,201	10,233	1,106	0	1,528
16.00	01600	76,313	16,289	1,760	0	2,433
17.00	01700	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	366,252	202,521	21,880	8,342	30,247
31.00	03100	84,784	39,350	4,252	1,452	5,877
40.00	04000	117,949	59,874	6,469	1,731	8,942
43.00	04300	32,161	6,613	715	759	988
44.00	04400	92,561	73,992	7,995	1,867	11,051
ANCILLARY SERVICE COST CENTERS						
50.00	05000	266,096	131,287	14,186	8,002	19,608
52.00	05200	57,762	0	0	1,578	0
53.00	05300	8,838	0	0	0	0
54.00	05400	164,833	62,045	6,704	2,732	9,267
55.00	05500	0	0	0	0	0
56.00	05600	19,274	6,481	700	0	968
57.00	05700	33,708	7,377	797	0	1,102
58.00	05800	15,994	10,668	1,153	0	1,593
59.00	05900	0	0	0	0	0
60.00	06000	97,082	31,973	3,455	0	4,775
65.00	06500	35,258	727	79	0	109
66.00	06600	55,527	16,448	1,777	0	2,457
67.00	06700	4,412	0	0	0	0
68.00	06800	2,553	0	0	0	0
70.00	07000	0	0	0	0	0
70.01	07001	19,607	16,384	1,770	0	2,447
71.00	07100	104,037	0	0	0	0
72.00	07200	114,780	0	0	0	0
73.00	07300	133,074	0	0	0	0
76.00	03140	17,385	42,105	4,549	2,040	6,288
76.01	03950	26,110	0	0	0	0
76.97	07697	13,946	18,683	2,019	2,697	2,790
76.98	07698	7,330	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	0
90.01	09001	0	0	0	0	0
90.02	09002	0	0	0	0	0
90.03	09003	44,472	78,870	8,522	0	11,779
90.04	09004	4,867	0	0	0	0
91.00	09100	152,413	56,164	6,069	5,463	8,388
92.00	09200					
SPECIAL PURPOSE COST CENTERS						
113.00	11300					
118.00		2,690,990	1,022,137	109,817	36,663	148,515
NONREIMBURSABLE COST CENTERS						
190.00	19000	831	6,613	715	0	988
190.02	19002	51,423	10,084	1,090	0	1,506
191.00	19100	0	0	0	0	0
192.00	19200	1,452	11,555	1,248	0	1,726
200.00						
201.00		0	0	0	0	0
202.00		2,744,696	1,050,389	112,870	36,663	152,735

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/24/2014 1:00 pm

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	397,779					10.00	
11.00	01100	0	28,146				11.00	
13.00	01300	0	766	68,876			13.00	
14.00	01400	0	370	0	455,389		14.00	
15.00	01500	0	1,367	0	0	417,044	15.00	
16.00	01600	0	1,282	0	0	0	16.00	
17.00	01700	0	0	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	215,010	6,585	23,170	0	0	30.00	
31.00	03100	28,056	1,196	4,206	0	0	31.00	
40.00	04000	88,376	2,112	7,430	0	0	40.00	
43.00	04300	0	451	1,588	0	0	43.00	
44.00	04400	66,337	177	624	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	3,456	12,158	0	0	50.00	
52.00	05200	0	824	2,898	0	0	52.00	
53.00	05300	0	21	73	0	0	53.00	
54.00	05400	0	2,027	0	0	0	54.00	
55.00	05500	0	0	0	0	0	55.00	
56.00	05600	0	149	0	0	0	56.00	
57.00	05700	0	370	0	0	0	57.00	
58.00	05800	0	151	0	0	0	58.00	
59.00	05900	0	0	0	0	0	59.00	
60.00	06000	0	0	0	0	0	60.00	
65.00	06500	0	592	2,083	0	0	65.00	
66.00	06600	0	919	0	0	0	66.00	
67.00	06700	0	69	0	0	0	67.00	
68.00	06800	0	38	0	0	0	68.00	
70.00	07000	0	0	0	0	0	70.00	
70.01	07001	0	324	1,140	0	0	70.01	
71.00	07100	0	0	0	216,516	0	71.00	
72.00	07200	0	0	0	238,873	0	72.00	
73.00	07300	0	0	0	0	417,044	73.00	
76.00	03140	0	218	767	0	0	76.00	
76.01	03950	0	303	1,067	0	0	76.01	
76.97	07697	0	203	713	0	0	76.97	
76.98	07698	0	54	191	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	0	0	0	0	0	90.01	
90.02	09002	0	0	0	0	0	90.02	
90.03	09003	0	781	2,749	0	0	90.03	
90.04	09004	0	91	0	0	0	90.04	
91.00	09100	0	2,292	8,019	0	0	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	SUBTOTALS (SUM OF LINES 1-117)		397,779	27,188	68,876	455,389	417,044	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
190.02	19002	0	958	0	0	0	190.02	
191.00	19100	0	0	0	0	0	191.00	
192.00	19200	0	0	0	0	0	192.00	
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)		397,779	28,146	68,876	455,389	417,044	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	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	163,160				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,195	0	1,707,553	0	1,707,553
31.00	03100	INTENSIVE CARE UNIT	3,063	0	330,629	0	330,629
40.00	04000	SUBPROVIDER - IPF	4,684	0	536,799	0	536,799
43.00	04300	NURSERY	1,026	0	70,724	0	70,724
44.00	04400	SKILLED NURSING FACILITY	1,247	0	551,634	0	551,634
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,461	0	1,197,439	0	1,197,439
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,133	0	65,195	0	65,195
53.00	05300	ANESTHESIOLOGY	2,483	0	16,187	0	16,187
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,148	0	1,018,204	0	1,018,204
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	2,294	0	56,609	0	56,609
57.00	05700	CT SCAN	16,486	0	89,317	0	89,317
58.00	05800	MRI	5,594	0	77,779	0	77,779
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	15,238	0	280,271	0	280,271
65.00	06500	RESPIRATORY THERAPY	2,284	0	79,568	0	79,568
66.00	06600	PHYSICAL THERAPY	2,959	0	401,185	0	401,185
67.00	06700	OCCUPATIONAL THERAPY	488	0	4,969	0	4,969
68.00	06800	SPEECH PATHOLOGY	133	0	2,724	0	2,724
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	1,893	0	111,675	0	111,675
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,988	0	323,541	0	323,541
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,532	0	359,185	0	359,185
73.00	07300	DRUGS CHARGED TO PATIENTS	16,373	0	566,491	0	566,491
76.00	03140	CARDIOLOGY	942	0	242,526	0	242,526
76.01	03950	WOUND CARE	1,261	0	161,684	0	161,684
76.97	07697	CARDIAC REHABILITATION	315	0	118,413	0	118,413
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,055	0	8,630	0	8,630
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOMENS CENTER	0	0	0	0	0
90.02	09002	PSYCH SERVICES	0	0	0	0	0
90.03	09003	OP BEHAVIORAL HEALTH	1,733	0	464,036	0	464,036
90.04	09004	DIABETES CENTER	96	0	5,054	0	5,054
91.00	09100	EMERGENCY	12,056	0	497,016	0	497,016
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)	163,160	0	9,345,037	0	9,345,037
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	35,570	0	35,570
190.02	19002	CRISIS PROGRAM	0	0	105,354	0	105,354
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	62,148	0	62,148
200.00		Cross Foot Adjustments			0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	163,160	0	9,548,109	0	9,548,109

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	332,606				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		332,606			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	44,225,613		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	90,291	90,291	2,638,641	-24,032,572	5.00
6.00 00600	MAINTENANCE & REPAIRS	44,410	44,410	888,114	0	6.00
7.00 00700	OPERATION OF PLANT	1,091	1,091	978,900	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	760	760	88,902	0	8.00
9.00 00900	HOUSEKEEPING	3,375	3,375	1,007,738	0	9.00
10.00 01000	DIETARY	12,246	12,246	631,194	0	10.00
11.00 01100	CAFETERIA	0	0	709,883	0	11.00
13.00 01300	NURSING ADMINISTRATION	758	758	1,050,709	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,027	7,027	260,441	0	14.00
15.00 01500	PHARMACY	1,928	1,928	2,371,111	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,069	3,069	1,180,192	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	38,157	38,157	8,192,267	0	30.00
31.00 03100	INTENSIVE CARE UNIT	7,414	7,414	1,800,823	0	31.00
40.00 04000	SUBPROVIDER - IPF	11,281	11,281	2,723,098	0	40.00
43.00 04300	NURSERY	1,246	1,246	638,690	0	43.00
44.00 04400	SKILLED NURSING FACILITY	13,941	13,941	269,565	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	24,736	24,736	4,928,159	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,163,577	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	14,678	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,690	11,690	2,780,728	0	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	1,221	1,221	258,612	0	56.00
57.00 05700	CT SCAN	1,390	1,390	551,054	0	57.00
58.00 05800	MRI	2,010	2,010	255,561	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	6,024	6,024	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	137	137	722,159	0	65.00
66.00 06600	PHYSICAL THERAPY	3,099	3,099	1,246,956	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	111,491	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	64,573	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	3,087	3,087	423,099	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
76.00 03140	CARDIOLOGY	7,933	7,933	281,602	0	76.00
76.01 03950	WOUND CARE	0	0	346,773	0	76.01
76.97 07697	CARDIAC REHABILITATION	3,520	3,520	281,866	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	61,547	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOMENS CENTER	0	0	0	0	90.01
90.02 09002	PSYCH SERVICES	0	0	0	0	90.02
90.03 09003	OP BEHAVIORAL HEALTH	14,860	14,860	847,987	0	90.03
90.04 09004	DIABETES CENTER	0	0	122,588	0	90.04
91.00 09100	EMERGENCY	10,582	10,582	3,115,882	0	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)	327,283	327,283	43,009,160	-24,032,572	85,558,865
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,246	1,246	0	0	190.00
190.02 19002	CRISIS PROGRAM	1,900	1,900	1,216,453	0	190.02
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,177	2,177	0	0	192.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,591,467	4,461,974	10,697,944		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.791402	13.415194	0.241895		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			4.00 0.000000	5A	5.00 0.031452	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	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	197,905					6.00
