

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: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/21/2015 11:16 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/21/2015 Time: 11:16 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINTS MARY & ELIZABETH MED (140180) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	4,052,799	52,983	-15,571	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	13,786	1		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	8,820	-53		0	7.00
200.00 Total	0	4,075,405	52,931	-15,571	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/21/2015 11:13 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2233 WEST DIVISION STREET			PO Box:						1.00		
2.00	City: CHICAGO			State: IL		Zip Code: 60622		County: COOK		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		PRESENCE SAINTS MARY & ELIZABETH MED		140180	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		ST. MARY OF NAZARETH REHAB UNIT		14T180	16974	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF		ST. ELIZABETH'S SNF		145541	16974		01/28/1986	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)						01/01/2014		12/31/2014		20.00	
21.00	Type of Control (see instructions)								1		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			36,503	15,420	0	0	2,440	1,357		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			931	227	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/21/2015 11:13 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		Y	Y	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
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	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
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.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der 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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/21/2015 11:13 am	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148082		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS		Contractor's Number: 00131	
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:			
143.00	City: CHI CAGO	State: IL	Zip Code: 60606		
		1.00	2.00	3.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y			145.00
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
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 (see instructions)				0.00
		1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/21/2015 11:13 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2013	09/30/2014	170.00
			1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/21/2015 11:13 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
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	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			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		Legal Oper.	
		1.00		2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Y/N			
		1.00		2.00	
PS&R Data					
		Description	Part A		Part B
		0	Y/N	Date	Y/N
		1.00	2.00	3.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/01/2015	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/21/2015 11:13 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		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.	ALICIA	JUMPER		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3713	ALICIA.JUMPER@PRESENCEHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140180

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

Worksheet S-2
Part II
Date/Time Prepared:
5/21/2015 11:13 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2015 11:13 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	393	143,445	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)		393	143,445	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,585	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)		422	154,030	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	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)		462				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)		8	2,920			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: 140180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2015 11:13 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	25,748	51,869	96,244			1.00
2.00 HMO and other (see instructions)	5,532	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	95	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)	25,748	51,869	96,244			7.00
8.00 INTENSIVE CARE UNIT	2,178	1,102	5,811			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		2,749	3,558			13.00
14.00 Total (see instructions)	27,926	55,720	105,613	48.38	1,608.58	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,577	1,158	3,342	0.00	19.51	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	5,240	0	7,319	0.00	30.69	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)				48.38	1,658.78	27.00
28.00 Observation Bed Days		1,332	5,167			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			134			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2015 11:13 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,705	7,330	19,447	1.00
2.00 HMO and other (see instructions)			993	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,705	7,330	19,447	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	127	68	294	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: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/21/2015 11:13 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	93,737,677	0	93,737,677	3,450,286.00	27.17	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		1,091,017	0	1,091,017	12,272.00	88.90	4.00
4.01	Physicians - Part A - Teaching		481,402	0	481,402	5,627.00	85.55	4.01
5.00	Physician-Part B		1,678,554	0	1,678,554	24,108.00	69.63	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	3,831,263	-1,710,868	2,120,395	61,588.00	34.43	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	1,803,319	0	1,803,319	63,844.00	28.25	9.00
10.00	Excluded area salaries (see instructions)		972,849	18,988	991,837	40,587.00	24.44	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		9,446,907	0	9,446,907	230,266.00	41.03	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		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		18,838,299	0	18,838,299	388,913.00	48.44	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		20,639,032	0	20,639,032			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		668,923	0	668,923			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		119,280	0	119,280			22.00
22.01	Physician Part A - Teaching		54,689	0	54,689			22.01
23.00	Physician Part B		234,327	0	234,327			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		447,547	0	447,547			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	247,404	0	247,404	2,592.00	95.45	26.00
27.00	Administrative & General	5.00	6,306,394	0	6,306,394	280,092.00	22.52	27.00
28.00	Administrative & General under contract (see inst.)		125,265	0	125,265	1,036.00	120.91	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,328,650	-18,988	2,309,662	72,580.00	31.82	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,785,738	0	1,785,738	143,218.00	12.47	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,497,162	-746,812	750,350	62,876.00	11.93	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	398,903	746,812	1,145,715	90,985.00	12.59	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,276,129	0	4,276,129	107,042.00	39.95	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,764,493	0	3,764,493	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140180

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2015 11:13 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,739,161	0	1,739,161	74,829.00	23.24	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: 140180

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2015 11:13 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	87,871,723	1,710,868	89,582,591	3,359,999.00	26.66	1.00
2.00	Excluded area salaries (see instructions)	2,776,168	18,988	2,795,156	104,431.00	26.77	2.00
3.00	Subtotal salaries (line 1 minus line 2)	85,095,555	1,691,880	86,787,435	3,255,568.00	26.66	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,285,206	0	28,285,206	619,179.00	45.68	4.00
5.00	Subtotal wage-related costs (see inst.)	20,758,312	0	20,758,312	0.00	23.92	5.00
6.00	Total (sum of lines 3 thru 5)	134,139,073	1,691,880	135,830,953	3,874,747.00	35.06	6.00
7.00	Total overhead cost (see instructions)	22,469,299	-18,988	22,450,311	835,250.00	26.88	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/21/2015 11:13 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			3,737,719 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			9,237,130 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			219,630 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			50,402 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)			492,264 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,203,346 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			6,699,368 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			183,822 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			216,402 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			22,040,083 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST			116,681 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/21/2015 11:13 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,544,891	0	1.00
2.00	Hospital	3,544,891	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	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	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140180

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

Worksheet S-7

Date/Time Prepared:
5/21/2015 11:13 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		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	17	0	17	3.00
4.00	RUL	15	0	15	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	23	0	23	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	9	0	9	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	604	0	604	12.00
13.00	RUB	1,956	0	1,956	13.00
14.00	RUA	1,422	0	1,422	14.00
15.00	RVC	245	0	245	15.00
16.00	RVB	432	0	432	16.00
17.00	RVA	453	0	453	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	0	0	0	19.00
20.00	RHA	0	0	0	20.00
21.00	RMC	7	0	7	21.00
22.00	RMB	6	0	6	22.00
23.00	RMA	6	0	6	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	15	0	15	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	8	0	8	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	5	0	5	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	8	0	8	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	9	0	9	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140180

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

Worksheet S-7

Date/Time Prepared:
5/21/2015 11:13 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		5,240	0	5,240	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)		6,825,955			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/21/2015 11:13 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.208679	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			89,020,008	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			31,942,943	5.00
6.00	Medicaid charges			453,672,429	6.00
7.00	Medicaid cost (line 1 times line 6)			94,671,909	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	41,870,180	825,148	42,695,328	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,737,427	172,191	8,909,618	21.00
22.00	Partial payment by patients approved for charity care	60,341	32,296	92,637	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,677,086	139,895	8,816,981	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			6,855,053	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			2,816,456	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			4,038,597	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			842,770	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,659,751	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,659,751	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140180

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

Worksheet A
Date/Time Prepared:
5/21/2015 11:13 am

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		0	0	2,722,159	2,722,159	1.00		
2.00 00200 CAP REL COSTS-MVBLE EQUIP		10,393,457	10,393,457	3,333,304	13,726,761	2.00		
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00		
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	247,404	40,596	288,000	21,887,667	22,175,667	4.00		
5.00 00500 ADMINISTRATIVE & GENERAL	6,306,394	61,651,807	67,958,201	-3,159,790	64,798,411	5.00		
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00		
7.00 00700 OPERATION OF PLANT	2,328,650	8,535,952	10,864,602	-1,427,699	9,436,903	7.00		
8.00 00800 LAUNDRY & LINEN SERVICE	0	1,106,388	1,106,388	-1,105,025	1,363	8.00		
9.00 00900 HOUSEKEEPING	1,785,738	1,960,600	3,746,338	-1,186,449	2,559,889	9.00		
10.00 01000 DIETARY	1,497,162	3,781,375	5,278,537	-5,477,535	-198,998	10.00		
11.00 01100 CAFETERIA	398,903	181,025	579,928	2,779,995	3,359,923	11.00		
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00		
13.00 01300 NURSING ADMINISTRATION	4,276,129	1,588,125	5,864,254	-900,026	4,964,228	13.00		
14.00 01400 CENTRAL SERVICES & SUPPLY	0	-581,454	-581,454	831,195	249,741	14.00		
15.00 01500 PHARMACY	3,764,493	12,179,243	15,943,736	-11,859,869	4,083,867	15.00		
16.00 01600 MEDICAL RECORDS & LIBRARY	1,739,161	1,074,997	2,814,158	-516,891	2,297,267	16.00		
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00		
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00		
20.00 02000 NURSING SCHOOL	0	704	704	-704	0	20.00		
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	3,831,263	1,611,126	5,442,389	-2,564,599	2,877,790	21.00		
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,710,868	1,710,868	22.00		
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	27,422,632	16,086,177	43,508,809	-8,270,818	35,237,991	30.00		
31.00 03100 INTENSIVE CARE UNIT	5,029,594	1,682,484	6,712,078	-1,559,799	5,152,279	31.00		
41.00 04100 SUBPROVIDER - I&R	962,701	284,526	1,247,227	-267,060	980,167	41.00		
43.00 04300 NURSERY	640,432	499,058	1,139,490	-199,677	939,813	43.00		
44.00 04400 SKILLED NURSING FACILITY	1,803,319	1,692,085	3,495,404	-583,800	2,911,604	44.00		
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	4,399,351	12,722,937	17,122,288	-11,431,986	5,690,302	50.00		
51.00 05100 RECOVERY ROOM	760,373	189,372	949,745	-187,120	762,625	51.00		
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,236,372	1,595,982	5,832,354	-1,527,686	4,304,668	52.00		
53.00 05300 ANESTHESIOLOGY	141,360	1,193,090	1,334,450	-571,040	763,410	53.00		
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,177,828	3,514,802	8,692,630	-2,904,208	5,788,422	54.00		
54.01 03190 OUTPATIENT ONCOLOGY	662,563	261,845	924,408	-215,936	708,472	54.01		
55.00 05500 RADIOLOGY-THERAPEUTIC	185,292	243,460	428,752	-134,135	294,617	55.00		
59.00 05900 CARDIAC CATHETERIZATION	552,510	988,959	1,541,469	-978,261	563,208	59.00		
60.00 06000 LABORATORY	0	9,123,396	9,123,396	-29,881	9,093,515	60.00		
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30		
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	12,985	12,985	-305	12,680	63.00		
65.00 06500 RESPIRATORY THERAPY	1,630,246	676,879	2,307,125	-598,124	1,709,001	65.00		
66.00 06600 PHYSICAL THERAPY	1,881,019	415,998	2,297,017	-397,604	1,899,413	66.00		
67.00 06700 OCCUPATIONAL THERAPY	730,868	147,276	878,144	-142,284	735,860	67.00		
68.00 06800 SPEECH PATHOLOGY	172,284	44,590	216,874	-36,658	180,216	68.00		
69.00 06900 ELECTROCARDIOLOGY	884,746	564,277	1,449,023	-374,965	1,074,058	69.00		
70.00 07000 ELECTROENCEPHALOGRAPHY	218,556	653,775	872,331	-64,110	808,221	70.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	114,740	114,740	15,908,737	16,023,477	71.00		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,534,941	4,534,941	72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	36,299	36,299	12,086,975	12,123,274	73.00		
74.00 07400 RENAL DIALYSIS	483,559	332,066	815,625	-269,035	546,590	74.00		
75.00 07500 ASC (NON-DISTINCT PART)	1,169,913	1,287,562	2,457,475	-1,241,825	1,215,650	75.00		
76.00 03550 MENTAL HEALTH OUTPATIENT	0	3,263,857	3,263,857	-12,862	3,250,995	76.00		
76.97 07697 CARDIAC REHABILITATION	161,605	39,825	201,430	-32,685	168,745	76.97		
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98		
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99		
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	2,120,267	4,242,076	6,362,343	-220,706	6,141,637	90.00		
91.00 09100 EMERGENCY	6,124,842	4,622,275	10,747,117	-2,781,616	7,965,501	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00		
SPECIAL PURPOSE COST CENTERS								
113.00 11300 INTEREST EXPENSE		2,533,707	2,533,707	-2,533,707	0	113.00		
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	9,000	9,000	114.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)		93,727,529	172,590,301	266,317,830	38,361	266,356,191	118.00
NONREIMBURSABLE COST CENTERS								
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00		
193.00 19300 NONPAID WORKERS	5,085	29,933	35,018	-786	34,232	193.00		
194.00 07950 CONVENT	0	115,892	115,892	-36,620	79,272	194.00		
194.01 07951 OUTPATIENT PHARMACY	0	694	694	0	694	194.01		
194.02 07952 FUND DEVELOPMENT	5,063	5,881	10,944	-955	9,989	194.02		
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03		
200.00	TOTAL (SUM OF LINES 118-199)		93,737,677	172,742,701	266,480,378	0	266,480,378	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140180

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

Worksheet A
Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	2,722,159	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,064,351	14,791,112	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	122,692	22,298,359	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-10,625,701	54,172,710	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	9,436,903	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,363	8.00
9.00	00900	HOUSEKEEPING	0	2,559,889	9.00
10.00	01000	DIETARY	0	-198,998	10.00
11.00	01100	CAFETERIA	-1,013,418	2,346,505	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-403,905	4,560,323	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,217,025	5,466,766	14.00
15.00	01500	PHARMACY	-44,872	4,038,995	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-9,155	2,288,112	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-1,414,301	1,463,489	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,710,868	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-396,636	34,841,355	30.00
31.00	03100	INTENSIVE CARE UNIT	168,351	5,320,630	31.00
41.00	04100	SUBPROVIDER - I&R	-4,167	976,000	41.00
43.00	04300	NURSERY	-356,719	583,094	43.00
44.00	04400	SKILLED NURSING FACILITY	-119,933	2,791,671	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-279,280	5,411,022	50.00
51.00	05100	RECOVERY ROOM	0	762,625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,048,636	3,256,032	52.00
53.00	05300	ANESTHESIOLOGY	-609,797	153,613	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,405	5,787,017	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	708,472	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-148,025	146,592	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	563,208	59.00
60.00	06000	LABORATORY	-90,495	9,003,020	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	12,680	63.00
65.00	06500	RESPIRATORY THERAPY	-7,410	1,701,591	65.00
66.00	06600	PHYSICAL THERAPY	0	1,899,413	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	735,860	67.00
68.00	06800	SPEECH PATHOLOGY	0	180,216	68.00
69.00	06900	ELECTROCARDIOLOGY	-129,462	944,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-529,020	279,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,023,477	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,534,941	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,123,274	73.00
74.00	07400	RENAL DIALYSIS	0	546,590	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,215,650	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	-158,265	3,092,730	76.00
76.97	07697	CARDIAC REHABILITATION	-11,863	156,882	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-3,488,419	2,653,218	90.00
91.00	09100	EMERGENCY	-1,649,147	6,316,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	-9,000	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,976,612	250,379,579	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	34,232	193.00
194.00	07950	CONVENT	0	79,272	194.00
194.01	07951	OUTPATIENT PHARMACY	0	694	194.01
194.02	07952	FUND DEVELOPMENT	0	9,989	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-15,976,612	250,503,766	200.00