7.00	00700	1,091	196,814				7.00
8.00	00800	760	760	604,238			8.00
9.00	00900	3,375	3,375	0	192,679		9.00
10.00	01000	12,246	12,246	0	12,246	206,532	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	758	758	0	758	0	13.00
14.00	01400	7,027	7,027	0	7,027	0	14.00
15.00	01500	1,928	1,928	0	1,928	0	15.00
16.00	01600	3,069	3,069	0	3,069	0	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	38,157	38,157	137,478	38,157	111,636	30.00
31.00	03100	7,414	7,414	23,936	7,414	14,567	31.00
40.00	04000	11,281	11,281	28,533	11,281	45,886	40.00
43.00	04300	1,246	1,246	12,501	1,246	0	43.00
44.00	04400	13,941	13,941	30,772	13,941	34,443	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	24,736	24,736	131,873	24,736	0	50.00
52.00	05200	0	0	26,004	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	11,690	11,690	45,022	11,690	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,221	1,221	0	1,221	0	56.00
57.00	05700	1,390	1,390	0	1,390	0	57.00
58.00	05800	2,010	2,010	0	2,010	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	6,024	6,024	0	6,024	0	60.00
65.00	06500	137	137	0	137	0	65.00
66.00	06600	3,099	3,099	0	3,099	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	3,087	3,087	0	3,087	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
76.00	03140	7,933	7,933	33,624	7,933	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.97	07697	3,520	3,520	44,452	3,520	0	76.97
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	14,860	14,860	0	14,860	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	10,582	10,582	90,043	10,582	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		192,582	191,491	604,238	187,356	206,532	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,246	1,246	0	1,246	0	190.00
190.02	19002	1,900	1,900	0	1,900	0	190.02
191.00	19100	0	0	0	0	0	191.00
192.00	19200	2,177	2,177	0	2,177	0	192.00
200.00							200.00
201.00							201.00
202.00		3,625,362	3,182,067	678,089	2,602,696	2,718,095	202.00
203.00		18.318698	16.167889	1.122222	13.507938	13.160648	203.00
204.00		1,050,389	112,870	36,663	152,735	397,779	204.00
205.00		5.307541	0.573486	0.060676	0.792691	1.925992	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		CAFETERIA (FTE)	NURSING ADMINISTRATION (NURSING HOURS/FTEs)	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	51,762					11.00
13.00	01300	1,408	36,007				13.00
14.00	01400	680	0	6,957,174			14.00
15.00	01500	2,514	0	0	4,231,006		15.00
16.00	01600	2,357	0	0	0	349,907,431	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	12,113	12,113	0	0	32,607,509	30.00
31.00	03100	2,199	2,199	0	0	6,573,521	31.00
40.00	04000	3,884	3,884	0	0	10,050,864	40.00
43.00	04300	830	830	0	0	2,200,744	43.00
44.00	04400	326	326	0	0	2,676,699	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,356	6,356	0	0	52,267,553	50.00
52.00	05200	1,515	1,515	0	0	4,578,180	52.00
53.00	05300	38	38	0	0	5,328,549	53.00
54.00	05400	3,727	0	0	0	41,090,111	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	274	0	0	0	4,922,616	56.00
57.00	05700	680	0	0	0	35,377,358	57.00
58.00	05800	277	0	0	0	12,003,674	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	32,700,561	60.00
65.00	06500	1,089	1,089	0	0	4,902,054	65.00
66.00	06600	1,690	0	0	0	6,348,939	66.00
67.00	06700	126	0	0	0	1,048,107	67.00
68.00	06800	69	0	0	0	285,040	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	596	596	0	0	4,062,810	70.01
71.00	07100	0	0	3,307,816	0	6,411,694	71.00
72.00	07200	0	0	3,649,358	0	11,871,371	72.00
73.00	07300	0	0	0	4,231,006	35,134,818	73.00
76.00	03140	401	401	0	0	2,022,040	76.00
76.01	03950	558	558	0	0	2,706,194	76.01
76.97	07697	373	373	0	0	675,504	76.97
76.98	07698	100	100	0	0	2,263,633	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	1,437	1,437	0	0	3,719,665	90.03
90.04	09004	168	0	0	0	206,863	90.04
91.00	09100	4,216	4,192	0	0	25,870,760	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		50,001	36,007	6,957,174	4,231,006	349,907,431	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.02	19002	1,761	0	0	0	0	190.02
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00							201.00
202.00		1,141,340	1,972,342	2,014,010	4,535,568	3,293,776	202.00
203.00		22.049766	54.776627	0.289487	1.071983	0.009413	203.00
204.00		28,146	68,876	455,389	417,044	163,160	204.00
205.00		0.543758	1.912850	0.065456	0.098569	0.000466	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		SOCIAL SERVICE	
		(TIME SPENT)	
		17.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
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
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03140	CARDIOLOGY	76.00
76.01	03950	WOUND CARE	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	WOMENS CENTER	90.01
90.02	09002	PSYCH SERVICES	90.02
90.03	09003	OP BEHAVIORAL HEALTH	90.03
90.04	09004	DIABETES CENTER	90.04
91.00	09100	EMERGENCY	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)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.02	19002	CRISIS PROGRAM	190.02
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140176		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 11/24/2014 1:00 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		19,544,492	0	19,544,492	30.00	
31.00	03100 INTENSIVE CARE UNIT		4,243,251	0	4,243,251	31.00	
40.00	04000 SUBPROVIDER - IPF		6,353,225	29,367	6,382,592	40.00	
43.00	04300 NURSERY		1,462,457	0	1,462,457	43.00	
44.00	04400 SKILLED NURSING FACILITY		4,960,545	6,935	4,967,480	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		13,105,900	20,500	13,126,400	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,530,937	0	2,530,937	52.00	
53.00	05300 ANESTHESIOLOGY		411,467	0	411,467	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,764,590	58,164	7,822,754	54.00	
55.00	05500 RADIOLOGY - THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		892,533	0	892,533	56.00	
57.00	05700 CT SCAN		1,781,568	0	1,781,568	57.00	
58.00	05800 MRI		864,122	0	864,122	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		4,533,668	0	4,533,668	60.00	
65.00	06500 RESPIRATORY THERAPY	0	1,566,097	0	1,566,097	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,497,416	8,626	2,506,042	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	191,543	0	191,543	67.00	
68.00	06800 SPEECH PATHOLOGY	0	107,739	0	107,739	68.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
70.01	07001 SLEEP LAB/NEUROLOGY		1,027,260	0	1,027,260	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		5,236,688	0	5,236,688	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,822,551	0	5,822,551	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		10,262,487	0	10,262,487	73.00	
76.00	03140 RADIOLOGY		1,173,281	0	1,173,281	76.00	
76.01	03950 WOUND CARE		1,127,115	10,488	1,137,603	76.01	
76.97	07697 CARDIAC REHABILITATION		819,341	24,974	844,315	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		326,223	0	326,223	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 WOMENS CENTER		0	0	0	90.01	
90.02	09002 PSYCH SERVICES		0	0	0	90.02	
90.03	09003 OP BEHAVIORAL HEALTH		2,661,962	7,187	2,669,149	90.03	
90.04	09004 DIABETES CENTER		202,990	0	202,990	90.04	
91.00	09100 EMERGENCY		7,355,431	18,637	7,374,068	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,392,210	0	2,392,210	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)		111,219,089	184,878	111,403,967	200.00	
201.00	Less Observation Beds		2,392,210	0	2,392,210	201.00	
202.00	Total (see instructions)		108,826,879	184,878	109,011,757	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140176		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 11/24/2014 1:00 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,284,197		29,284,197		30.00
31.00	03100	INTENSIVE CARE UNIT	6,573,521		6,573,521		31.00
40.00	04000	SUBPROVIDER - IPF	10,050,864		10,050,864		40.00
43.00	04300	NURSERY	2,200,744		2,200,744		43.00
44.00	04400	SKILLED NURSING FACILITY	2,676,699		2,676,699		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,642,112	37,625,441	52,267,553	0.250746	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,025,683	552,497	4,578,180	0.552826	52.00
53.00	05300	ANESTHESIOLOGY	1,979,172	3,349,377	5,328,549	0.077219	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,299,183	34,790,928	41,090,111	0.188965	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	765,839	4,156,777	4,922,616	0.181313	56.00
57.00	05700	CT SCAN	9,509,134	25,868,224	35,377,358	0.050359	57.00
58.00	05800	MRI	1,984,246	10,019,428	12,003,674	0.071988	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	18,042,872	14,657,689	32,700,561	0.138642	60.00
65.00	06500	RESPIRATORY THERAPY	4,178,010	724,044	4,902,054	0.319478	65.00
66.00	06600	PHYSICAL THERAPY	2,174,140	4,174,799	6,348,939	0.393360	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,025,434	22,673	1,048,107	0.182751	67.00
68.00	06800	SPEECH PATHOLOGY	279,443	5,597	285,040	0.377979	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	130,751	3,932,059	4,062,810	0.252845	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,473,566	2,938,128	6,411,694	0.816740	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,642,888	3,228,483	11,871,371	0.490470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,038,051	17,096,767	35,134,818	0.292089	73.00
76.00	03140	CARDIOLOGY	202,228	1,819,812	2,022,040	0.580246	76.00
76.01	03950	WOUND CARE	8,582	2,697,612	2,706,194	0.416495	76.01
76.97	07697	CARDIAC REHABILITATION	82	675,422	675,504	1.212933	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,729	2,260,904	2,263,633	0.144115	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	WOMENS CENTER	0	0	0	0.000000	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0.000000	90.02
90.03	09003	OP BEHAVIORAL HEALTH	8,834	3,710,831	3,719,665	0.715646	90.03
90.04	09004	DIABETES CENTER	0	206,863	206,863	0.981277	90.04
91.00	09100	EMERGENCY	6,046,901	19,823,859	25,870,760	0.284314	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,323,312	3,323,312	0.719827	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	152,245,905	197,661,526	349,907,431		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	152,245,905	197,661,526	349,907,431		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/24/2014 1:00 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.251139		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.552826		52.00
53.00	05300 ANESTHESIOLOGY	0.077219		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.190380		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.181313		56.00
57.00	05700 CT SCAN	0.050359		57.00
58.00	05800 MRI	0.071988		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.138642		60.00
65.00	06500 RESPIRATORY THERAPY	0.319478		65.00
66.00	06600 PHYSICAL THERAPY	0.394718		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.182751		67.00
68.00	06800 SPEECH PATHOLOGY	0.377979		68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.252845		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.816740		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.490470		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.292089		73.00
76.00	03140 RADIOLOGY	0.580246		76.00
76.01	03950 WOUND CARE	0.420370		76.01
76.97	07697 CARDIAC REHABILITATION	1.249904		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.144115		76.98
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOMENS CENTER	0.000000		90.01
90.02	09002 PSYCH SERVICES	0.000000		90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.717578		90.03
90.04	09004 DIABETES CENTER	0.981277		90.04
91.00	09100 EMERGENCY	0.285035		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.719827		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: 140176		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 11/24/2014 1:00 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		19,544,492	0	19,544,492	30.00	
31.00	03100 INTENSIVE CARE UNIT		4,243,251	0	4,243,251	31.00	
40.00	04000 SUBPROVIDER - IPF		6,353,225	29,367	6,382,592	40.00	
43.00	04300 NURSERY		1,462,457	0	1,462,457	43.00	
44.00	04400 SKILLED NURSING FACILITY		4,960,545	6,935	4,967,480	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		13,105,900	20,500	13,126,400	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,530,937	0	2,530,937	52.00	
53.00	05300 ANESTHESIOLOGY		411,467	0	411,467	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,764,590	58,164	7,822,754	54.00	
55.00	05500 RADIOLOGY - THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		892,533	0	892,533	56.00	
57.00	05700 CT SCAN		1,781,568	0	1,781,568	57.00	
58.00	05800 MRI		864,122	0	864,122	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		4,533,668	0	4,533,668	60.00	
65.00	06500 RESPIRATORY THERAPY	0	1,566,097	0	1,566,097	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,497,416	8,626	2,506,042	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	191,543	0	191,543	67.00	
68.00	06800 SPEECH PATHOLOGY	0	107,739	0	107,739	68.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
70.01	07001 SLEEP LAB/NEUROLOGY		1,027,260	0	1,027,260	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		5,236,688	0	5,236,688	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,822,551	0	5,822,551	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		10,262,487	0	10,262,487	73.00	
76.00	03140 RADIOLOGY		1,173,281	0	1,173,281	76.00	
76.01	03950 WOUND CARE		1,127,115	10,488	1,137,603	76.01	
76.97	07697 CARDIAC REHABILITATION		819,341	24,974	844,315	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		326,223	0	326,223	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 WOMENS CENTER		0	0	0	90.01	
90.02	09002 PSYCH SERVICES		0	0	0	90.02	
90.03	09003 OP BEHAVIORAL HEALTH		2,661,962	7,187	2,669,149	90.03	
90.04	09004 DIABETES CENTER		202,990	0	202,990	90.04	
91.00	09100 EMERGENCY		7,355,431	18,637	7,374,068	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,392,210	0	2,392,210	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)		111,219,089	184,878	111,403,967	200.00	
201.00	Less Observation Beds		2,392,210	0	2,392,210	201.00	
202.00	Total (see instructions)		108,826,879	184,878	109,011,757	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
11/24/2014 1:00 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,284,197		29,284,197		30.00
31.00	03100	INTENSIVE CARE UNIT	6,573,521		6,573,521		31.00
40.00	04000	SUBPROVIDER - IPF	10,050,864		10,050,864		40.00
43.00	04300	NURSERY	2,200,744		2,200,744		43.00
44.00	04400	SKILLED NURSING FACILITY	2,676,699		2,676,699		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,642,112	37,625,441	52,267,553	0.250746	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,025,683	552,497	4,578,180	0.552826	52.00
53.00	05300	ANESTHESIOLOGY	1,979,172	3,349,377	5,328,549	0.077219	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,299,183	34,790,928	41,090,111	0.188965	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	765,839	4,156,777	4,922,616	0.181313	56.00
57.00	05700	CT SCAN	9,509,134	25,868,224	35,377,358	0.050359	57.00
58.00	05800	MRI	1,984,246	10,019,428	12,003,674	0.071988	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	18,042,872	14,657,689	32,700,561	0.138642	60.00
65.00	06500	RESPIRATORY THERAPY	4,178,010	724,044	4,902,054	0.319478	65.00
66.00	06600	PHYSICAL THERAPY	2,174,140	4,174,799	6,348,939	0.393360	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,025,434	22,673	1,048,107	0.182751	67.00
68.00	06800	SPEECH PATHOLOGY	279,443	5,597	285,040	0.377979	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	130,751	3,932,059	4,062,810	0.252845	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,473,566	2,938,128	6,411,694	0.816740	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,642,888	3,228,483	11,871,371	0.490470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,038,051	17,096,767	35,134,818	0.292089	73.00
76.00	03140	CARDIOLOGY	202,228	1,819,812	2,022,040	0.580246	76.00
76.01	03950	WOUND CARE	8,582	2,697,612	2,706,194	0.416495	76.01
76.97	07697	CARDIAC REHABILITATION	82	675,422	675,504	1.212933	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,729	2,260,904	2,263,633	0.144115	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	WOMENS CENTER	0	0	0	0.000000	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0.000000	90.02
90.03	09003	OP BEHAVIORAL HEALTH	8,834	3,710,831	3,719,665	0.715646	90.03
90.04	09004	DIABETES CENTER	0	206,863	206,863	0.981277	90.04
91.00	09100	EMERGENCY	6,046,901	19,823,859	25,870,760	0.284314	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,323,312	3,323,312	0.719827	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	152,245,905	197,661,526	349,907,431		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	152,245,905	197,661,526	349,907,431		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	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
76.00	03140 RADIOLOGY	0.000000			76.00
76.01	03950 WOUND CARE	0.000000			76.01
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 WOMENS CENTER	0.000000			90.01
90.02	09002 PSYCH SERVICES	0.000000			90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.000000			90.03
90.04	09004 DIABETES CENTER	0.000000			90.04
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: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	Hospital	PPS

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,707,553	0	1,707,553	18,497	92.32	30.00
31.00	INTENSIVE CARE UNIT	330,629	0	330,629	2,138	154.64	31.00
40.00	SUBPROVIDER - IPF	536,799	0	536,799	6,817	78.74	40.00
43.00	NURSERY	70,724		70,724	1,914	36.95	43.00
44.00	SKILLED NURSING FACILITY	551,634		551,634	5,114	107.87	44.00
200.00	Total (lines 30-199)	3,197,339		3,197,339	34,480		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	8,263	762,840				30.00
31.00	INTENSIVE CARE UNIT	1,419	219,434				31.00
40.00	SUBPROVIDER - IPF	2,104	165,669				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	3,773	406,994				44.00
200.00	Total (lines 30-199)	15,559	1,554,937				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part II