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6
Date/Time Prepared:
5/21/2015 11:13 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,924,501	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	48	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	21,924,549	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,123,274	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	548	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
	TOTALS		0	12,123,822	
C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,023,477	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	830,647	2.00
3.00	CLINIC	90.00	0	261,523	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	TOTALS		0	17,115,647		
D - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,534,941		1.00
2.00	SUBPROVIDER - IRF	41.00	0	1,186		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		0	4,536,127		
E - CAFETERIA						
1.00	CAFETERIA	11.00	746,812	2,213,293		1.00
	TOTALS		746,812	2,213,293		
F - INTERNS & RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,710,868	0		1.00
	TOTALS		1,710,868	0		
G - CONVENT MAINT						
1.00	CONVENT	194.00	18,988	60,215		1.00
	TOTALS		18,988	60,215		
I - BUILDING INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	188,745		1.00
	TOTALS		0	188,745		
J - SNF UTILIZATION REVIEW						
1.00	UTILIZATION REVIEW-SNF	114.00	0	9,000		1.00
	TOTALS		0	9,000		
K - MORTGAGE INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,533,414		1.00
	TOTALS		0	2,533,414		
L - DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,333,304		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00

Provider CCN: 140180

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

Worksheet A-6

Date/Time Prepared:
5/21/2015 11:13 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
	TOTALS		0	3,333,304		
M - PHONE						
1.00	OPERATION OF PLANT	7.00	0	230,890		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
	TOTALS		0	230,890		
500.00	Grand Total : Increases		2,476,668	64,269,006		500.00

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6
Date/Time Prepared:
5/21/2015 11:13 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,752,000	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	516,414	0	2.00	
3.00	HOUSEKEEPING	9.00	0	805,704	0	3.00	
4.00	DIETARY	10.00	0	708,379	0	4.00	
5.00	CAFETERIA	11.00	0	177,600	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	834,470	0	6.00	
7.00	PHARMACY	15.00	0	737,203	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	490,829	0	8.00	
9.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	799,697	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	6,475,294	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	934,301	0	11.00	
12.00	SUBPROVIDER - IRF	41.00	0	224,904	0	12.00	
13.00	NURSERY	43.00	0	128,415	0	13.00	
14.00	SKILLED NURSING FACILITY	44.00	0	445,352	0	14.00	
15.00	OPERATING ROOM	50.00	0	965,070	0	15.00	
16.00	RECOVERY ROOM	51.00	0	148,222	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	867,296	0	17.00	
18.00	ANESTHESIOLOGY	53.00	0	38,412	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,226,999	0	19.00	
20.00	OUTPATIENT ONCOLOGY	54.01	0	142,355	0	20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	44,363	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	96,287	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	386,809	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	371,973	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	135,367	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0	36,658	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	207,250	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	53,506	0	28.00	
29.00	RENAL DIALYSIS	74.00	0	106,605	0	29.00	
30.00	ASC (NON-DISTINCT PART)	75.00	0	248,388	0	30.00	
31.00	MENTAL HEALTH OUTPATIENT	76.00	0	24	0	31.00	
32.00	CARDIAC REHABILITATION	76.97	0	29,985	0	32.00	
33.00	CLINIC	90.00	0	434,634	0	33.00	
34.00	EMERGENCY	91.00	0	1,352,043	0	34.00	
35.00	NONPAID WORKERS	193.00	0	786	0	35.00	
36.00	FUND DEVELOPMENT	194.02	0	955	0	36.00	
	TOTALS		0	21,924,549			
B - DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,371	0	1.00	
2.00	PHARMACY	15.00	0	10,948,805	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	224,194	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	58,370	0	4.00	
5.00	SUBPROVIDER - IRF	41.00	0	1,728	0	5.00	
6.00	NURSERY	43.00	0	5,714	0	6.00	
7.00	SKILLED NURSING FACILITY	44.00	0	15,050	0	7.00	
8.00	OPERATING ROOM	50.00	0	55,188	0	8.00	
9.00	RECOVERY ROOM	51.00	0	6,455	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	33,347	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0	108,593	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	172,024	0	12.00	
13.00	OUTPATIENT ONCOLOGY	54.01	0	19,696	0	13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	26	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	17,724	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	414	0	16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	1,758	0	17.00	
18.00	RENAL DIALYSIS	74.00	0	22,225	0	18.00	
19.00	ASC (NON-DISTINCT PART)	75.00	0	60,502	0	19.00	
20.00	MENTAL HEALTH OUTPATIENT	76.00	0	7,823	0	20.00	
21.00	CLINIC	90.00	0	36,380	0	21.00	
22.00	EMERGENCY	91.00	0	297,435	0	22.00	
	TOTALS		0	12,123,822			
C - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,463	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	900,367	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	510,920	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,105,025	0	4.00	
5.00	HOUSEKEEPING	9.00	0	374,258	0	5.00	
6.00	DIETARY	10.00	0	1,807,060	0	6.00	
7.00	CAFETERIA	11.00	0	1,164	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	56,647	0	8.00	
9.00	PHARMACY	15.00	0	173,861	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,551	0	10.00	

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	NURSING SCHOOL	20.00	0	172	0	11.00	
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	53,185	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	1,490,328	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	474,480	0	14.00	
15.00	SUBPROVIDER - IRF	41.00	0	40,735	0	15.00	
16.00	NURSERY	43.00	0	63,601	0	16.00	
17.00	SKILLED NURSING FACILITY	44.00	0	114,132	0	17.00	
18.00	OPERATING ROOM	50.00	0	5,649,420	0	18.00	
19.00	RECOVERY ROOM	51.00	0	26,769	0	19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	626,539	0	20.00	
21.00	ANESTHESIOLOGY	53.00	0	321,603	0	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	521,555	0	22.00	
23.00	OUTPATIENT ONCOLOGY	54.01	0	53,885	0	23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	15,802	0	24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	606,239	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	175,930	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	22,851	0	27.00	
28.00	OCCUPATIONAL THERAPY	67.00	0	6,917	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	23,401	0	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,926	0	30.00	
31.00	RENAL DIALYSIS	74.00	0	125,489	0	31.00	
32.00	ASC (NON-DISTINCT PART)	75.00	0	824,057	0	32.00	
33.00	MENTAL HEALTH OUTPATIENT	76.00	0	5,015	0	33.00	
34.00	CARDIAC REHABILITATION	76.97	0	1,646	0	34.00	
35.00	EMERGENCY	91.00	0	912,654	0	35.00	
	TOTALS		0	17,115,647			
D - IMPLANTS							
1.00	SKILLED NURSING FACILITY	44.00	0	266	0	1.00	
2.00	OPERATING ROOM	50.00	0	4,465,149	0	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	64,225	0	3.00	
4.00	ASC (NON-DISTINCT PART)	75.00	0	6,487	0	4.00	
	TOTALS		0	4,536,127			
E - CAFETERIA							
1.00	DIETARY	10.00	746,812	2,213,293	0	1.00	
	TOTALS		746,812	2,213,293			
F - INTERNS & RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	1,710,868	0	0	1.00	
	TOTALS		1,710,868	0			
G - CONVENT MAINT							
1.00	OPERATION OF PLANT	7.00	18,988	60,215	0	1.00	
	TOTALS		18,988	60,215			
I - BUILDING INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	188,745	12	1.00	
	TOTALS		0	188,745			
J - SNF UTILIZATION REVIEW							
1.00	SKILLED NURSING FACILITY	44.00	0	9,000	0	1.00	
	TOTALS		0	9,000			
K - MORTGAGE INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,533,414	11	1.00	
	TOTALS		0	2,533,414			
L - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	97,623	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	552,052	0	2.00	
3.00	HOUSEKEEPING	9.00	0	6,000	0	3.00	
4.00	CAFETERIA	11.00	0	1,346	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	7,043	0	5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,657	0	6.00	
7.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	849	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	79,252	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	92,648	0	9.00	
10.00	SUBPROVIDER - IRF	41.00	0	879	0	10.00	
11.00	NURSERY	43.00	0	1,947	0	11.00	
12.00	OPERATING ROOM	50.00	0	297,159	0	12.00	
13.00	RECOVERY ROOM	51.00	0	5,674	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	504	0	14.00	
15.00	ANESTHESIOLOGY	53.00	0	102,432	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	983,630	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	73,944	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	193,786	0	18.00	
19.00	LABORATORY	60.00	0	29,881	0	19.00	

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6

Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	353	0			20.00
21.00	RESPIRATORY THERAPY	65.00	0	34,971	0			21.00
22.00	PHYSICAL THERAPY	66.00	0	2,780	0			22.00
23.00	ELECTROCARDIOLOGY	69.00	0	142,556	0			23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,620	0			24.00
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	114,740	0			25.00
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	36,299	0			26.00
27.00	RENAL DIALYSIS	74.00	0	14,716	0			27.00
28.00	ASC (NON-DISTINCT PART)	75.00	0	102,391	0			28.00
29.00	CARDIAC REHABILITATION	76.97	0	1,054	0			29.00
30.00	CLINIC	90.00	0	8,918	0			30.00
31.00	EMERGENCY	91.00	0	219,484	0			31.00
32.00	INTEREST EXPENSE	113.00	0	293	0			32.00
33.00	CONVENT	194.00	0	115,823	0			33.00
	TOTALS		0	3,333,304				
M - PHONE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	221,055	0			1.00
2.00	HOUSEKEEPING	9.00	0	487	0			2.00
3.00	DIETARY	10.00	0	1,991	0			3.00
4.00	NURSING ADMINISTRATION	13.00	0	1,866	0			4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	854	0			5.00
6.00	NURSING SCHOOL	20.00	0	532	0			6.00
7.00	ADULTS & PEDIATRICS	30.00	0	1,750	0			7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	58	0			8.00
9.00	CLINIC	90.00	0	2,297	0			9.00
	TOTALS		0	230,890				
500.00	Grand Total: Decreases		2,476,668	64,269,006				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140180

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

Worksheet A-7
Part I
Date/Time Prepared:
5/21/2015 11:13 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,370,865	0	0	0	0	1.00
2.00	Land Improvements	775,588	0	0	0	0	2.00
3.00	Buildings and Fixtures	123,191,383	6,240,774	0	6,240,774	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	85,153,925	7,933,043	0	7,933,043	3,765	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	214,491,761	14,173,817	0	14,173,817	3,765	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	214,491,761	14,173,817	0	14,173,817	3,765	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,370,865	0				1.00
2.00	Land Improvements	775,588	0				2.00
3.00	Buildings and Fixtures	129,432,157	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	93,083,203	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	228,661,813	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	228,661,813	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140180

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,393,457	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,393,457	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,393,457				2.00
3.00	Total (sum of lines 1-2)	0	10,393,457				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140180

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

Worksheet A-7
Part III
Date/Time Prepared:
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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	135,578,610	0	135,578,610	0.592922	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	93,083,203	0	93,083,203	0.407078	0	2.00
3.00	Total (sum of lines 1-2)	228,661,813	0	228,661,813	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	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,791,112	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,791,112	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	2,533,414	188,745	0	0	2,722,159	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,791,112	2.00
3.00	Total (sum of lines 1-2)	2,533,414	188,745	0	0	17,513,271	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140180

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

Worksheet A-8

Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	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)	B	-107,029		ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-15,730		ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-11,259,954				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,912,127				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-974,757		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-665		NURSING ADMINISTRATION	13.00	0	19.00
20.00 Vending machines	B	-38,661		CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)	A	-9,000		UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 MISC REVENUE	B	-3,153		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
34.00 MISC REVENUE	B	-595,526		ADMINISTRATIVE & GENERAL	5.00	0	34.00

Provider CCN: 140180

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

Worksheet A-8

Date/Time Prepared:
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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		0			0	35.00
36.00	MISC REVENUE	B	-200,000	NURSING ADMINISTRATION	13.00	0 36.00
37.00	MISC REVENUE	B	-44,872	PHARMACY	15.00	0 37.00
38.00	MISC REVENUE	B	-9,155	MEDICAL RECORDS & LIBRARY	16.00	0 38.00
39.00	MISC REVENUE	B	-780	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 39.00
40.00			0		0.00	0 40.00
41.00	MISC REVENUE	B	-104,719	NURSERY	43.00	0 41.00
42.00			0		0.00	0 42.00
43.00	MISC REVENUE	B	-1,340	RADIOLOGY-DIAGNOSTIC	54.00	0 43.00
44.00	MISC REVENUE	B	-148,025	RADIOLOGY-THERAPEUTIC	55.00	0 44.00
45.00	MISC REVENUE	B	-34,560	LABORATORY	60.00	0 45.00
46.00	MISC REVENUE	B	-158,265	MENTAL HEALTH OUTPATIENT	76.00	0 46.00
47.00	MISC REVENUE	B	-5,113	CARDIAC REHABILITATION	76.97	0 47.00
48.00	MISC REVENUE	B	-353,181	CLINIC	90.00	0 48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,976,612			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: 140180

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2015 11:13 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	928,385	0
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	19,826,099	29,531,316
3.00	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	5,217,025	0
3.01	31.00	INTENSIVE CARE UNIT	HOME OFFICE	694,262	0
3.02	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,064,351	0
3.03	0.00			0	0
4.00	44.00	SKILLED NURSING FACILITY	HOME OFFICE	0	110,933
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,730,122	29,642,249

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

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

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

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

6.00	B	100.00	RESURRECTION HEALTHCARE	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140180

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2015 11:13 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	928,385	0		1.00
2.00	-9,705,217	0		2.00
3.00	5,217,025	0		3.00
3.01	694,262	0		3.01
3.02	1,064,351	9		3.02
3.03	0	0		3.03
4.00	-110,933	0		4.00
5.00	-1,912,127			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	SOLE CORPORATE MEMBER		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140180

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2015 11:13 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00 ADMINISTRATIVE & GENERAL	214,722	199,421	15,300	177,200	147	1.00
2.00	13.00 NURSING ADMINISTRATION	207,112	203,240	3,872	177,200	2,080	2.00
3.00	21.00 I&R SERVICES-SALARY & FRINGES APPRV	3,480,787	1,413,521	2,067,266	177,200	103,038	3.00
4.00	30.00 ADULTS & PEDIATRICS	421,632	396,635	24,996	177,200	520	4.00
5.00	31.00 INTENSIVE CARE UNIT	525,911	525,911	0	0	0	5.00
6.00	41.00 SUBPROVIDER - IRF	4,167	4,167	0	0	0	6.00
7.00	43.00 NURSERY	252,000	252,000	0	0	0	7.00
8.00	44.00 SKILLED NURSING FACILITY	9,000	9,000	0	0	0	8.00
9.00	50.00 OPERATING ROOM	279,280	279,280	0	0	0	9.00
10.00	52.00 DELIVERY ROOM & LABOR ROOM	1,048,636	1,048,636	0	0	0	10.00
11.00	53.00 ANESTHESIOLOGY	609,797	609,797	0	0	0	11.00
12.00	54.00 RADIOLOGY-DIAGNOSTIC	65	65	0	0	0	12.00
13.00	60.00 LABORATORY	55,935	55,935	0	0	0	13.00
14.00	65.00 RESPIRATORY THERAPY	15,000	7,410	7,590	177,200	180	14.00
15.00	69.00 ELECTROCARDIOLOGY	129,462	129,462	0	0	0	15.00
16.00	70.00 ELECTROENCEPHALOGRAPHY	529,020	529,020	0	0	0	16.00
17.00	76.97 CARDIAC REHABILITATION	6,750	6,750	0	0	0	17.00
18.00	90.00 CLINIC	3,300,000	3,134,550	165,450	177,200	1,934	18.00
19.00	91.00 EMERGENCY	1,649,147	1,649,147	0	0	0	19.00
20.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	802,540	802,540	0	0	0	20.00
200.00		13,540,963	11,256,487	2,284,474		107,899	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00 ADMINISTRATIVE & GENERAL	12,523	626	0	0	0	1.00
2.00	13.00 NURSING ADMINISTRATION	177,200	8,860	0	0	0	2.00
3.00	21.00 I&R SERVICES-SALARY & FRINGES APPRV	8,778,045	438,902	0	0	0	3.00
4.00	30.00 ADULTS & PEDIATRICS	44,300	2,215	0	0	0	4.00
5.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	41.00 SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	43.00 NURSERY	0	0	0	0	0	7.00
8.00	44.00 SKILLED NURSING FACILITY	0	0	0	0	0	8.00
9.00	50.00 OPERATING ROOM	0	0	0	0	0	9.00
10.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	11.00
12.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12.00
13.00	60.00 LABORATORY	0	0	0	0	0	13.00
14.00	65.00 RESPIRATORY THERAPY	15,335	767	0	0	0	14.00
15.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	16.00
17.00	76.97 CARDIAC REHABILITATION	0	0	0	0	0	17.00
18.00	90.00 CLINIC	164,762	8,238	0	0	0	18.00
19.00	91.00 EMERGENCY	0	0	0	0	0	19.00
20.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	20.00
200.00		9,192,165	459,608	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00 ADMINISTRATIVE & GENERAL	0	12,523	2,777	202,199	1.00
2.00	13.00 NURSING ADMINISTRATION	0	177,200	0	203,240	2.00
3.00	21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	8,778,045	0	1,413,521	3.00
4.00	30.00 ADULTS & PEDIATRICS	0	44,300	0	396,636	4.00
5.00	31.00 INTENSIVE CARE UNIT	0	0	0	525,911	5.00
6.00	41.00 SUBPROVIDER - IRF	0	0	0	4,167	6.00
7.00	43.00 NURSERY	0	0	0	252,000	7.00
8.00	44.00 SKILLED NURSING FACILITY	0	0	0	9,000	8.00
9.00	50.00 OPERATING ROOM	0	0	0	279,280	9.00
10.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	1,048,636	10.00
11.00	53.00 ANESTHESIOLOGY	0	0	0	609,797	11.00
12.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	65	12.00
13.00	60.00 LABORATORY	0	0	0	55,935	13.00
14.00	65.00 RESPIRATORY THERAPY	0	15,335	0	7,410	14.00
15.00	69.00 ELECTROCARDIOLOGY	0	0	0	129,462	15.00
16.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	529,020	16.00
17.00	76.97 CARDIAC REHABILITATION	0	0	0	6,750	17.00
18.00	90.00 CLINIC	0	164,762	688	3,135,238	18.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140180

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2015 11:13 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
19.00	91.00	EMERGENCY	0	0	0	1,649,147		19.00
20.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	802,540		20.00
200.00			0	9,192,165	3,465	11,259,954		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,722,159	2,722,159			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	14,791,112		14,791,112		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,298,359	28,609	155,452	22,482,420	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	54,172,710	192,385	1,045,340	1,516,555	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	9,436,903	636,428	3,458,093	555,425	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,363	13,859	75,306	0	8.00
9.00 00900	HOUSEKEEPING	2,559,889	41,700	226,582	429,432	9.00
10.00 01000	DIETARY	-198,998	82,760	449,685	180,443	10.00
11.00 01100	CAFETERIA	2,346,505	12,378	67,257	275,520	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	4,560,323	7,786	42,305	1,028,319	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,466,766	64,988	353,119	0	14.00
15.00 01500	PHARMACY	4,038,995	21,375	116,141	905,282	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,288,112	40,153	218,174	418,232	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,463,489	9,419	51,178	509,910	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,710,868	9,775	53,114	411,428	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	34,841,355	700,342	3,805,387	6,594,539	30.00
31.00 03100	INTENSIVE CARE UNIT	5,320,630	33,677	182,986	1,209,512	31.00
41.00 04100	SUBPROVIDER - I RF	976,000	27,320	148,443	231,509	41.00
43.00 04300	NURSERY	583,094	6,116	33,234	154,014	43.00
44.00 04400	SKILLED NURSING FACILITY	2,791,671	35,778	194,405	433,660	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,411,022	172,498	937,284	1,057,952	50.00
51.00 05100	RECOVERY ROOM	762,625	12,065	65,554	182,854	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,256,032	80,659	438,267	1,018,759	52.00
53.00 05300	ANESTHESIOLOGY	153,613	1,696	9,214	33,994	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,787,017	79,999	434,682	1,245,159	54.00
54.01 03190	OUTPATIENT ONCOLOGY	708,472	0	0	159,332	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	146,592	4,256	23,124	44,559	55.00
59.00 05900	CARDIAC CATHETERIZATION	563,208	18,514	100,599	132,867	59.00
60.00 06000	LABORATORY	9,003,020	62,138	337,632	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	12,680	5,163	28,054	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,701,591	3,728	20,256	392,040	65.00
66.00 06600	PHYSICAL THERAPY	1,899,413	25,432	138,190	452,346	66.00
67.00 06700	OCCUPATIONAL THERAPY	735,860	3,718	20,202	175,758	67.00
68.00 06800	SPEECH PATHOLOGY	180,216	1,323	7,188	41,431	68.00
69.00 06900	ELECTROCARDIOLOGY	944,596	27,808	151,096	212,763	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	279,201	0	0	52,558	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,023,477	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,534,941	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,123,274	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	546,590	2,969	16,133	116,286	74.00
75.00 07500	ASC (NON-DISTINCT PART)	1,215,650	0	0	281,340	75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	3,092,730	39,820	216,364	0	76.00
76.97 07697	CARDIAC REHABILITATION	156,882	11,646	63,278	38,863	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,653,218	104,039	565,307	509,880	90.00
91.00 09100	EMERGENCY	6,316,354	97,131	527,770	1,472,896	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	250,379,579	2,719,450	14,776,395	22,475,413	250,355,146
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00 19300	NONPAID WORKERS	34,232	0	0	1,223	35,455
194.00 07950	CONVENT	79,272	0	0	4,566	83,838
194.01 07951	OUTPATIENT PHARMACY	694	1,805	9,805	0	12,304
194.02 07952	FUND DEVELOPMENT	9,989	904	4,912	1,218	17,023

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0		0 194.03
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	250,503,766	2,722,159	14,791,112	22,482,420	250,503,766	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/21/2015 11:13 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	56,926,990			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	4,142,661	0	18,229,510	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	26,622	0	135,488	252,638	8.00	
9.00	00900	HOUSEKEEPING	957,996	0	407,657	14,099	4,637,355	9.00
10.00	01000	DIETARY	151,125	0	809,057	0	212,134	10.00
11.00	01100	CAFETERIA	794,504	0	121,007	0	31,728	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,658,239	0	76,113	0	19,957	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,730,623	0	635,319	17	166,580	14.00
15.00	01500	PHARMACY	1,494,454	0	208,956	0	54,788	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	871,850	0	392,531	0	102,921	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	598,158	0	92,078	0	24,143	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	642,619	0	95,561	0	25,056	22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,510,444	0	6,846,505	82,491	1,795,148	30.00
31.00	03100	INTENSIVE CARE UNIT	1,984,100	0	329,221	18,466	86,322	31.00
41.00	04100	SUBPROVIDER - I&R	406,793	0	267,073	25,183	70,026	41.00
43.00	04300	NURSERY	228,340	0	59,794	6,522	15,678	43.00
44.00	04400	SKILLED NURSING FACILITY	1,016,198	0	349,766	7,976	91,708	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,228,761	0	1,686,325	21,342	442,153	50.00
51.00	05100	RECOVERY ROOM	300,873	0	117,943	4,440	30,925	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,409,736	0	788,512	7,163	206,748	52.00
53.00	05300	ANESTHESIOLOGY	58,380	0	16,577	0	4,347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,219,380	0	782,062	11,522	205,056	54.00
54.01	03190	OUTPATIENT ONCOLOGY	255,204	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	64,266	0	41,604	311	10,909	55.00
59.00	05900	CARDIAC CATHETERIZATION	239,730	0	180,994	838	47,457	59.00
60.00	06000	LABORATORY	2,765,172	0	607,454	0	159,274	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,497	0	50,473	0	13,234	63.00
65.00	06500	RESPIRATORY THERAPY	622,748	0	36,444	0	9,556	65.00
66.00	06600	PHYSICAL THERAPY	739,723	0	248,625	5,058	65,189	66.00
67.00	06700	OCCUPATIONAL THERAPY	275,123	0	36,347	0	9,530	67.00
68.00	06800	SPEECH PATHOLOGY	67,685	0	12,933	0	3,391	68.00
69.00	06900	ELECTROCARDIOLOGY	392,968	0	271,846	1,425	71,278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97,564	0	0	82	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,712,184	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,333,635	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,565,212	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	200,556	0	29,026	940	7,611	74.00
75.00	07500	ASC (NON-DISTINCT PART)	440,235	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	984,849	0	389,273	0	102,067	76.00
76.97	07697	CARDIAC REHABILITATION	79,598	0	113,847	34	29,851	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,127,045	0	1,017,078	923	266,677	90.00
91.00	09100	EMERGENCY	2,474,434	0	949,543	43,413	248,970	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	56,883,284	0	18,203,032	252,245	4,630,412	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	393	0	192.00
193.00	19300	NONPAID WORKERS	10,427	0	0	0	0	193.00
194.00	07950	CONVENT	24,655	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	3,618	0	17,641	0	4,626	194.01
194.02	07952	FUND DEVELOPMENT	5,006	0	8,837	0	2,317	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	56,926,990	0	18,229,510	252,638	4,637,355	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/21/2015 11:13 am		
Cost Center	Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,686,206					10.00
11.00	01100		3,648,899				11.00
12.00	01200			0			12.00
13.00	01300		192,174		7,585,216		13.00
14.00	01400					8,417,412	14.00
15.00	01500		169,180				15.00
16.00	01600		78,160		22,384		16.00
17.00	01700						17.00
19.00	01900						19.00
20.00	02000						20.00
21.00	02100		95,293				21.00
22.00	02200		76,888				22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,414,297	1,232,428		4,826,907	2,456,687	30.00
31.00	03100	88,380	226,035		363,741	255,446	31.00
41.00	04100	49,799	43,265			74,887	41.00
43.00	04300	58,901	28,782			70,061	43.00
44.00	04400	74,829	81,043		182,395	76,430	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		197,711		727,481	480,932	50.00
51.00	05100		34,172		365,140	82,178	51.00
52.00	05200		190,387			301,247	52.00
53.00	05300		6,353			113,926	53.00
54.00	05400		232,697			378,003	54.00
54.01	03190		29,776				54.01
55.00	05500		8,327			5,141	55.00
59.00	05900		24,830			111,517	59.00
60.00	06000					862,617	60.00
62.30	06250						62.30
63.00	06300					56,527	63.00
65.00	06500		73,265			240,279	65.00
66.00	06600		84,535			91,351	66.00
67.00	06700		32,846			65,602	67.00
68.00	06800		7,743			10,665	68.00
69.00	06900		39,761			182,173	69.00
70.00	07000		9,822			2,934	70.00
71.00	07100					423,971	71.00
72.00	07200					146,267	72.00
73.00	07300					1,463,561	73.00
74.00	07400		21,732			53,908	74.00
75.00	07500		52,577		345,554	54,417	75.00
76.00	03550					27	76.00
76.97	07697		7,263			645	76.97
76.98	07698						76.98
76.99	07699						76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		95,287		370,736	61	90.00
91.00	09100		275,257		380,878	355,952	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		1,686,206	3,647,589		7,585,216	8,417,412	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200						192.00
193.00	19300		229				193.00
194.00	07950		853				194.00
194.01	07951						194.01
194.02	07952		228				194.02
194.03	07953						194.03
200.00							200.00
201.00							201.00
202.00		1,686,206	3,648,899		7,585,216	8,417,412	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/21/2015 11:13 am		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY	7,009,171			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,432,517		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,045,714	3,717,754	0	0
31.00	03100	INTENSIVE CARE UNIT	212,708	232,324	0	0
41.00	04100	SUBPROVIDER - I&R	62,358	130,905	0	0
43.00	04300	NURSERY	58,340	154,831	0	0
44.00	04400	SKILLED NURSING FACILITY	63,643	196,703	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	400,469	0	0	0
51.00	05100	RECOVERY ROOM	68,429	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	250,846	0	0	0
53.00	05300	ANESTHESIOLOGY	94,865	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	314,760	0	0	0
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	4,281	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	92,860	0	0	0
60.00	06000	LABORATORY	718,296	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	47,070	0	0	0
65.00	06500	RESPIRATORY THERAPY	200,079	0	0	0
66.00	06600	PHYSICAL THERAPY	76,067	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	54,627	0	0	0
68.00	06800	SPEECH PATHOLOGY	8,881	0	0	0
69.00	06900	ELECTROCARDIOLOGY	151,695	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,443	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	353,038	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,795	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,218,697	0	0	0
74.00	07400	RENAL DIALYSIS	44,888	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	45,312	0	0	0
76.00	03550	MENTAL HEALTH OUTPATIENT	23	0	0	0
76.97	07697	CARDIAC REHABILITATION	537	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	51	0	0	0
91.00	09100	EMERGENCY	296,399	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,009,171	4,432,517	0	0
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0
194.00	07950	CONVENT	0	0	0	0
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0
194.02	07952	FUND DEVELOPMENT	0	0	0	0
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0
200.00		Cross Foot Adjustments				0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	7,009,171	4,432,517	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 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
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,843,668				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,025,309			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,571,787	2,736,061	0	89,177,846	-5,307,848 30.00
31.00 03100	INTENSIVE CARE UNIT	202,167	215,081	0	10,960,796	-417,248 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	2,513,561	0 41.00
43.00 04300	NURSERY	69,714	74,167	0	1,601,584	-143,881 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	5,596,205	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	13,763,930	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	2,027,198	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,948,356	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	492,965	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,690,337	0 54.00
54.01 03190	OUTPATIENT ONCOLOGY	0	0	0	1,152,784	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	353,370	0 55.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	1,513,414	0 59.00
60.00 06000	LABORATORY	0	0	0	14,515,603	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	226,698	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	3,299,986	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	3,825,929	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	1,409,613	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	341,456	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	2,447,409	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	444,604	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,512,670	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,136,638	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,370,744	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	1,040,639	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	2,435,085	0 75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	0	0	0	4,825,153	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	502,444	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	6,710,302	0 90.00
91.00 09100	EMERGENCY	0	0	0	13,438,997	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,843,668	3,025,309	0	250,276,316	-5,868,977 118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	393	0 192.00
193.00 19300	NONPAID WORKERS	0	0	0	46,111	0 193.00
194.00 07950	CONVENT	0	0	0	109,346	0 194.00
194.01 07951	OUTPATIENT PHARMACY	0	0	0	38,189	0 194.01
194.02 07952	FUND DEVELOPMENT	0	0	0	33,411	0 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,843,668	3,025,309	0	0	250,503,766	-5,868,977	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