Date/Time Prepared:
11/24/2014 1:00 pm

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	1,197,439	52,267,553	0.022910	6,786,286	155,474	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,195	4,578,180	0.014240	0	0	52.00
53.00	05300	ANESTHESIOLOGY	16,187	5,328,549	0.003038	805,363	2,447	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,018,204	41,090,111	0.024780	3,907,995	96,840	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	56,609	4,922,616	0.011500	440,779	5,069	56.00
57.00	05700	CT SCAN	89,317	35,377,358	0.002525	4,928,153	12,444	57.00
58.00	05800	MRI	77,779	12,003,674	0.006480	1,068,265	6,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	280,271	32,700,561	0.008571	9,209,409	78,934	60.00
65.00	06500	RESPIRATORY THERAPY	79,568	4,902,054	0.016232	2,623,917	42,591	65.00
66.00	06600	PHYSICAL THERAPY	401,185	6,348,939	0.063189	883,662	55,838	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,969	1,048,107	0.004741	339,308	1,609	67.00
68.00	06800	SPEECH PATHOLOGY	2,724	285,040	0.009557	189,867	1,815	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	111,675	4,062,810	0.027487	86,231	2,370	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	323,541	6,411,694	0.050461	1,622,172	81,856	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	359,185	11,871,371	0.030256	3,931,107	118,940	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	566,491	35,134,818	0.016123	8,864,815	142,927	73.00
76.00	03140	CARDIOLOGY	242,526	2,022,040	0.119941	118,243	14,182	76.00
76.01	03950	WOUND CARE	161,684	2,706,194	0.059746	8,582	513	76.01
76.97	07697	CARDIAC REHABILITATION	118,413	675,504	0.175296	82	14	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,630	2,263,633	0.003812	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0.000000	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0.000000	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	464,036	3,719,665	0.124752	1,421	177	90.03
90.04	09004	DIABETES CENTER	5,054	206,863	0.024432	0	0	90.04
91.00	09100	EMERGENCY	497,016	25,870,760	0.019211	3,083,175	59,231	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	209,000	3,323,312	0.062889	0	0	92.00
200.00		Total (lines 50-199)	6,356,698	299,121,406		48,898,832	880,193	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 11/24/2014 1:00 pm
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Cost Center Description			Title XVIII			Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	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)	PSA Adj. Nursing School		
			6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	18,497	0.00	8,263	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,138	0.00	1,419	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	6,817	0.00	2,104	0	0	0	40.00
43.00	04300	NURSERY	1,914	0.00	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,114	0.00	3,773	0	0	0	44.00
200.00		Total (lines 30-199)	34,480		15,559	0	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
			12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0	0					31.00
40.00	04000	SUBPROVIDER - IPF	0	0					40.00
43.00	04300	NURSERY	0	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0	0					44.00
200.00		Total (lines 30-199)	0	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0	0	0	0	0	0	90.03
90.04	09004	DIABETES CENTER	0	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	52,267,553	0.000000	0.000000	6,786,286	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,578,180	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,328,549	0.000000	0.000000	805,363	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,090,111	0.000000	0.000000	3,907,995	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,922,616	0.000000	0.000000	440,779	56.00
57.00	05700	CT SCAN	0	35,377,358	0.000000	0.000000	4,928,153	57.00
58.00	05800	MRI	0	12,003,674	0.000000	0.000000	1,068,265	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	32,700,561	0.000000	0.000000	9,209,409	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,902,054	0.000000	0.000000	2,623,917	65.00
66.00	06600	PHYSICAL THERAPY	0	6,348,939	0.000000	0.000000	883,662	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,048,107	0.000000	0.000000	339,308	67.00
68.00	06800	SPEECH PATHOLOGY	0	285,040	0.000000	0.000000	189,867	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	4,062,810	0.000000	0.000000	86,231	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,411,694	0.000000	0.000000	1,622,172	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,871,371	0.000000	0.000000	3,931,107	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,134,818	0.000000	0.000000	8,864,815	73.00
76.00	03140	CARDIOLOGY	0	2,022,040	0.000000	0.000000	118,243	76.00
76.01	03950	WOUND CARE	0	2,706,194	0.000000	0.000000	8,582	76.01
76.97	07697	CARDIAC REHABILITATION	0	675,504	0.000000	0.000000	82	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,263,633	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	WOMENS CENTER	0	0	0.000000	0.000000	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0.000000	0.000000	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0	3,719,665	0.000000	0.000000	1,421	90.03
90.04	09004	DIABETES CENTER	0	206,863	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	25,870,760	0.000000	0.000000	3,083,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,323,312	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	299,121,406			48,898,832	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,012,274	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	674,286	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,384,099	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,701,302	0	0	0	56.00
57.00	05700	CT SCAN	0	6,563,248	0	0	0	57.00
58.00	05800	MRI	0	2,954,096	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,372,388	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	298,719	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	1,455,874	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	508,150	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	767,107	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,983,183	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	665,836	0	0	0	76.00
76.01	03950	WOUND CARE	0	1,453,859	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	375,666	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	796,186	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0	453,933	0	0	0	90.03
90.04	09004	DIABETES CENTER	0	44,462	0	0	0	90.04
91.00	09100	EMERGENCY	0	3,369,889	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,033,863	0	0	0	92.00
200.00		Total (lines 50-199)	0	51,868,420	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0			70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00	03140 CARDIOLOGY	0	0			76.00
76.01	03950 WOUND CARE	0	0			76.01
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.01	09001 WOMENS CENTER	0	0			90.01
90.02	09002 PSYCH SERVICES	0	0			90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0			90.03
90.04	09004 DIABETES CENTER	0	0			90.04
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.250746	10,012,274	0	0	2,510,538	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.552826	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.077219	674,286	0	0	52,068	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188965	9,384,099	0	0	1,773,266	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.181313	1,701,302	0	0	308,468	56.00
57.00	05700	CT SCAN	0.050359	6,563,248	0	0	330,519	57.00
58.00	05800	MRI	0.071988	2,954,096	0	0	212,659	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.138642	2,372,388	0	0	328,913	60.00
65.00	06500	RESPIRATORY THERAPY	0.319478	298,719	533	0	95,434	65.00
66.00	06600	PHYSICAL THERAPY	0.393360	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182751	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.377979	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.252845	1,455,874	0	0	368,110	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.816740	508,150	0	0	415,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.490470	767,107	19,000	0	376,243	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.292089	6,983,183	1,802	28,832	2,039,711	73.00
76.00	03140	CARDIOLOGY	0.580246	665,836	0	0	386,349	76.00
76.01	03950	WOUND CARE	0.416495	1,453,859	0	0	605,525	76.01
76.97	07697	CARDIAC REHABILITATION	1.212933	375,666	0	0	455,658	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.144115	796,186	0	0	114,742	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0.000000	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0.000000	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0.715646	453,933	0	0	324,855	90.03
90.04	09004	DIABETES CENTER	0.981277	44,462	0	0	43,630	90.04
91.00	09100	EMERGENCY	0.284314	3,369,889	0	0	958,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.719827	1,033,863	0	0	744,203	92.00