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Cost Center Description		Total	
		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
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
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
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	83,869,998	30.00
31.00	03100 INTENSIVE CARE UNIT	10,543,548	31.00
41.00	04100 SUBPROVIDER - IRF	2,513,561	41.00
43.00	04300 NURSERY	1,457,703	43.00
44.00	04400 SKILLED NURSING FACILITY	5,596,205	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	13,763,930	50.00
51.00	05100 RECOVERY ROOM	2,027,198	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,948,356	52.00
53.00	05300 ANESTHESIOLOGY	492,965	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,690,337	54.00
54.01	03190 OUTPATIENT ONCOLOGY	1,152,784	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	353,370	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,513,414	59.00
60.00	06000 LABORATORY	14,515,603	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	226,698	63.00
65.00	06500 RESPIRATORY THERAPY	3,299,986	65.00
66.00	06600 PHYSICAL THERAPY	3,825,929	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,409,613	67.00
68.00	06800 SPEECH PATHOLOGY	341,456	68.00
69.00	06900 ELECTROCARDIOLOGY	2,447,409	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	444,604	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	21,512,670	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,136,638	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,370,744	73.00
74.00	07400 RENAL DIALYSIS	1,040,639	74.00
75.00	07500 ASC (NON-DISTINCT PART)	2,435,085	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	4,825,153	76.00
76.97	07697 CARDIAC REHABILITATION	502,444	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	6,710,302	90.00
91.00	09100 EMERGENCY	13,438,997	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	244,407,339	118.00
NONREIMBURSABLE COST CENTERS			
192.00	19200 PHYSICIANS' PRIVATE OFFICES	393	192.00
193.00	19300 NONPAID WORKERS	46,111	193.00
194.00	07950 CONVENT	109,346	194.00
194.01	07951 OUTPATIENT PHARMACY	38,189	194.01
194.02	07952 FUND DEVELOPMENT	33,411	194.02
194.03	07953 NURSING EDUC BLD UNUSED SPACE	0	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	244,634,789	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 11:13 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	28,609	155,452	184,061	184,061	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	192,385	1,045,340	1,237,725	12,417	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	636,428	3,458,093	4,094,521	4,548	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	13,859	75,306	89,165	0	8.00
9.00 00900	HOUSEKEEPING	0	41,700	226,582	268,282	3,516	9.00
10.00 01000	DIETARY	0	82,760	449,685	532,445	1,477	10.00
11.00 01100	CAFETERIA	0	12,378	67,257	79,635	2,256	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	7,786	42,305	50,091	8,420	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	64,988	353,119	418,107	0	14.00
15.00 01500	PHARMACY	0	21,375	116,141	137,516	7,412	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	40,153	218,174	258,327	3,424	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	9,419	51,178	60,597	4,175	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	9,775	53,114	62,889	3,369	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	700,342	3,805,387	4,505,729	53,975	30.00
31.00 03100	INTENSIVE CARE UNIT	0	33,677	182,986	216,663	9,903	31.00
41.00 04100	SUBPROVIDER - I&R	0	27,320	148,443	175,763	1,896	41.00
43.00 04300	NURSERY	0	6,116	33,234	39,350	1,261	43.00
44.00 04400	SKILLED NURSING FACILITY	0	35,778	194,405	230,183	3,551	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	172,498	937,284	1,109,782	8,662	50.00
51.00 05100	RECOVERY ROOM	0	12,065	65,554	77,619	1,497	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	80,659	438,267	518,926	8,341	52.00
53.00 05300	ANESTHESIOLOGY	0	1,696	9,214	10,910	278	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	79,999	434,682	514,681	10,195	54.00
54.01 03190	OUTPATIENT ONCOLOGY	0	0	0	0	1,305	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	4,256	23,124	27,380	365	55.00
59.00 05900	CARDIAC CATHETERIZATION	0	18,514	100,599	119,113	1,088	59.00
60.00 06000	LABORATORY	0	62,138	337,632	399,770	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	5,163	28,054	33,217	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	3,728	20,256	23,984	3,210	65.00
66.00 06600	PHYSICAL THERAPY	0	25,432	138,190	163,622	3,704	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,718	20,202	23,920	1,439	67.00
68.00 06800	SPEECH PATHOLOGY	0	1,323	7,188	8,511	339	68.00
69.00 06900	ELECTROCARDIOLOGY	0	27,808	151,096	178,904	1,742	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	430	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	2,969	16,133	19,102	952	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	2,304	75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	0	39,820	216,364	256,184	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	11,646	63,278	74,924	318	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	104,039	565,307	669,346	4,175	90.00
91.00 09100	EMERGENCY	0	97,131	527,770	624,901	12,060	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
114.00 11400	UTILIZATION REVIEW-SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,719,450	14,776,395	17,495,845	184,004	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	10	193.00
194.00 07950	CONVENT	0	0	0	0	37	194.00
194.01 07951	OUTPATIENT PHARMACY	0	1,805	9,805	11,610	0	194.01
194.02 07952	FUND DEVELOPMENT	0	904	4,912	5,816	10	194.02
194.03 07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
ALLOCATION OF CAPITAL RELATED COSTS							
			1.00	2.00	2A	4.00	
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)	0	2,722,159	14,791,112	17,513,271	184,061	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 11:13 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	1,250,142			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	90,973	0	4,190,042	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	585	0	31,142	120,892	8.00	
9.00	00900	HOUSEKEEPING	21,038	0	93,700	6,747	393,283	9.00
10.00	01000	DIETARY	3,319	0	185,961	0	17,991	10.00
11.00	01100	CAFETERIA	17,447	0	27,813	0	2,691	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	36,415	0	17,495	0	1,692	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,005	0	146,028	8	14,127	14.00
15.00	01500	PHARMACY	32,818	0	48,028	0	4,646	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,146	0	90,223	0	8,729	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	13,136	0	21,164	0	2,047	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,112	0	21,965	0	2,125	22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	296,713	0	1,573,663	39,474	152,240	30.00
31.00	03100	INTENSIVE CARE UNIT	43,571	0	75,671	8,836	7,321	31.00
41.00	04100	SUBPROVIDER - I&R	8,933	0	61,387	12,050	5,939	41.00
43.00	04300	NURSERY	5,014	0	13,744	3,121	1,330	43.00
44.00	04400	SKILLED NURSING FACILITY	22,316	0	80,393	3,817	7,778	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,944	0	387,601	10,213	37,498	50.00
51.00	05100	RECOVERY ROOM	6,607	0	27,109	2,125	2,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,958	0	181,239	3,428	17,534	52.00
53.00	05300	ANESTHESIOLOGY	1,282	0	3,810	0	369	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,738	0	179,757	5,513	17,390	54.00
54.01	03190	OUTPATIENT ONCOLOGY	5,604	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,411	0	9,563	149	925	55.00
59.00	05900	CARDIAC CATHETERIZATION	5,264	0	41,601	401	4,025	59.00
60.00	06000	LABORATORY	60,723	0	139,623	0	13,508	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	296	0	11,601	0	1,122	63.00
65.00	06500	RESPIRATORY THERAPY	13,676	0	8,377	0	810	65.00
66.00	06600	PHYSICAL THERAPY	16,244	0	57,146	2,420	5,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,042	0	8,354	0	808	67.00
68.00	06800	SPEECH PATHOLOGY	1,486	0	2,973	0	288	68.00
69.00	06900	ELECTROCARDIOLOGY	8,630	0	62,484	682	6,045	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,142	0	0	39	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	103,480	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,287	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,292	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,404	0	6,672	450	645	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,668	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	21,627	0	89,474	0	8,656	76.00
76.97	07697	CARDIAC REHABILITATION	1,748	0	26,168	16	2,532	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	24,750	0	233,775	441	22,616	90.00
91.00	09100	EMERGENCY	54,339	0	218,252	20,774	21,115	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,249,183	0	4,183,956	120,704	392,694	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	188	0	192.00
193.00	19300	NONPAID WORKERS	229	0	0	0	0	193.00
194.00	07950	CONVENT	541	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	79	0	4,055	0	392	194.01
194.02	07952	FUND DEVELOPMENT	110	0	2,031	0	197	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,250,142	0	4,190,042	120,892	393,283	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/21/2015 11:13 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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	662,954					10.00
11.00	01100	CAFETERIA	0	129,842				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,838	0	120,951		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	616,275	14.00
15.00	01500	PHARMACY	0	6,019	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,781	0	357	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,391	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,736	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	556,049	43,865	0	76,969	180,100	30.00
31.00	03100	INTENSIVE CARE UNIT	34,748	8,042	0	5,800	18,692	31.00
41.00	04100	SUBPROVIDER - I&R	19,579	1,539	0	0	5,480	41.00
43.00	04300	NURSERY	23,158	1,024	0	0	5,127	43.00
44.00	04400	SKILLED NURSING FACILITY	29,420	2,884	0	2,908	5,593	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,035	0	11,600	35,192	50.00
51.00	05100	RECOVERY ROOM	0	1,216	0	5,822	6,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,774	0	0	22,044	52.00
53.00	05300	ANESTHESIOLOGY	0	226	0	0	8,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,279	0	0	27,660	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	1,059	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	296	0	0	376	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	883	0	0	8,160	59.00
60.00	06000	LABORATORY	0	0	0	0	63,122	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	4,136	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,607	0	0	17,582	65.00
66.00	06600	PHYSICAL THERAPY	0	3,008	0	0	6,685	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,169	0	0	4,800	67.00
68.00	06800	SPEECH PATHOLOGY	0	275	0	0	780	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,415	0	0	13,331	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	349	0	0	215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	31,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	107,096	73.00
74.00	07400	RENAL DIALYSIS	0	773	0	0	3,945	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,871	0	5,510	3,982	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	0	2	76.00
76.97	07697	CARDIAC REHABILITATION	0	258	0	0	47	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,390	0	5,912	4	90.00
91.00	09100	EMERGENCY	0	9,794	0	6,073	26,047	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	662,954	129,796	0	120,951	616,275	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	8	0	0	0	193.00
194.00	07950	CONVENT	0	30	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	8	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	78,239	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	741,193	129,842	0	120,951	616,275	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 11:13 am		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY	236,439			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	382,987		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	68,837	321,228	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,182	20,074	0	31.00
41.00	04100	SUBPROVIDER - IRF	2,106	11,311	0	41.00
43.00	04300	NURSERY	1,970	13,378	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,149	16,996	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,523	0	0	50.00
51.00	05100	RECOVERY ROOM	2,311	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,470	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,203	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,628	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	145	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	3,136	0	0	59.00
60.00	06000	LABORATORY	24,255	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,589	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	6,756	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,569	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,845	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	300	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,122	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,921	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,113	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,151	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,516	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,530	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	1	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2	0	0	90.00
91.00	09100	EMERGENCY	10,008	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	236,439	382,987	0	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	CONVENT	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	194.03
200.00		Cross Foot Adjustments			0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	236,439	382,987	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 11:13 am
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 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
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	104,510				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		107,196			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			7,868,842	0	30.00
31.00 03100	INTENSIVE CARE UNIT			456,503	0	31.00
41.00 04100	SUBPROVIDER - I&R			305,983	0	41.00
43.00 04300	NURSERY			108,477	0	43.00
44.00 04400	SKILLED NURSING FACILITY			407,988	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			1,670,050	0	50.00
51.00 05100	RECOVERY ROOM			132,942	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			797,714	0	52.00
53.00 05300	ANESTHESIOLOGY			28,415	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			822,841	0	54.00
54.01 03190	OUTPATIENT ONCOLOGY			7,968	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC			40,610	0	55.00
59.00 05900	CARDIAC CATHETERIZATION			183,671	0	59.00
60.00 06000	LABORATORY			701,001	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			51,961	0	63.00
65.00 06500	RESPIRATORY THERAPY			77,002	0	65.00
66.00 06600	PHYSICAL THERAPY			260,927	0	66.00
67.00 06700	OCCUPATIONAL THERAPY			48,377	0	67.00
68.00 06800	SPEECH PATHOLOGY			14,952	0	68.00
69.00 06900	ELECTROCARDIOLOGY			278,355	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			3,258	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			146,425	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			44,103	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			226,539	0	73.00
74.00 07400	RENAL DIALYSIS			38,459	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)			24,865	0	75.00
76.00 03550	MENTAL HEALTH OUTPATIENT			375,944	0	76.00
76.97 07697	CARDIAC REHABILITATION			106,029	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY			0	0	76.98
76.99 07699	LI THOTRI PSY			0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC			964,411	0	90.00
91.00 09100	EMERGENCY			1,003,363	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	17,197,975	0 118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES			188	0	192.00
193.00 19300	NONPAID WORKERS			247	0	193.00
194.00 07950	CONVENT			608	0	194.00
194.01 07951	OUTPATIENT PHARMACY			16,136	0	194.01
194.02 07952	FUND DEVELOPMENT			8,172	0	194.02

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		21.00	22.00	23.00	24.00	25.00		
194.03	07953 NURSING EDUC BLD UNUSED SPACE				0	0	0	194.03
200.00	Cross Foot Adjustments	104,510	107,196	0	211,706		0	200.00
201.00	Negative Cost Centers	0	0	0	78,239		0	201.00
202.00	TOTAL (sum lines 118-201)	104,510	107,196	0	17,513,271		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 11:13 am
Cost Center Description		Total		
		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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	7,868,842	30.00
31.00	03100	INTENSIVE CARE UNIT	456,503	31.00
41.00	04100	SUBPROVIDER - IRF	305,983	41.00
43.00	04300	NURSERY	108,477	43.00
44.00	04400	SKILLED NURSING FACILITY	407,988	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,670,050	50.00
51.00	05100	RECOVERY ROOM	132,942	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	797,714	52.00
53.00	05300	ANESTHESIOLOGY	28,415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	822,841	54.00
54.01	03190	OUTPATIENT ONCOLOGY	7,968	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	40,610	55.00
59.00	05900	CARDIAC CATHETERIZATION	183,671	59.00
60.00	06000	LABORATORY	701,001	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,961	63.00
65.00	06500	RESPIRATORY THERAPY	77,002	65.00
66.00	06600	PHYSICAL THERAPY	260,927	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,377	67.00
68.00	06800	SPEECH PATHOLOGY	14,952	68.00
69.00	06900	ELECTROCARDIOLOGY	278,355	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	146,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,103	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	226,539	73.00
74.00	07400	RENAL DIALYSIS	38,459	74.00
75.00	07500	ASC (NON-DISTINCT PART)	24,865	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	375,944	76.00
76.97	07697	CARDIAC REHABILITATION	106,029	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIpsy	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	964,411	90.00
91.00	09100	EMERGENCY	1,003,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,197,975	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	188	192.00
193.00	19300	NONPAID WORKERS	247	193.00
194.00	07950	CONVENT	608	194.00
194.01	07951	OUTPATIENT PHARMACY	16,136	194.01
194.02	07952	FUND DEVELOPMENT	8,172	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	194.03
200.00		Cross Foot Adjustments	211,706	200.00
201.00		Negative Cost Centers	78,239	201.00
202.00		TOTAL (sum lines 118-201)	17,513,271	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	825,132				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		825,132			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,672	8,672	93,490,273		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	58,315	58,315	6,306,394	-56,926,990	193,576,776
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	192,912	192,912	2,309,662	0	14,086,849
8.00 00800	LAUNDRY & LINEN SERVICE	4,201	4,201	0	0	90,528
9.00 00900	HOUSEKEEPING	12,640	12,640	1,785,738	0	3,257,603
10.00 01000	DIETARY	25,086	25,086	750,350	0	513,890
11.00 01100	CAFETERIA	3,752	3,752	1,145,715	0	2,701,660
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,360	2,360	4,276,129	0	5,638,733
14.00 01400	CENTRAL SERVICES & SUPPLY	19,699	19,699	0	0	5,884,873
15.00 01500	PHARMACY	6,479	6,479	3,764,493	0	5,081,793
16.00 01600	MEDICAL RECORDS & LIBRARY	12,171	12,171	1,739,161	0	2,964,671
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,855	2,855	2,120,395	0	2,033,996
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,963	2,963	1,710,868	0	2,185,185
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	212,286	212,286	27,422,632	0	45,941,623
31.00 03100	INTENSIVE CARE UNIT	10,208	10,208	5,029,594	0	6,746,805
41.00 04100	SUBPROVIDER - I&R	8,281	8,281	962,701	0	1,383,272
43.00 04300	NURSERY	1,854	1,854	640,432	0	776,454
44.00 04400	SKILLED NURSING FACILITY	10,845	10,845	1,803,319	0	3,455,514
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	52,287	52,287	4,399,351	0	7,578,756
51.00 05100	RECOVERY ROOM	3,657	3,657	760,373	0	1,023,098
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,449	24,449	4,236,372	0	4,793,717
53.00 05300	ANESTHESIOLOGY	514	514	141,360	0	198,517
54.00 05400	RADIOLOGY-DIAGNOSTIC	24,249	24,249	5,177,828	0	7,546,857
54.01 03190	OUTPATIENT ONCOLOGY	0	0	662,563	0	867,804
55.00 05500	RADIOLOGY-THERAPEUTIC	1,290	1,290	185,292	0	218,531
59.00 05900	CARDIAC CATHETERIZATION	5,612	5,612	552,510	0	815,188
60.00 06000	LABORATORY	18,835	18,835	0	0	9,402,790
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,565	1,565	0	0	45,897
65.00 06500	RESPIRATORY THERAPY	1,130	1,130	1,630,246	0	2,117,615
66.00 06600	PHYSICAL THERAPY	7,709	7,709	1,881,019	0	2,515,381
67.00 06700	OCCUPATIONAL THERAPY	1,127	1,127	730,868	0	935,538
68.00 06800	SPEECH PATHOLOGY	401	401	172,284	0	230,158
69.00 06900	ELECTROCARDIOLOGY	8,429	8,429	884,746	0	1,336,263
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	218,556	0	331,759
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	16,023,477
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,534,941
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,123,274
74.00 07400	RENAL DIALYSIS	900	900	483,559	0	681,978
75.00 07500	ASC (NON-DISTINCT PART)	0	0	1,169,913	0	1,496,990
76.00 03550	MENTAL HEALTH OUTPATIENT	12,070	12,070	0	0	3,348,914
76.97 07697	CARDIAC REHABILITATION	3,530	3,530	161,605	0	270,669
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	31,536	31,536	2,120,267	0	3,832,444
91.00 09100	EMERGENCY	29,442	29,442	6,124,842	0	8,414,151
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	824,311	824,311	93,461,137	-56,926,990	193,428,156
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00 19300	NONPAID WORKERS	0	0	5,085	0	35,455
194.00 07950	CONVENT	0	0	18,988	0	83,838
194.01 07951	OUTPATIENT PHARMACY	547	547	0	0	12,304
194.02 07952	FUND DEVELOPMENT	274	274	5,063	0	17,023

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
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)	2,722,159	14,791,112	22,482,420		56,926,990	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3.299059	17.925752	0.240479		0.294080	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			184,061		1,250,142	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001969		0.006458	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet B-1	
Date/Time Prepared: 5/21/2015 11:13 am							
Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)		
	6.00	7.00	8.00	9.00	10.00		
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	0					6.00
7.00 00700	OPERATION OF PLANT	0	565,233				7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	4,201	1,202,368			8.00
9.00 00900	HOUSEKEEPING	0	12,640	67,102	548,392		9.00
10.00 01000	DIETARY	0	25,086	0	25,086	115,600	10.00
11.00 01100	CAFETERIA	0	3,752	0	3,752	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	2,360	0	2,360	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	19,699	80	19,699	0	14.00
15.00 01500	PHARMACY	0	6,479	0	6,479	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	12,171	0	12,171	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,855	0	2,855	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,963	0	2,963	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	212,286	392,602	212,286	96,959	30.00
31.00 03100	INTENSIVE CARE UNIT	0	10,208	87,883	10,208	6,059	31.00
41.00 04100	SUBPROVIDER - IRF	0	8,281	119,850	8,281	3,414	41.00
43.00 04300	NURSERY	0	1,854	31,041	1,854	4,038	43.00
44.00 04400	SKILLED NURSING FACILITY	0	10,845	37,959	10,845	5,130	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	52,287	101,572	52,287	0	50.00
51.00 05100	RECOVERY ROOM	0	3,657	21,132	3,657	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	24,449	34,092	24,449	0	52.00
53.00 05300	ANESTHESIOLOGY	0	514	0	514	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	24,249	54,835	24,249	0	54.00
54.01 03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	1,290	1,478	1,290	0	55.00
59.00 05900	CARDIAC CATHETERIZATION	0	5,612	3,987	5,612	0	59.00
60.00 06000	LABORATORY	0	18,835	0	18,835	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	1,565	0	1,565	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	1,130	0	1,130	0	65.00
66.00 06600	PHYSICAL THERAPY	0	7,709	24,071	7,709	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	1,127	0	1,127	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	401	0	401	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	8,429	6,782	8,429	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	392	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	900	4,475	900	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	0	12,070	0	12,070	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	3,530	160	3,530	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	31,536	4,391	31,536	0	90.00
91.00 09100	EMERGENCY	0	29,442	206,615	29,442	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
114.00 11400	UTILIZATION REVIEW-SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	564,412	1,200,499	547,571	115,600	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,869	0	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950	CONVENT	0	0	0	0	0	194.00
194.01 07951	OUTPATIENT PHARMACY	0	547	0	547	0	194.01
194.02 07952	FUND DEVELOPMENT	0	274	0	274	0	194.02
194.03 07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	18,229,510	252,638	4,637,355	1,686,206	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	32.251319	0.210117	8.456278	14.586557	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	4,190,042	120,892	393,283	741,193	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	7.412947	0.100545	0.717157	5.734896	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description			CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	
			11.00	12.00	13.00	14.00	15.00	
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	81,192,414					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	4,276,129	0	43,375			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	735,048,845		14.00
15.00	01500	PHARMACY	3,764,493	0	0	0	735,048,845	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,739,161	0	128	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,120,395	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,710,868	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,422,632	0	27,602	214,552,342	214,552,342	30.00
31.00	03100	INTENSIVE CARE UNIT	5,029,594	0	2,080	22,305,806	22,305,806	31.00
41.00	04100	SUBPROVIDER - I&R	962,701	0	0	6,539,184	6,539,184	41.00
43.00	04300	NURSERY	640,432	0	0	6,117,818	6,117,818	43.00
44.00	04400	SKILLED NURSING FACILITY	1,803,319	0	1,043	6,673,964	6,673,964	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,399,351	0	4,160	41,995,474	41,995,474	50.00
51.00	05100	RECOVERY ROOM	760,373	0	2,088	7,175,854	7,175,854	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,236,372	0	0	26,305,201	26,305,201	52.00
53.00	05300	ANESTHESIOLOGY	141,360	0	0	9,948,092	9,948,092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,177,828	0	0	33,007,582	33,007,582	54.00
54.01	03190	OUTPATIENT ONCOLOGY	662,563	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	185,292	0	0	448,959	448,959	55.00
59.00	05900	CARDIAC CATHETERIZATION	552,510	0	0	9,737,788	9,737,788	59.00
60.00	06000	LABORATORY	0	0	0	75,324,614	75,324,614	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,935,985	4,935,985	63.00
65.00	06500	RESPIRATORY THERAPY	1,630,246	0	0	20,981,403	20,981,403	65.00
66.00	06600	PHYSICAL THERAPY	1,881,019	0	0	7,976,856	7,976,856	66.00
67.00	06700	OCCUPATIONAL THERAPY	730,868	0	0	5,728,457	5,728,457	67.00
68.00	06800	SPEECH PATHOLOGY	172,284	0	0	931,262	931,262	68.00
69.00	06900	ELECTROCARDIOLOGY	884,746	0	0	15,907,568	15,907,568	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	218,556	0	0	256,238	256,238	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	37,021,611	37,021,611	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,772,140	12,772,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	127,799,577	127,799,577	73.00
74.00	07400	RENAL DIALYSIS	483,559	0	0	4,707,258	4,707,258	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,169,913	0	1,976	4,751,720	4,751,720	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	2,365	2,365	76.00
76.97	07697	CARDIAC REHABILITATION	161,605	0	0	56,358	56,358	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,120,267	0	2,120	5,302	5,302	90.00
91.00	09100	EMERGENCY	6,124,842	0	2,178	31,082,067	31,082,067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	81,163,278	0	43,375	735,048,845	735,048,845	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	5,085	0	0	0	0	193.00
194.00	07950	CONVENT	18,988	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	5,063	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING HO URS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	
		11.00	12.00	13.00	14.00	15.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,648,899	0	7,585,216	8,417,412	7,009,171	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.044941	0.000000	174.875297	0.011452	0.009536	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	129,842	0	120,951	616,275	236,439	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001599	0.000000	2.788496	0.000838	0.000322	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1
Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (INPATIENT REVENUE)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	
		16.00	17.00	19.00	20.00	21.00	
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						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	115,600					16.00
17.00	01700	0	735,048,845				17.00
19.00	01900	0	0	0			19.00
20.00	02000	0	0		0		20.00
21.00	02100	0	0			105,607	21.00
22.00	02200	0	0				22.00
23.00	02300	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	96,959	214,552,342		0	95,510	30.00
31.00	03100	6,059	22,305,806		0	7,508	31.00
41.00	04100	3,414	6,539,184		0	0	41.00
43.00	04300	4,038	6,117,818		0	2,589	43.00
44.00	04400	5,130	6,673,964		0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	41,995,474	0	0	0	50.00
51.00	05100	0	7,175,854	0	0	0	51.00
52.00	05200	0	26,305,201	0	0	0	52.00
53.00	05300	0	9,948,092	0	0	0	53.00
54.00	05400	0	33,007,582	0	0	0	54.00
54.01	03190	0	0	0	0	0	54.01
55.00	05500	0	448,959	0	0	0	55.00
59.00	05900	0	9,737,788	0	0	0	59.00
60.00	06000	0	75,324,614	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	4,935,985	0	0	0	63.00
65.00	06500	0	20,981,403	0	0	0	65.00
66.00	06600	0	7,976,856	0	0	0	66.00
67.00	06700	0	5,728,457	0	0	0	67.00
68.00	06800	0	931,262	0	0	0	68.00
69.00	06900	0	15,907,568	0	0	0	69.00
70.00	07000	0	256,238	0	0	0	70.00
71.00	07100	0	37,021,611	0	0	0	71.00
72.00	07200	0	12,772,140	0	0	0	72.00
73.00	07300	0	127,799,577	0	0	0	73.00
74.00	07400	0	4,707,258	0	0	0	74.00
75.00	07500	0	4,751,720	0	0	0	75.00
76.00	03550	0	2,365	0	0	0	76.00
76.97	07697	0	56,358	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	5,302	0	0	0	90.00
91.00	09100	0	31,082,067	0	0	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		115,600	735,048,845	0	0	105,607	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (INPATIENT REVENUE)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	
		16.00	17.00	19.00	20.00	21.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,432,517	0	0	0	2,843,668	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	38.343573	0.000000	0.000000	0.000000	26.926889	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	382,987	0	0	0	104,510	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.313036	0.000000	0.000000	0.000000	0.989612	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
	22.00	23.00	
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
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING SCHOOL			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	105,607		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	95,510	0	30.00
31.00 03100 INTENSIVE CARE UNIT	7,508	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	41.00
43.00 04300 NURSERY	2,589	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS			
113.00 11300 INTEREST EXPENSE			113.00
114.00 11400 UTILIZATION REVIEW-SNF			114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	105,607	0	118.00
NONREIMBURSABLE COST CENTERS			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	193.00
194.00 07950 CONVENT	0	0	194.00
194.01 07951 OUTPATIENT PHARMACY	0	0	194.01
194.02 07952 FUND DEVELOPMENT	0	0	194.02
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
200.00		22.00	23.00
201.00	Cross Foot Adjustments		
201.00	Negative Cost Centers		
202.00	Cost to be allocated (per Wkst. B, Part I)	3,025,309	0
203.00	Unit cost multiplier (Wkst. B, Part I)	28.646861	0.000000
204.00	Cost to be allocated (per Wkst. B, Part II)	107,196	0
205.00	Unit cost multiplier (Wkst. B, Part II)	1.015046	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 11:13 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		83,869,998	0	83,869,998
31.00	03100 INTENSIVE CARE UNIT		10,543,548	0	10,543,548
41.00	04100 SUBPROVIDER - I RF		2,513,561	0	2,513,561
43.00	04300 NURSERY		1,457,703	0	1,457,703
44.00	04400 SKILLED NURSING FACILITY		5,596,205	0	5,596,205
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		13,763,930	0	13,763,930
51.00	05100 RECOVERY ROOM		2,027,198	0	2,027,198
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,948,356	0	7,948,356
53.00	05300 ANESTHESIOLOGY		492,965	0	492,965
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,690,337	0	11,690,337
54.01	03190 OUTPATIENT ONCOLOGY		1,152,784	0	1,152,784
55.00	05500 RADIOLOGY-THERAPEUTIC		353,370	0	353,370
59.00	05900 CARDIAC CATHETERIZATION		1,513,414	0	1,513,414
60.00	06000 LABORATORY		14,515,603	0	14,515,603
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		226,698	0	226,698
65.00	06500 RESPIRATORY THERAPY	0	3,299,986	0	3,299,986
66.00	06600 PHYSICAL THERAPY	0	3,825,929	0	3,825,929
67.00	06700 OCCUPATIONAL THERAPY	0	1,409,613	0	1,409,613
68.00	06800 SPEECH PATHOLOGY	0	341,456	0	341,456
69.00	06900 ELECTROCARDIOLOGY		2,447,409	0	2,447,409
70.00	07000 ELECTROENCEPHALOGRAPHY		444,604	0	444,604
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		21,512,670	0	21,512,670
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,136,638	0	6,136,638
73.00	07300 DRUGS CHARGED TO PATIENTS		18,370,744	0	18,370,744
74.00	07400 RENAL DIALYSIS		1,040,639	0	1,040,639
75.00	07500 ASC (NON-DISTINCT PART)		2,435,085	0	2,435,085
76.00	03550 MENTAL HEALTH OUTPATIENT		4,825,153	0	4,825,153
76.97	07697 CARDIAC REHABILITATION		502,444	0	502,444
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		6,710,302	688	6,710,990
91.00	09100 EMERGENCY		13,438,997	0	13,438,997
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,273,264	0	4,273,264
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
114.00	11400 UTILIZATION REVIEW-SNF				
200.00	Subtotal (see instructions)		248,680,603	688	248,681,291
201.00	Less Observation Beds		4,273,264		4,273,264
202.00	Total (see instructions)		244,407,339	688	244,408,027