200.00		Subtotal (see instructions)		51,868,420	21,335	28,832	12,444,024	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		51,868,420	21,335	28,832	12,444,024	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	170	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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,319	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	526	8,422	73.00
76.00	03140 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	90.04
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)	10,015	8,422	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	10,015	8,422	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 11/24/2014 1:00 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,197,439	52,267,553	0.022910	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	65,195	4,578,180	0.014240	0	0	52.00
53.00	05300 ANESTHESIOLOGY	16,187	5,328,549	0.003038	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,018,204	41,090,111	0.024780	6,462	160	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	56,609	4,922,616	0.011500	4,055	47	56.00
57.00	05700 CT SCAN	89,317	35,377,358	0.002525	18,937	48	57.00
58.00	05800 MRI	77,779	12,003,674	0.006480	5,085	33	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	280,271	32,700,561	0.008571	206,066	1,766	60.00
65.00	06500 RESPIRATORY THERAPY	79,568	4,902,054	0.016232	1,098	18	65.00
66.00	06600 PHYSICAL THERAPY	401,185	6,348,939	0.063189	7,124	450	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,969	1,048,107	0.004741	715	3	67.00
68.00	06800 SPEECH PATHOLOGY	2,724	285,040	0.009557	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	111,675	4,062,810	0.027487	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	323,541	6,411,694	0.050461	850	43	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	359,185	11,871,371	0.030256	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	566,491	35,134,818	0.016123	406,554	6,555	73.00
76.00	03140 RADIOLOGY	242,526	2,022,040	0.119941	1,254	150	76.00
76.01	03950 WOUND CARE	161,684	2,706,194	0.059746	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	118,413	675,504	0.175296	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	8,630	2,263,633	0.003812	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	0.000000	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	0.000000	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	464,036	3,719,665	0.124752	3,958	494	90.03
90.04	09004 DIABETES CENTER	5,054	206,863	0.024432	0	0	90.04
91.00	09100 EMERGENCY	497,016	25,870,760	0.019211	71,693	1,377	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,323,312	0.000000	0	0	92.00
200.00	Total (lines 50-199)	6,147,698	299,121,406		733,851	11,144	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 1:00 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	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
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0	0	0	0	90.03
90.04	09004	DIABETES CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 1:00 pm
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	52,267,553	0.000000	0.000000	0 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,578,180	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	5,328,549	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	41,090,111	0.000000	0.000000	6,462 54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0 55.00
56.00 05600 RADIOISOTOPE	0	4,922,616	0.000000	0.000000	4,055 56.00
57.00 05700 CT SCAN	0	35,377,358	0.000000	0.000000	18,937 57.00
58.00 05800 MRI	0	12,003,674	0.000000	0.000000	5,085 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	32,700,561	0.000000	0.000000	206,066 60.00
65.00 06500 RESPIRATORY THERAPY	0	4,902,054	0.000000	0.000000	1,098 65.00
66.00 06600 PHYSICAL THERAPY	0	6,348,939	0.000000	0.000000	7,124 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,048,107	0.000000	0.000000	715 67.00
68.00 06800 SPEECH PATHOLOGY	0	285,040	0.000000	0.000000	0 68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0 70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	4,062,810	0.000000	0.000000	0 70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,411,694	0.000000	0.000000	850 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	11,871,371	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	35,134,818	0.000000	0.000000	406,554 73.00
76.00 03140 RADIOLOGY	0	2,022,040	0.000000	0.000000	1,254 76.00
76.01 03950 WOUND CARE	0	2,706,194	0.000000	0.000000	0 76.01
76.97 07697 CARDIAC REHABILITATION	0	675,504	0.000000	0.000000	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	2,263,633	0.000000	0.000000	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.01 09001 WOMENS CENTER	0	0	0.000000	0.000000	0 90.01
90.02 09002 PSYCH SERVICES	0	0	0.000000	0.000000	0 90.02
90.03 09003 OP BEHAVIORAL HEALTH	0	3,719,665	0.000000	0.000000	3,958 90.03
90.04 09004 DIABETES CENTER	0	206,863	0.000000	0.000000	0 90.04
91.00 09100 EMERGENCY	0	25,870,760	0.000000	0.000000	71,693 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,323,312	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	0	299,121,406			733,851 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 1:00 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	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
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	76.01
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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	0	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	0	0	0	90.04
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: 140176 Component CCN: 14S176	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 1:00 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 1:00 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	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
76.00	03140 CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	76.01
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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	0	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	0	0	0	90.04
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: 140176 Component CCN: 145788	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 1:00 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	52,267,553	0.000000	0.000000	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,578,180	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	5,328,549	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	41,090,111	0.000000	0.000000	16,579	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	4,922,616	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	35,377,358	0.000000	0.000000	4,350	57.00
58.00 05800 MRI	0	12,003,674	0.000000	0.000000	4,822	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	32,700,561	0.000000	0.000000	375,030	60.00
65.00 06500 RESPIRATORY THERAPY	0	4,902,054	0.000000	0.000000	0	65.00
66.00 06600 PHYSICAL THERAPY	0	6,348,939	0.000000	0.000000	941,131	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,048,107	0.000000	0.000000	560,093	67.00
68.00 06800 SPEECH PATHOLOGY	0	285,040	0.000000	0.000000	21,323	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	4,062,810	0.000000	0.000000	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,411,694	0.000000	0.000000	1,327	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	11,871,371	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	35,134,818	0.000000	0.000000	566,624	73.00
76.00 03140 RADIOLOGY	0	2,022,040	0.000000	0.000000	0	76.00
76.01 03950 WOUND CARE	0	2,706,194	0.000000	0.000000	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	675,504	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	2,263,633	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 WOMENS CENTER	0	0	0.000000	0.000000	0	90.01
90.02 09002 PSYCH SERVICES	0	0	0.000000	0.000000	0	90.02
90.03 09003 OP BEHAVIORAL HEALTH	0	3,719,665	0.000000	0.000000	0	90.03
90.04 09004 DIABETES CENTER	0	206,863	0.000000	0.000000	0	90.04
91.00 09100 EMERGENCY	0	25,870,760	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,323,312	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	299,121,406			2,491,279	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 1:00 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	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
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.01 03950 WOUND CARE	0	0	0	0	0	76.01
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
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOMENS CENTER	0	0	0	0	0	90.01
90.02 09002 PSYCH SERVICES	0	0	0	0	0	90.02
90.03 09003 OP BEHAVIORAL HEALTH	0	0	0	0	0	90.03
90.04 09004 DIABETES CENTER	0	0	0	0	0	90.04