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/21/2015 11:13 am	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	212,288,172		212,288,172			30.00
31.00	03100	INTENSIVE CARE UNIT	22,305,806		22,305,806			31.00
41.00	04100	SUBPROVIDER - IRF	6,539,184		6,539,184			41.00
43.00	04300	NURSERY	6,117,818		6,117,818			43.00
44.00	04400	SKILLED NURSING FACILITY	6,673,964		6,673,964			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,995,474	39,336,248	81,331,722	0.169232	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,175,854	7,465,354	14,641,208	0.138458	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,305,201	1,727,428	28,032,629	0.283539	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	9,948,092	8,877,723	18,825,815	0.026186	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,007,582	75,279,669	108,287,251	0.107957	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	2,148,554	2,148,554	0.536539	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	448,959	7,235,699	7,684,658	0.045984	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	9,737,788	5,192,713	14,930,501	0.101364	0.000000	59.00
60.00	06000	LABORATORY	75,324,614	42,514,734	117,839,348	0.123181	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,935,985	589,957	5,525,942	0.041024	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	20,981,403	2,749,938	23,731,341	0.139056	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,976,856	6,104,165	14,081,021	0.271708	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,728,457	1,382,568	7,111,025	0.198229	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	931,262	86,220	1,017,482	0.335589	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	15,907,568	16,757,686	32,665,254	0.074924	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	256,238	350,644	606,882	0.732604	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,021,611	12,151,248	49,172,859	0.437491	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,772,140	6,309,748	19,081,888	0.321595	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	127,799,577	83,841,813	211,641,390	0.086801	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,707,258	419,891	5,127,149	0.202966	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,751,720	15,320,004	20,071,724	0.121319	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	2,365	7,644,359	7,646,724	0.631009	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	56,358	155,261	211,619	2.374286	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,302	3,191,933	3,197,235	2.098783	0.000000	90.00
91.00	09100	EMERGENCY	31,082,067	77,087,704	108,169,771	0.124240	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,264,170	12,244,456	14,508,626	0.294533	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	735,048,845	436,165,717	1,171,214,562			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	735,048,845	436,165,717	1,171,214,562			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 11:13 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.169232		50.00
51.00	05100 RECOVERY ROOM	0.138458		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.283539		52.00
53.00	05300 ANESTHESIOLOGY	0.026186		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.107957		54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.536539		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.045984		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.101364		59.00
60.00	06000 LABORATORY	0.123181		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.041024		63.00
65.00	06500 RESPIRATORY THERAPY	0.139056		65.00
66.00	06600 PHYSICAL THERAPY	0.271708		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.198229		67.00
68.00	06800 SPEECH PATHOLOGY	0.335589		68.00
69.00	06900 ELECTROCARDIOLOGY	0.074924		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.732604		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.437491		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.321595		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.086801		73.00
74.00	07400 RENAL DIALYSIS	0.202966		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.121319		75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0.631009		76.00
76.97	07697 CARDIAC REHABILITATION	2.374286		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	2.098998		90.00
91.00	09100 EMERGENCY	0.124240		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.294533		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
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: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/21/2015 11:13 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		89,177,846	0	0	30.00	
31.00	03100 INTENSIVE CARE UNIT		10,960,796	0	0	31.00	
41.00	04100 SUBPROVIDER - I RF		2,513,561	0	0	41.00	
43.00	04300 NURSERY		1,601,584	0	0	43.00	
44.00	04400 SKILLED NURSING FACILITY		5,596,205	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		13,763,930	0	0	50.00	
51.00	05100 RECOVERY ROOM		2,027,198	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,948,356	0	0	52.00	
53.00	05300 ANESTHESIOLOGY		492,965	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,690,337	0	0	54.00	
54.01	03190 OUTPATIENT ONCOLOGY		1,152,784	0	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC		353,370	0	0	55.00	
59.00	05900 CARDIAC CATHETERIZATION		1,513,414	0	0	59.00	
60.00	06000 LABORATORY		14,515,603	0	0	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		226,698	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0	3,299,986	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	3,825,929	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,409,613	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	341,456	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,447,409	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		444,604	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		21,512,670	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,136,638	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		18,370,744	0	0	73.00	
74.00	07400 RENAL DIALYSIS		1,040,639	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		2,435,085	0	0	75.00	
76.00	03550 MENTAL HEALTH OUTPATIENT		4,825,153	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		502,444	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98	
76.99	07699 LI THOTRI PSY		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		6,710,302	0	0	90.00	
91.00	09100 EMERGENCY		13,438,997	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,543,705	0	0	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
114.00	11400 UTILIZATION REVIEW-SNF					114.00	
200.00	Subtotal (see instructions)		254,820,021	0	0	200.00	
201.00	Less Observation Beds		4,543,705	0	0	201.00	
202.00	Total (see instructions)		250,276,316	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/21/2015 11:13 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	212,288,172		212,288,172			30.00
31.00	03100	INTENSIVE CARE UNIT	22,305,806		22,305,806			31.00
41.00	04100	SUBPROVIDER - IRF	6,539,184		6,539,184			41.00
43.00	04300	NURSERY	6,117,818		6,117,818			43.00
44.00	04400	SKILLED NURSING FACILITY	6,673,964		6,673,964			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,995,474	39,336,248	81,331,722	0.169232	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,175,854	7,465,354	14,641,208	0.138458	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,305,201	1,727,428	28,032,629	0.283539	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	9,948,092	8,877,723	18,825,815	0.026186	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,007,582	75,279,669	108,287,251	0.107957	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	2,148,554	2,148,554	0.536539	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	448,959	7,235,699	7,684,658	0.045984	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	9,737,788	5,192,713	14,930,501	0.101364	0.000000	59.00
60.00	06000	LABORATORY	75,324,614	42,514,734	117,839,348	0.123181	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,935,985	589,957	5,525,942	0.041024	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	20,981,403	2,749,938	23,731,341	0.139056	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,976,856	6,104,165	14,081,021	0.271708	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,728,457	1,382,568	7,111,025	0.198229	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	931,262	86,220	1,017,482	0.335589	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	15,907,568	16,757,686	32,665,254	0.074924	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	256,238	350,644	606,882	0.732604	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,021,611	12,151,248	49,172,859	0.437491	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,772,140	6,309,748	19,081,888	0.321595	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	127,799,577	83,841,813	211,641,390	0.086801	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,707,258	419,891	5,127,149	0.202966	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,751,720	15,320,004	20,071,724	0.121319	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	2,365	7,644,359	7,646,724	0.631009	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	56,358	155,261	211,619	2.374286	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,302	3,191,933	3,197,235	2.098783	0.000000	90.00
91.00	09100	EMERGENCY	31,082,067	77,087,704	108,169,771	0.124240	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,264,170	12,244,456	14,508,626	0.313173	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	735,048,845	436,165,717	1,171,214,562			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	735,048,845	436,165,717	1,171,214,562			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 11:13 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
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
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
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
114.00	11400 UTILIZATION REVIEW-SNF			114.00
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: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/21/2015 11:13 am	
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)	
Title XVIII		Hospital		PPS			
Cost Center Description		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,868,842	0	7,868,842	101,411	77.59	30.00
31.00	INTENSIVE CARE UNIT	456,503	0	456,503	5,811	78.56	31.00
41.00	SUBPROVIDER - IRF	305,983	0	305,983	3,342	91.56	41.00
43.00	NURSERY	108,477		108,477	3,558	30.49	43.00
44.00	SKILLED NURSING FACILITY	407,988		407,988	7,319	55.74	44.00
200.00	Total (lines 30-199)	9,147,793		9,147,793	121,441		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
Cost Center Description		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	25,748	1,997,787				30.00
31.00	INTENSIVE CARE UNIT	2,178	171,104				31.00
41.00	SUBPROVIDER - IRF	1,577	144,390				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	5,240	292,078				44.00
200.00	Total (lines 30-199)	34,743	2,605,359				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/21/2015 11:13 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,670,050	81,331,722	0.020534	13,531,879	277,864	50.00
51.00	05100	RECOVERY ROOM	132,942	14,641,208	0.009080	2,011,483	18,264	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	797,714	28,032,629	0.028457	122,393	3,483	52.00
53.00	05300	ANESTHESIOLOGY	28,415	18,825,815	0.001509	2,946,309	4,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	822,841	108,287,251	0.007599	11,918,523	90,569	54.00
54.01	03190	OUTPATIENT ONCOLOGY	7,968	2,148,554	0.003709	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	40,610	7,684,658	0.005285	122,996	650	55.00
59.00	05900	CARDIAC CATHETERIZATION	183,671	14,930,501	0.012302	3,365,480	41,402	59.00
60.00	06000	LABORATORY	701,001	117,839,348	0.005949	24,518,825	145,862	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,961	5,525,942	0.009403	1,466,987	13,794	63.00
65.00	06500	RESPIRATORY THERAPY	77,002	23,731,341	0.003245	7,861,949	25,512	65.00
66.00	06600	PHYSICAL THERAPY	260,927	14,081,021	0.018530	1,088,312	20,166	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,377	7,111,025	0.006803	380,943	2,592	67.00
68.00	06800	SPEECH PATHOLOGY	14,952	1,017,482	0.014695	328,940	4,834	68.00
69.00	06900	ELECTROCARDIOLOGY	278,355	32,665,254	0.008521	6,109,744	52,061	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,258	606,882	0.005368	81,494	437	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	146,425	49,172,859	0.002978	12,629,642	37,611	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,103	19,081,888	0.002311	4,581,205	10,587	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	226,539	211,641,390	0.001070	39,185,310	41,928	73.00
74.00	07400	RENAL DIALYSIS	38,459	5,127,149	0.007501	1,890,746	14,182	74.00
75.00	07500	ASC (NON-DISTINCT PART)	24,865	20,071,724	0.001239	1,830,213	2,268	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	375,944	7,646,724	0.049164	524	26	76.00
76.97	07697	CARDIAC REHABILITATION	106,029	211,619	0.501037	18,373	9,206	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	964,411	3,197,235	0.301639	466	141	90.00
91.00	09100	EMERGENCY	1,003,363	108,169,771	0.009276	9,564,981	88,725	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	400,926	14,508,626	0.027634	796,353	22,006	92.00
200.00		Total (lines 50-199)	8,451,108	917,289,618		146,354,070	928,616	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/21/2015 11:13 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	101,411	0.00	25,748	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,811	0.00	2,178	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,342	0.00	1,577	0	0	41.00
43.00	04300	NURSERY	3,558	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	7,319	0.00	5,240	0	0	44.00
200.00		Total (lines 30-199)	121,441		34,743	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:13 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
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
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	0	0	0	76.00
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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
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: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:13 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	81,331,722	0.000000	0.000000	13,531,879	50.00
51.00	05100 RECOVERY ROOM	0	14,641,208	0.000000	0.000000	2,011,483	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	28,032,629	0.000000	0.000000	122,393	52.00
53.00	05300 ANESTHESIOLOGY	0	18,825,815	0.000000	0.000000	2,946,309	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	108,287,251	0.000000	0.000000	11,918,523	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	2,148,554	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,684,658	0.000000	0.000000	122,996	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	14,930,501	0.000000	0.000000	3,365,480	59.00
60.00	06000 LABORATORY	0	117,839,348	0.000000	0.000000	24,518,825	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	5,525,942	0.000000	0.000000	1,466,987	63.00
65.00	06500 RESPIRATORY THERAPY	0	23,731,341	0.000000	0.000000	7,861,949	65.00
66.00	06600 PHYSICAL THERAPY	0	14,081,021	0.000000	0.000000	1,088,312	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,111,025	0.000000	0.000000	380,943	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,017,482	0.000000	0.000000	328,940	68.00
69.00	06900 ELECTROCARDIOLOGY	0	32,665,254	0.000000	0.000000	6,109,744	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	606,882	0.000000	0.000000	81,494	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,172,859	0.000000	0.000000	12,629,642	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,081,888	0.000000	0.000000	4,581,205	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	211,641,390	0.000000	0.000000	39,185,310	73.00
74.00	07400 RENAL DIALYSIS	0	5,127,149	0.000000	0.000000	1,890,746	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	20,071,724	0.000000	0.000000	1,830,213	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	7,646,724	0.000000	0.000000	524	76.00
76.97	07697 CARDIAC REHABILITATION	0	211,619	0.000000	0.000000	18,373	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,197,235	0.000000	0.000000	466	90.00
91.00	09100 EMERGENCY	0	108,169,771	0.000000	0.000000	9,564,981	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	14,508,626	0.000000	0.000000	796,353	92.00
200.00	Total (lines 50-199)	0	917,289,618			146,354,070	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:13 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	9,055,585	0	50.00
51.00	05100 RECOVERY ROOM	0	1,493,948	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,001	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,150,991	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,521,420	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	1,016,867	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	2,132,699	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,810,073	0	59.00
60.00	06000 LABORATORY	0	7,753,400	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	108,147	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	476,582	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	203	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,973,492	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	66,185	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,305,637	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,478,718	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	28,792,704	0	73.00
74.00	07400 RENAL DIALYSIS	0	210,298	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	3,721,316	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	1,745,980	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	35,182	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	4,420	0	90.00
91.00	09100 EMERGENCY	0	9,202,333	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,812,982	0	92.00
200.00	Total (lines 50-199)	0	101,874,165	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 11:13 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.169232	9,055,585	0	0	1,532,495	50.00
51.00	05100 RECOVERY ROOM	0.138458	1,493,948	0	0	206,849	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.283539	5,001	0	0	1,418	52.00
53.00	05300 ANESTHESIOLOGY	0.026186	2,150,991	0	0	56,326	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.107957	15,521,420	150	0	1,675,646	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.536539	1,016,867	0	0	545,589	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.045984	2,132,699	0	0	98,070	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.101364	2,810,073	0	0	284,840	59.00
60.00	06000 LABORATORY	0.123181	7,753,400	0	0	955,072	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.041024	108,147	0	0	4,437	63.00
65.00	06500 RESPIRATORY THERAPY	0.139056	476,582	0	0	66,272	65.00
66.00	06600 PHYSICAL THERAPY	0.271708	2	0	0	1	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.198229	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.335589	203	0	0	68	68.00
69.00	06900 ELECTROCARDIOLOGY	0.074924	4,973,492	0	0	372,634	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.732604	66,185	0	0	48,487	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.437491	3,305,637	1,004	0	1,446,186	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.321595	2,478,718	0	0	797,143	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.086801	28,792,704	339	296,975	2,499,235	73.00
74.00	07400 RENAL DIALYSIS	0.202966	210,298	0	0	42,683	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.121319	3,721,316	0	0	451,466	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0.631009	1,745,980	0	0	1,101,729	76.00
76.97	07697 CARDIAC REHABILITATION	2.374286	35,182	0	0	83,532	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2.098783	4,420	0	0	9,277	90.00
91.00	09100 EMERGENCY	0.124240	9,202,333	0	0	1,143,298	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.294533	4,812,982	0	0	1,417,582	92.00
200.00	Subtotal (see instructions)		101,874,165	1,493	296,975	14,840,335	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		101,874,165	1,493	296,975	14,840,335	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 11:13 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16	0		54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	439	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	29	25,778		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
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)	484	25,778		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	484	25,778		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140180 Component CCN: 14T180		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/21/2015 11:13 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,670,050	81,331,722	0.020534	7,362	151	50.00
51.00	05100 RECOVERY ROOM	132,942	14,641,208	0.009080	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	797,714	28,032,629	0.028457	0	0	52.00
53.00	05300 ANESTHESIOLOGY	28,415	18,825,815	0.001509	1,934	3	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	822,841	108,287,251	0.007599	105,438	801	54.00
54.01	03190 OUTPATIENT ONCOLOGY	7,968	2,148,554	0.003709	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	40,610	7,684,658	0.005285	2,934	16	55.00
59.00	05900 CARDIAC CATHETERIZATION	183,671	14,930,501	0.012302	0	0	59.00
60.00	06000 LABORATORY	701,001	117,839,348	0.005949	404,222	2,405	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	51,961	5,525,942	0.009403	5,735	54	63.00
65.00	06500 RESPIRATORY THERAPY	77,002	23,731,341	0.003245	176,458	573	65.00
66.00	06600 PHYSICAL THERAPY	260,927	14,081,021	0.018530	1,072,713	19,877	66.00
67.00	06700 OCCUPATIONAL THERAPY	48,377	7,111,025	0.006803	1,000,661	6,807	67.00
68.00	06800 SPEECH PATHOLOGY	14,952	1,017,482	0.014695	105,908	1,556	68.00
69.00	06900 ELECTROCARDIOLOGY	278,355	32,665,254	0.008521	27,939	238	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,258	606,882	0.005368	2,426	13	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	146,425	49,172,859	0.002978	199,179	593	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	44,103	19,081,888	0.002311	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	226,539	211,641,390	0.001070	967,588	1,035	73.00
74.00	07400 RENAL DIALYSIS	38,459	5,127,149	0.007501	74,780	561	74.00
75.00	07500 ASC (NON-DISTINCT PART)	24,865	20,071,724	0.001239	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	375,944	7,646,724	0.049164	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	106,029	211,619	0.501037	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	964,411	3,197,235	0.301639	0	0	90.00
91.00	09100 EMERGENCY	1,003,363	108,169,771	0.009276	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	14,508,626	0.000000	0	0	92.00
200.00	Total (lines 50-199)	8,050,182	917,289,618		4,155,277	34,683	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:13 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
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: 140180 Component CCN: 14T180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:13 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	81,331,722	0.000000	0.000000	7,362	50.00
51.00	05100 RECOVERY ROOM	0	14,641,208	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	28,032,629	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	18,825,815	0.000000	0.000000	1,934	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	108,287,251	0.000000	0.000000	105,438	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	2,148,554	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,684,658	0.000000	0.000000	2,934	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	14,930,501	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	117,839,348	0.000000	0.000000	404,222	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	5,525,942	0.000000	0.000000	5,735	63.00
65.00	06500 RESPIRATORY THERAPY	0	23,731,341	0.000000	0.000000	176,458	65.00
66.00	06600 PHYSICAL THERAPY	0	14,081,021	0.000000	0.000000	1,072,713	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,111,025	0.000000	0.000000	1,000,661	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,017,482	0.000000	0.000000	105,908	68.00
69.00	06900 ELECTROCARDIOLOGY	0	32,665,254	0.000000	0.000000	27,939	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	606,882	0.000000	0.000000	2,426	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,172,859	0.000000	0.000000	199,179	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,081,888	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	211,641,390	0.000000	0.000000	967,588	73.00
74.00	07400 RENAL DIALYSIS	0	5,127,149	0.000000	0.000000	74,780	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	20,071,724	0.000000	0.000000	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	7,646,724	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	211,619	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,197,235	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	108,169,771	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	14,508,626	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	917,289,618			4,155,277	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:13 am
	Component CCN: 14T180	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,019	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	256	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	14	0	59.00
60.00	06000 LABORATORY	0	8,336	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	473	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	203	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,041	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,423	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	33,030	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	45	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	65,843	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 11:13 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.169232	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.138458	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.283539	1	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.026186	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.107957	13,019	0	0	1,405	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0.536539	256	0	0	137	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.045984	0	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0.101364	14	0	0	1	0	59.00
60.00 06000 LABORATORY	0.123181	8,336	0	0	1,027	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.041024	473	0	0	19	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.139056	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.271708	2	0	0	1	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.198229	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.335589	203	0	0	68	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.074924	1,041	0	0	78	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.732604	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.437491	9,423	0	0	4,122	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.321595	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.086801	33,030	0	0	2,867	0	73.00
74.00 07400 RENAL DIALYSIS	0.202966	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.121319	0	0	0	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0.631009	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	2.374286	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2.098783	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.124240	45	0	0	6	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.294533	0	0	0	0	0	92.00
200.00		Subtotal (see instructions)	65,843	0	9,731	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	65,843	0	9,731	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 11:13 am
	Component CCN: 14T180	Title XVIII	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
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)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:13 am
	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
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
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: 140180 Component CCN: 145541	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:13 am
	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	81,331,722	0.000000	0.000000	22,601	50.00
51.00	05100 RECOVERY ROOM	0	14,641,208	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	28,032,629	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	18,825,815	0.000000	0.000000	3,728	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	108,287,251	0.000000	0.000000	170,576	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	2,148,554	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,684,658	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	14,930,501	0.000000	0.000000	17,901	59.00
60.00	06000 LABORATORY	0	117,839,348	0.000000	0.000000	1,396,917	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	5,525,942	0.000000	0.000000	22,868	63.00
65.00	06500 RESPIRATORY THERAPY	0	23,731,341	0.000000	0.000000	1,599,713	65.00
66.00	06600 PHYSICAL THERAPY	0	14,081,021	0.000000	0.000000	2,236,547	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,111,025	0.000000	0.000000	1,991,596	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,017,482	0.000000	0.000000	51,057	68.00
69.00	06900 ELECTROCARDIOLOGY	0	32,665,254	0.000000	0.000000	39,326	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	606,882	0.000000	0.000000	614	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,172,859	0.000000	0.000000	1,580,290	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,081,888	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	211,641,390	0.000000	0.000000	4,553,344	73.00
74.00	07400 RENAL DIALYSIS	0	5,127,149	0.000000	0.000000	419,142	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	20,071,724	0.000000	0.000000	11,800	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	7,646,724	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	211,619	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,197,235	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	108,169,771	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	14,508,626	0.000000	0.000000	11,946	92.00
200.00	Total (lines 50-199)	0	917,289,618			14,129,966	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:13 am
	Component CCN: 145541	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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 11:13 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.169232	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.138458	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.283539	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.026186	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.107957	0	0	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0.536539	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.045984	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0.101364	0	0	0	0	59.00
60.00 06000 LABORATORY	0.123181	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.041024	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.139056	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.271708	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.198229	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.335589	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.074924	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.732604	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.437491	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.321595	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.086801	0	0	1,004	0	73.00
74.00 07400 RENAL DIALYSIS	0.202966	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.121319	0	0	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0.631009	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	2.374286	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2.098783	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.124240	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.294533	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	0	1,004	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)			1,004	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 11:13 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	87	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
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)	0	87	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	87	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/21/2015 11:13 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital Cost							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,868,842	0	7,868,842	101,411	77.59	30.00
31.00	INTENSIVE CARE UNIT	456,503		456,503	5,811	78.56	31.00
41.00	SUBPROVIDER - IRF	305,983	0	305,983	3,342	91.56	41.00
43.00	NURSERY	108,477		108,477	3,558	30.49	43.00
44.00	SKILLED NURSING FACILITY	407,988		407,988	7,319	55.74	44.00
200.00	Total (lines 30-199)	9,147,793		9,147,793	121,441		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	51,869	4,024,516				
31.00	INTENSIVE CARE UNIT	1,102	86,573				
41.00	SUBPROVIDER - IRF	1,158	106,026				
43.00	NURSERY	2,749	83,817				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	56,878	4,300,932				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140180

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

Worksheet D
Part II
Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description		Title XIX			Hospital	Cost		
		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	1,670,050	81,331,722	0.020534	0	0	50.00
51.00	05100	RECOVERY ROOM	132,942	14,641,208	0.009080	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	797,714	28,032,629	0.028457	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,415	18,825,815	0.001509	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	822,841	108,287,251	0.007599	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	7,968	2,148,554	0.003709	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	40,610	7,684,658	0.005285	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	183,671	14,930,501	0.012302	0	0	59.00
60.00	06000	LABORATORY	701,001	117,839,348	0.005949	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,961	5,525,942	0.009403	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	77,002	23,731,341	0.003245	0	0	65.00
66.00	06600	PHYSICAL THERAPY	260,927	14,081,021	0.018530	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,377	7,111,025	0.006803	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,952	1,017,482	0.014695	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	278,355	32,665,254	0.008521	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,258	606,882	0.005368	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	146,425	49,172,859	0.002978	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,103	19,081,888	0.002311	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	226,539	211,641,390	0.001070	0	0	73.00
74.00	07400	RENAL DIALYSIS	38,459	5,127,149	0.007501	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	24,865	20,071,724	0.001239	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	375,944	7,646,724	0.049164	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	106,029	211,619	0.501037	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	964,411	3,197,235	0.301639	0	0	90.00
91.00	09100	EMERGENCY	1,003,363	108,169,771	0.009276	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	400,927	14,508,626	0.027634	0	0	92.00
200.00		Total (lines 50-199)	8,451,109	917,289,618		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/21/2015 11:13 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	101,411	0.00	51,869	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,811	0.00	1,102	0		31.00
41.00	04100	SUBPROVIDER - IRF	3,342	0.00	1,158	0		41.00
43.00	04300	NURSERY	3,558	0.00	2,749	0		43.00
44.00	04400	SKILLED NURSING FACILITY	7,319	0.00	0	0		44.00
200.00		Total (lines 30-199)	121,441		56,878	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140180