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: 140176 Component CCN: 145788	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 1:00 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/24/2014 1:00 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,497	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,497	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)		16,233	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,263	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)		19,544,492	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)		19,544,492	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)		19,544,492	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,056.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,730,934	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		8,730,934	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/24/2014 1:00 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	4,243,251	2,138	1,984.68	1,419	2,816,261	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)					12,329,413	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					23,876,608	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)					982,274	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					880,193	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,862,467	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,014,141	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,264	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,056.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,392,210	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/24/2014 1:00 pm	
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	1,707,553	19,544,492	0.087367	2,392,210	209,000	90.00
91.00	Nursing School cost	0	19,544,492	0.000000	2,392,210	0	91.00
92.00	Allied health cost	0	19,544,492	0.000000	2,392,210	0	92.00
93.00	All other Medical Education	0	19,544,492	0.000000	2,392,210	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,817	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,817	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)		6,817	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,104	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)		6,382,592	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)		6,382,592	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)		6,382,592	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)		936.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,969,933	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,969,933	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 14S176				Date/Time Prepared: 11/24/2014 1:00 pm	
		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)					178,595		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,148,528		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)					165,669		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					11,144		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					176,813		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,971,715		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: 140176 Component CCN: 14S176		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/24/2014 1:00 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	536,799	6,382,592	0.084104	0	0	90.00
91.00	Nursing School cost	0	6,382,592	0.000000	0	0	91.00
92.00	Allied health cost	0	6,382,592	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,382,592	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,114	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,114	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,114	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)		3,773	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,967,480	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,967,480	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,967,480	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1	
		Component CCN: 145788		Date/Time Prepared: 11/24/2014 1:00 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				4,967,480 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				971.35 71.00
72.00	Program routine service cost (line 9 x line 71)				3,664,904 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				3,664,904 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				3,664,904 83.00
84.00	Program inpatient ancillary services (see instructions)				702,904 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				4,367,808 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: 140176 Component CCN: 145788		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/24/2014 1:00 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/24/2014 1:00 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,613,263	30.00
31.00	03100	INTENSIVE CARE UNIT		4,293,968	31.00
40.00	04000	SUBPROVIDER - IPF		5,900	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.251139	6,786,286	1,704,301 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.552826	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.077219	805,363	62,189 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.190380	3,907,995	744,004 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.181313	440,779	79,919 56.00
57.00	05700	CT SCAN	0.050359	4,928,153	248,177 57.00
58.00	05800	MRI	0.071988	1,068,265	76,902 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.138642	9,209,409	1,276,811 60.00
65.00	06500	RESPIRATORY THERAPY	0.319478	2,623,917	838,284 65.00
66.00	06600	PHYSICAL THERAPY	0.394718	883,662	348,797 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182751	339,308	62,009 67.00
68.00	06800	SPEECH PATHOLOGY	0.377979	189,867	71,766 68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.252845	86,231	21,803 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.816740	1,622,172	1,324,893 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.490470	3,931,107	1,928,090 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.292089	8,864,815	2,589,315 73.00
76.00	03140	CARDIOLOGY	0.580246	118,243	68,610 76.00
76.01	03950	WOUND CARE	0.420370	8,582	3,608 76.01
76.97	07697	CARDIAC REHABILITATION	1.249904	82	102 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.144115	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	WOMENS CENTER	0.000000	0	0 90.01
90.02	09002	PSYCH SERVICES	0.000000	0	0 90.02
90.03	09003	OP BEHAVIORAL HEALTH	0.717578	1,421	1,020 90.03
90.04	09004	DIABETES CENTER	0.981277	0	0 90.04
91.00	09100	EMERGENCY	0.285035	3,083,175	878,813 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.719827	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		48,898,832	12,329,413 200.00
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)		48,898,832	12,329,413 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/24/2014 1:00 pm
		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		3,105,101	40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.251139	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.552826	0	52.00
53.00	05300 ANESTHESIOLOGY	0.077219	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.190380	6,462	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0.181313	4,055	56.00
57.00	05700 CT SCAN	0.050359	18,937	57.00
58.00	05800 MRI	0.071988	5,085	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000 LABORATORY	0.138642	206,066	60.00
65.00	06500 RESPIRATORY THERAPY	0.319478	1,098	65.00
66.00	06600 PHYSICAL THERAPY	0.394718	7,124	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.182751	715	67.00
68.00	06800 SPEECH PATHOLOGY	0.377979	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.252845	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.816740	850	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.490470	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.292089	406,554	73.00
76.00	03140 CARDIOLOGY	0.580246	1,254	76.00
76.01	03950 WOUND CARE	0.420370	0	76.01
76.97	07697 CARDIAC REHABILITATION	1.249904	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.144115	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	90.00
90.01	09001 WOMENS CENTER	0.000000	0	90.01
90.02	09002 PSYCH SERVICES	0.000000	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.717578	3,958	90.03
90.04	09004 DIABETES CENTER	0.981277	0	90.04
91.00	09100 EMERGENCY	0.285035	71,693	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.719827	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		733,851	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)		733,851	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.250746	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.552826	0	52.00
53.00	05300 ANESTHESIOLOGY	0.077219	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.188965	16,579	3,133 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0.181313	0	56.00
57.00	05700 CT SCAN	0.050359	4,350	219 57.00
58.00	05800 MRI	0.071988	4,822	347 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000 LABORATORY	0.138642	375,030	51,995 60.00
65.00	06500 RESPIRATORY THERAPY	0.319478	0	65.00
66.00	06600 PHYSICAL THERAPY	0.393360	941,131	370,203 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.182751	560,093	102,358 67.00
68.00	06800 SPEECH PATHOLOGY	0.377979	21,323	8,060 68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.252845	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.816740	1,327	1,084 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.490470	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.292089	566,624	165,505 73.00
76.00	03140 CARDIOLOGY	0.580246	0	76.00
76.01	03950 WOUND CARE	0.416495	0	76.01
76.97	07697 CARDIAC REHABILITATION	1.212933	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.144115	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	90.00
90.01	09001 WOMENS CENTER	0.000000	0	90.01
90.02	09002 PSYCH SERVICES	0.000000	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.715646	0	90.03
90.04	09004 DIABETES CENTER	0.981277	0	90.04
91.00	09100 EMERGENCY	0.284314	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.719827	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,491,279	702,904 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		2,491,279	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/24/2014 1:00 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
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, 2013 (see instructions)		4,157,714		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		13,583,085		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		585,876		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		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		84.80		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) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 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
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
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.40		30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.31		31.00
32.00	Sum of lines 30 and 31		20.71		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/24/2014 1:00 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		6.30	1.01	
34.00	Disproportionate share adjustment (see instructions)		475,870		
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				0
35.01	Factor 3 (see instructions)				0.00000000
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				1,114,975
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				833,940
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		833,940		
Additional payment for high percentage of ESRD beneficiary discharges					
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		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		19,636,485		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		19,636,485		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,457,286		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		
53.00	Nursing and Allied Health Managed Care payment		0		
54.00	Special add-on payments for new technologies		0		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		
59.00	Total (sum of amounts on lines 49 through 58)		21,093,771		
60.00	Primary payer payments		37,249		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		21,056,522		
62.00	Deductibles billed to program beneficiaries		2,018,752		
63.00	Coinurance billed to program beneficiaries		59,752		
64.00	Allowable bad debts (see instructions)		320,382		
65.00	Adjusted reimbursable bad debts (see instructions)		208,248		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		290,826			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		19,186,266			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		355			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-128,509			70.94
70.95	Recovery of accelerated depreciation		0			70.95
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
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		19,058,112			71.00
71.01	Sequestration adjustment (see instructions)		381,162			71.01
72.00	Interim payments		18,542,816			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		134,134			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		29,106			75.00
TO BE COMPLETED BY CONTRACTOR						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part 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

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140176		Period: From 07/01/2013 To 06/30/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 11/24/2014 1:00 pm	
		PPS					
	Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value		
	1.00	2.00	3.00	4.00	5.00		
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.40	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	18.31	0.00			18.31	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	20.71	0.00			18.31	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	84.80	0.00			84.80	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	6.30	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	2,731	0			2,731	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	409	0			409	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	25	0			25	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	9	0			9	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	497	0			497	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	84	0			84	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	3,755	0			3,755	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	20,285	0			20,285	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	224	0			224	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	20,509	0			20,509	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	18.31	0.00			18.31	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140176		Period: From 07/01/2013 To 06/30/2014		Worksheet DSH Date/Time Prepared: 11/24/2014 1:00 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	6.30		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		6.30		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		6.30		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet DSH Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	4.65		29.00
30.00	Line 28 or 29 as applicable	4.65		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2014 1:00 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	4,157,714	0	4,157,714	0	4,157,714	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	13,583,085	0	0	13,583,085	13,583,085	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	585,876	0	90,012	495,864	585,876	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0630	0.0630	0.0630	0.0630		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	475,870	0	261,936	213,934	475,870	11.00
11.01	Uncompensated care payments	36.00	833,940	0	0	833,940	833,940	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	19,636,485	0	4,509,662	15,126,823	19,636,485	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	19,636,485	0	4,509,662	15,126,823	19,636,485	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	1,457,286	0	336,288	1,120,998	1,457,286	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	4,845,950	16,247,821	21,093,771	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2014 1:00 pm

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,416,160	0	330,625	1,085,536	1,416,161	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	41,126	0	5,663	35,463	41,126	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	1,457,286	0	336,288	1,120,998	1,457,286	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		N					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		18,437	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,444,024	2.00
3.00	PPS payments		10,432,083	3.00
4.00	Outlier payment (see instructions)		15,410	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 Worksheet D, Part IV, column 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)		18,437	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		50,167	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		50,167	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)		50,167	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		31,730	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)		18,437	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)		10,447,493	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,907	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,431,033	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		8,030,990	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		8,030,990	30.00
31.00	Primary payer payments		2,360	31.00
32.00	Subtotal (line 30 minus line 31)		8,028,630	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		235,554	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		153,110	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		235,481	36.00
37.00	Subtotal (see instructions)		8,181,740	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,181,740	40.00
40.01	Sequestration adjustment (see instructions)		163,635	40.01
41.00	Interim payments		8,055,352	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-37,247	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
11/24/2014 1:00 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		18,568,560		8,088,046	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/24/2014	25,744	02/24/2014	32,694	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)		-25,744		-32,694	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)		18,542,816		8,055,352	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		134,134		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		37,247	6.02
7.00	Total Medicare program liability (see instructions)		18,676,950		8,018,105	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: 140176
Component CCN: 14S176

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
11/24/2014 1:00 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,490,163		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,490,163		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		77,457		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,567,620		0	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: 140176
Component CCN: 145788

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
11/24/2014 1:00 pm
PPS

Title XVIII

Skilled Nursing
Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,838,911		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,838,911		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,838,911		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part II Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			5,347 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			9,682 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			677 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			18,371 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			349,907,431 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			9,983,259 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,648,104 8.00
9.00	Sequestration adjustment amount (see instructions)			32,962 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,615,142 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,720,458 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)			-105,316 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part II Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	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)			1,700,984 1.00
2.00	Net IPF PPS Outlier Payments			551 2.00
3.00	Net IPF PPS ECT Payments			0 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 §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 inst.)			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 inst.)			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)			18.676712 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,701,535 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)			1,701,535 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,701,535 18.00
19.00	Deductibles			153,600 19.00
20.00	Subtotal (line 18 minus line 19)			1,547,935 20.00
21.00	Coinsurance			27,360 21.00
22.00	Subtotal (line 20 minus line 21)			1,520,575 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			121,596 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			79,037 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			81,996 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,599,612 26.00
27.00	Direct graduate medical education payments (from Worksheet 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
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,599,612 31.00
31.01	Sequestration adjustment (see instructions)			31,992 31.01
32.00	Interim payments			1,490,163 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			77,457 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			551 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VI Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,936,992	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,936,992	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		60,552	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,876,440	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,876,440	15.00
15.01	Sequestration adjustment (see instructions)		37,529	15.01
16.00	Interim payments		1,838,911	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet G
Date/Time Prepared:
11/24/2014 1:00 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-85,000	0	0	0	1.00
2.00	Temporary investments	151,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	21,978,000	0	0	0	4.00
5.00	Other receivable	29,958,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,118,000	0	0	0	7.00
8.00	Prepaid expenses	953,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	55,073,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	219,885	0	0	0	12.00
13.00	Land improvements	3,212,830	0	0	0	13.00
14.00	Accumulated depreciation	-1,928,907	0	0	0	14.00
15.00	Buildings	72,764,747	0	0	0	15.00
16.00	Accumulated depreciation	-49,096,375	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	52,118,470	0	0	0	23.00
24.00	Accumulated depreciation	-43,670,890	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	8,849,873	0	0	0	27.00
28.00	Accumulated depreciation	-1,893,633	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)	40,576,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	39,418,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,238,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	46,656,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	142,305,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,228,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,260,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	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	0	0	0	0	43.00
44.00	Other current liabilities	5,006,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,494,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	70,045,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,619,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	72,664,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	88,158,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	54,147,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	54,147,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	142,305,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-1

Date/Time Prepared:
11/24/2014 1:00 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		43,203,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,767,000			2.00
3.00	Total (sum of line 1 and line 2)		49,970,000		0	3.00
4.00	UNRESTRICTED NET ASSETS RELEASED	217,000		0		4.00
5.00	CHANGES IN UNREALIZED GAINS	2,905,000		0		5.00
6.00	CHANGES IN TEMP RESTRICTED ASSETS	1,055,000		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)		4,177,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		54,147,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		54,147,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	UNRESTRICTED NET ASSETS RELEASED		0			4.00
5.00	CHANGES IN UNREALIZED GAINS		0			5.00
6.00	CHANGES IN TEMP RESTRICTED ASSETS		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			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: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/24/2014 1:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	31,484,942		31,484,942	1.00
2.00	SUBPROVIDER - IPF	10,050,864		10,050,864	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	2,676,699		2,676,699	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)	44,212,505		44,212,505	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,573,521		6,573,521	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)	6,573,521		6,573,521	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	50,786,026		50,786,026	17.00
18.00	Ancillary services	95,404,144	170,596,658	266,000,802	18.00
19.00	Outpatient services	6,055,735	27,064,865	33,120,600	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	CRISIS PROGRAM	0	1,968,031	1,968,031	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	152,245,905	199,629,554	351,875,459	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		128,487,536		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		128,487,536		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140176

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-3

Date/Time Prepared:
11/24/2014 1:00 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	351,875,459	1.00
2.00	Less contractual allowances and discounts on patients' accounts	223,228,041	2.00
3.00	Net patient revenues (line 1 minus line 2)	128,647,418	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	128,487,536	4.00
5.00	Net income from service to patients (line 3 minus line 4)	159,882	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	85,732	6.00
7.00	Income from investments	2,104,107	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	OTHER REVENUE	4,418,986	24.00
24.01	ROUNDING	-1,707	24.01
25.00	Total other income (sum of lines 6-24)	6,607,118	25.00
26.00	Total (line 5 plus line 25)	6,767,000	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)	6,767,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140176	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/24/2014 1:00 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,416,160	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		41,126	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)		50.33	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)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,457,286	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