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description		Title XIX				Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
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: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:13 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Cost
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	81,331,722	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	14,641,208	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	28,032,629	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	18,825,815	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	108,287,251	0.000000	0.000000	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	2,148,554	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,684,658	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	14,930,501	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	117,839,348	0.000000	0.000000	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	5,525,942	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	23,731,341	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	14,081,021	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,111,025	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,017,482	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	32,665,254	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	606,882	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,172,859	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,081,888	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	211,641,390	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0	5,127,149	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	20,071,724	0.000000	0.000000	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	7,646,724	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	211,619	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,197,235	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	108,169,771	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	14,508,626	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	917,289,618			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 11:13 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/21/2015 11:13 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		101,411	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		101,411	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)		96,244	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)		25,748	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)		83,869,998	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)		83,869,998	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)		83,869,998	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)		827.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,294,368	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)		21,294,368	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/21/2015 11:13 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,543,548	5,811	1,814.41	2,178	3,951,785		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)					21,960,238		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,206,391		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)					2,168,891		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					928,616		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,097,507		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,108,884		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					5,167		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					827.03		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,273,264		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:13 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,868,842	83,869,998	0.093822	4,273,264	400,926	90.00
91.00	Nursing School cost	0	83,869,998	0.000000	4,273,264	0	91.00
92.00	Allied health cost	0	83,869,998	0.000000	4,273,264	0	92.00
93.00	All other Medical Education	0	83,869,998	0.000000	4,273,264	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/21/2015 11:13 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,342	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,342	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,342	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,577	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,513,561	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,513,561	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,513,561	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)		752.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,186,077	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)		1,186,077	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T180				Date/Time Prepared: 5/21/2015 11:13 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		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)					802,922		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,988,999		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)					144,390		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					34,683		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					179,073		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,809,926		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: 140180 Component CCN: 14T180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:13 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	305,983	2,513,561	0.121733	0	0	90.00
91.00	Nursing School cost	0	2,513,561	0.000000	0	0	91.00
92.00	Allied health cost	0	2,513,561	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,513,561	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/21/2015 11:13 am
		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)		7,319	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,319	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)		7,319	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)		5,240	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)		5,596,205	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)		5,596,205	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)		5,596,205	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: 140180 Component CCN: 145541		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:13 am		
		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)						5,596,205	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						764.61	71.00
72.00	Program routine service cost (line 9 x line 71)						4,006,556	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)						4,006,556	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)						4,006,556	83.00
84.00	Program inpatient ancillary services (see instructions)						2,619,245	84.00
85.00	Utilization review - physician compensation (see instructions)						9,000	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						6,634,801	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: 140180 Component CCN: 145541		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:13 am	
		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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/21/2015 11:13 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		101,411	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		101,411	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)		96,244	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)		51,869	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)		3,558	15.00
16.00	Nursery days (title V or XIX only)		2,749	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)		89,177,846	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)		89,177,846	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)		89,177,846	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)		879.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		45,612,043	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)		45,612,043	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Date/Time Prepared: 5/21/2015 11:13 am		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1,601,584	3,558	450.14	2,749	1,237,435		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,960,796	5,811	1,886.22	1,102	2,078,614		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)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						48,928,092	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						5,167	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						879.37	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						4,543,705	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:13 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,868,842	89,177,846	0.088238	4,543,705	400,927	90.00
91.00	Nursing School cost	0	89,177,846	0.000000	4,543,705	0	91.00
92.00	Allied health cost	0	89,177,846	0.000000	4,543,705	0	92.00
93.00	All other Medical Education	0	89,177,846	0.000000	4,543,705	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T180		Date/Time Prepared: 5/21/2015 11:13 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,342	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,342	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,342	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,158	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)		3,558	15.00
16.00	Nursery days (title V or XIX only)		2,749	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,513,561	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,513,561	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,513,561	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)		752.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		870,943	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)		870,943	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T180				Date/Time Prepared: 5/21/2015 11:13 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						870,943	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						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: 140180 Component CCN: 14T180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 11:13 am	
		Title XIX		Subprovider - IRF		Cost	
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	305,983	2,513,561	0.121733	0	0	90.00
91.00	Nursing School cost	0	2,513,561	0.000000	0	0	91.00
92.00	Allied health cost	0	2,513,561	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,513,561	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/21/2015 11:13 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		63,465,355	30.00
31.00	03100	INTENSIVE CARE UNIT		9,437,241	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.169232	13,531,879	50.00
51.00	05100	RECOVERY ROOM	0.138458	2,011,483	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283539	122,393	52.00
53.00	05300	ANESTHESIOLOGY	0.026186	2,946,309	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107957	11,918,523	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.536539	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.045984	122,996	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.101364	3,365,480	59.00
60.00	06000	LABORATORY	0.123181	24,518,825	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.041024	1,466,987	63.00
65.00	06500	RESPIRATORY THERAPY	0.139056	7,861,949	65.00
66.00	06600	PHYSICAL THERAPY	0.271708	1,088,312	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.198229	380,943	67.00
68.00	06800	SPEECH PATHOLOGY	0.335589	328,940	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074924	6,109,744	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.732604	81,494	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.437491	12,629,642	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321595	4,581,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.086801	39,185,310	73.00
74.00	07400	RENAL DIALYSIS	0.202966	1,890,746	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.121319	1,830,213	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.631009	524	76.00
76.97	07697	CARDIAC REHABILITATION	2.374286	18,373	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.098998	466	90.00
91.00	09100	EMERGENCY	0.124240	9,564,981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.294533	796,353	92.00
200.00		Total (sum of lines 50-94 and 96-98)		146,354,070	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)		146,354,070	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T180		Date/Time Prepared: 5/21/2015 11:13 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		3,079,885		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.169232	7,362	1,246	50.00
51.00	05100 RECOVERY ROOM	0.138458	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.283539	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.026186	1,934	51	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.107957	105,438	11,383	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.536539	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.045984	2,934	135	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.101364	0	0	59.00
60.00	06000 LABORATORY	0.123181	404,222	49,792	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.041024	5,735	235	63.00
65.00	06500 RESPIRATORY THERAPY	0.139056	176,458	24,538	65.00
66.00	06600 PHYSICAL THERAPY	0.271708	1,072,713	291,465	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.198229	1,000,661	198,360	67.00
68.00	06800 SPEECH PATHOLOGY	0.335589	105,908	35,542	68.00
69.00	06900 ELECTROCARDIOLOGY	0.074924	27,939	2,093	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.732604	2,426	1,777	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.437491	199,179	87,139	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.321595	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.086801	967,588	83,988	73.00
74.00	07400 RENAL DIALYSIS	0.202966	74,780	15,178	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.121319	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0.631009	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2.374286	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.098998	0	0	90.00
91.00	09100 EMERGENCY	0.124240	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.294533	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,155,277	802,922	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)		4,155,277		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 145541		Date/Time Prepared: 5/21/2015 11:13 am	
		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
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.169232	22,601	3,825	50.00
51.00	05100 RECOVERY ROOM	0.138458	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.283539	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.026186	3,728	98	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.107957	170,576	18,415	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.536539	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.045984	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.101364	17,901	1,815	59.00
60.00	06000 LABORATORY	0.123181	1,396,917	172,074	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.041024	22,868	938	63.00
65.00	06500 RESPIRATORY THERAPY	0.139056	1,599,713	222,450	65.00
66.00	06600 PHYSICAL THERAPY	0.271708	2,236,547	607,688	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.198229	1,991,596	394,792	67.00
68.00	06800 SPEECH PATHOLOGY	0.335589	51,057	17,134	68.00
69.00	06900 ELECTROCARDIOLOGY	0.074924	39,326	2,946	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.732604	614	450	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.437491	1,580,290	691,363	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.321595	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.086801	4,553,344	395,235	73.00
74.00	07400 RENAL DIALYSIS	0.202966	419,142	85,072	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.121319	11,800	1,432	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0.631009	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2.374286	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.098783	0	0	90.00
91.00	09100 EMERGENCY	0.124240	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.294533	11,946	3,518	92.00
200.00	Total (sum of lines 50-94 and 96-98)		14,129,966	2,619,245	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)		14,129,966		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/21/2015 11:13 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		26,954,776	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,054,955	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		731,883	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		7,288,762	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		415.48	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)		40.45	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		9.50	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)		49.95	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		45.38	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.00	11.00
12.00	Current year allowable FTE (see instructions)		48.38	12.00
13.00	Total allowable FTE count for the prior year.		48.13	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.		46.14	14.00
15.00	Sum of lines 12 through 14 divided by 3.		47.55	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		47.55	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.114446	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.107842	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.107842	21.00
22.00	IME payment adjustment (see instructions)		2,418,332	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-4.57	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,418,332	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		21.22	30.00
31.00	Percentage of Medicaid patient days (see instructions)		52.76	31.00
32.00	Sum of lines 30 and 31		73.98	32.00
33.00	Allowable disproportionate share percentage (see instructions)		50.25	33.00
34.00	Disproportionate share adjustment (see instructions)		4,398,098	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/21/2015 11:13 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	0	35.00
35.01	Factor 3 (see instructions)		0.001959717	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		17,728,345	14,799,924	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		13,259,827	3,730,395	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		16,990,222		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		59,548,266		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		59,548,266		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,412,535		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,371,711		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		64,332,512		59.00
60.00	Primary payer payments		557		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		64,331,955		61.00
62.00	Deductibles billed to program beneficiaries		3,569,760		62.00
63.00	Coinurance billed to program beneficiaries		484,400		63.00
64.00	Allowable bad debts (see instructions)		2,253,178		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,464,566		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,380,793		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		61,742,361		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		87,455		70.93
70.94	HRR adjustment amount (see instructions)		-221,054		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/21/2015 11:13 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		61,608,762		71.00
71.01	Sequestration adjustment (see instructions)		1,232,175		71.01
72.00	Interim payments		56,323,788		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)		4,052,799		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		156,313		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140180

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/21/2015 11:13 am

		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	26,899,802	8,001,047	34,900,849	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,954,776	0	26,954,776	0	26,954,776	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,054,955	0	0	8,054,955	8,054,955	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	731,883	0	540,235	191,648	731,883	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	7,288,762	0	4,637,406	2,651,356	7,288,762	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.107842	0.107842	0.107842	0.107842		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,418,332	0	1,348,776	1,069,556	2,418,332	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,418,332	0	1,348,776	1,069,556	2,418,332	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5025	0.5025	0.5025	0.5025		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,398,098	0	3,386,194	1,011,904	4,398,098	11.00
11.01	Uncompensated care payments	36.00	16,990,222	0	13,259,827	3,730,395	16,990,222	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	59,548,266	0	37,488,761	22,059,505	59,548,266	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	59,548,266	0	37,488,761	22,059,505	59,548,266	15.00
16.00	Payment for inpatient program capital	50.00	3,412,535	0	2,624,209	788,326	3,412,535	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140180

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/21/2015 11:13 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	40,112,970	22,847,831	62,960,801	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,798,019	0	2,154,028	643,991	2,798,019	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	24,693	0	16,110	8,582	24,692	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	0.0492	0.0492	0.0492	0.0492		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	137,663	0	105,979	31,684	137,663	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1616	0.1616	0.1616	0.1616		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	452,160	0	348,091	104,069	452,160	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,412,535	0	2,624,209	788,326	3,412,535	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/21/2015 11:13 am
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		Title XVIII			Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,954,776	26,954,776			26,954,776	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,054,955		8,054,955		8,054,955	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0			0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	731,883	540,235	191,648		731,883	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0		0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0		0	3.00
4.00	Managed care simulated payments	3.00	7,288,762	4,637,406	2,651,356		7,288,762	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.107842	0.107842	0.107842			5.00
6.00	IME payment adjustment (see instructions)	22.00	2,418,332	1,806,220	612,112		2,418,332	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0		0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0		0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0		0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,418,332	1,806,220	612,112		2,418,332	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0		0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5025	0.5025	0.5025			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,398,098	3,386,194	1,011,904		4,398,098	11.00
11.01	Uncompensated care payments	36.00	16,990,222	13,259,827	3,730,395		16,990,222	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	12.00
13.00	Subtotal (see instructions)	47.00	59,548,266	45,947,252	13,601,014		59,548,266	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0		0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	59,548,266	45,947,252	13,601,014		59,548,266	15.00
16.00	Payment for inpatient program capital	50.00	3,412,535	2,624,209	788,326		3,412,535	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0		0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0		0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0		0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0		0	18.00
19.00	SUBTOTAL			48,571,461	14,389,340		62,960,801	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/21/2015 11:13 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,798,019	2,154,028	643,991	2,798,019	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	24,693	16,111	8,582	24,693	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0492	0.0492	0.0492		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	137,663	105,979	31,684	137,663	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1616	0.1616	0.1616		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	452,160	348,091	104,069	452,160	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,412,535	2,624,209	788,326	3,412,535	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	87,455	94,070	-6,615	87,455	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-221,054	-159,031	-62,023	-221,054	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/21/2015 11:13 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		26,262	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,840,335	2.00
3.00	PPS payments		15,722,441	3.00
4.00	Outlier payment (see instructions)		36,345	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		26,262	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		298,468	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		298,468	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)		298,468	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		272,206	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)		26,262	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)		15,758,786	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		231	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,397,736	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		12,387,081	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		364,237	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		12,751,318	30.00
31.00	Primary payer payments		1,277	31.00
32.00	Subtotal (line 30 minus line 31)		12,750,041	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		2,076,247	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,349,561	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,843,400	36.00
37.00	Subtotal (see instructions)		14,099,602	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-4	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,099,606	40.00
40.01	Sequestration adjustment (see instructions)		281,992	40.01
41.00	Interim payments		13,764,631	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		52,983	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/21/2015 11:13 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			9,731 2.00
3.00	PPS payments			2,607 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 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)			0 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)			2,607 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			638 26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			1,969 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			1,969 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			1,969 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			1,969 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			1,969 40.00
40.01	Sequestration adjustment (see instructions)			39 40.01
41.00	Interim payments			1,929 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			1 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/21/2015 11:13 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		87	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		87	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,004	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,004	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)		1,004	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		917	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)		87	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		87	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		87	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		87	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		87	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		87	40.00
40.01	Sequestration adjustment (see instructions)		2	40.01
41.00	Interim payments		138	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-53	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2015 11:13 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		52,892,822		12,118,732	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,677,317		1,178,965	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	08/15/2014	267,009	08/15/2014	438,506	3.01
3.02		12/18/2014	486,640	12/18/2014	28,428	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)		753,649		466,934	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)		56,323,788		13,764,631	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		4,052,799		52,983	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		60,376,587		13,817,614	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: 140180
Component CCN: 14T180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2015 11:13 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,621,287		1,929	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/15/2014	6,933		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)		-6,933		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,614,354		1,929	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		13,786		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,628,140		1,930	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: 140180
Component CCN: 145541

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2015 11:13 am
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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,490,190		138	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)		2,490,190		138	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		8,820		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		53	6.02
7.00	Total Medicare program liability (see instructions)		2,499,010		85	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: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/21/2015 11:13 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			19,447 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			27,926 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			5,532 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			102,055 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,171,214,562 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			42,695,328 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,444,047 8.00
9.00	Sequestration adjustment amount (see instructions)			28,881 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,415,166 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,430,737 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)			-15,571 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/21/2015 11:13 am
		Title VIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,349,565 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.1732 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			334,108 3.00
4.00	Outlier Payments			10,366 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.156164 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,694,039 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,694,039 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,694,039 19.00
20.00	Deductibles			14,592 20.00
21.00	Subtotal (line 19 minus line 20)			2,679,447 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			2,679,447 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,583 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,329 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,681,776 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,681,776 32.00
32.01	Sequestration adjustment (see instructions)			53,636 32.01
33.00	Interim payments			2,614,354 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			13,786 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			24,497 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			10,366 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: 140180 Component CCN: 145541	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VI Date/Time Prepared: 5/21/2015 11:13 am
		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)		2,818,070	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)		2,818,070	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		277,060	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		9,000	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		2,550,010	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		2,550,010	15.00
15.01	Sequestration adjustment (see instructions)		51,000	15.01
16.00	Interim payments		2,490,190	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		8,820	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2015 11:13 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		48,928,092		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		48,928,092	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		48,928,092	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		48,928,092	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		48,928,092	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2015 11:13 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	870,943		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	870,943	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	870,943	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	870,943	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	870,943	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4	
		Title XVII	Hospital	Date/Time Prepared: 5/21/2015 11:13 am	
				PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			41.12	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			-2.82	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			4.86	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			48.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			45.38	6.00
7.00	Enter the lesser of line 5 or line 6			45.38	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	44.16	0.96	45.12	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	44.16	0.96	45.12	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.00		10.00
11.00	Total weighted FTE count	44.16	3.96		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	43.17	1.80		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	41.26	1.33		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	42.86	2.36		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	42.86	2.36		17.00
18.00	Per resident amount	117,841.32	117,841.32		18.00
19.00	Approved amount for resident costs	5,050,679	278,106	5,328,785	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,328,785	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	29,503	5,627		26.00
27.00	Total Inpatient Days (see instructions)	105,397	105,397		27.00
28.00	Ratio of inpatient days to total inpatient days	0.279923	0.053389		28.00
29.00	Program direct GME amount	1,491,649	284,499		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		40,200		30.00
31.00	Net Program direct GME amount			1,735,948	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/21/2015 11:13 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,127,149	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		56,020,016	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		557	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		56,019,459	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		14,876,415	42.00
43.00	Primary payer payments (see instructions)		1,277	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		14,875,138	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		70,894,597	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.790180	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.209820	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,735,948	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,371,711	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		364,237	50.00

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

Provider CCN: 140180

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

Worksheet G

Date/Time Prepared:
5/21/2015 11:13 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	789,283	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	175,259,458	0	0	0	4.00
5.00	Other receivable	882,209	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-116,127,379	0	0	0	6.00
7.00	Inventory	4,818,820	0	0	0	7.00
8.00	Prepaid expenses	929,052	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	176,522,020	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	243,073,463	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,370,865	0	0	0	12.00
13.00	Land improvements	775,588	0	0	0	13.00
14.00	Accumulated depreciation	-736,818	0	0	0	14.00
15.00	Buildings	129,432,157	0	0	0	15.00
16.00	Accumulated depreciation	-72,864,548	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	93,083,203	0	0	0	23.00
24.00	Accumulated depreciation	-56,988,914	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	98,071,533	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,288,326	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,288,326	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	344,433,322	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,727,454	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-3,423,268	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,304,186	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	50,424,538	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	50,424,538	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	62,728,724	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	281,704,598				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)	281,704,598	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	344,433,322	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140180

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

Worksheet G-1

Date/Time Prepared:
5/21/2015 11:13 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		246,074,085			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		28,702,658				2.00
3.00	Total (sum of line 1 and line 2)		274,776,743			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARILY RESTRICTED FUNDS	7,000,000		0		0	5.00
6.00	EQUITY TRANSFERS	32,855		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		7,032,855			0	10.00
11.00	Subtotal (line 3 plus line 10)		281,809,598			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	RECONCILIATION	-11		0		0	13.00
14.00	TRANSFER TO AFFILIATE	0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		-11			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		281,809,609			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TEMPORARILY RESTRICTED FUNDS		0				5.00
6.00	EQUITY TRANSFERS		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	RECONCILIATION		0				13.00
14.00	TRANSFER TO AFFILIATE		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: 140180

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/21/2015 11:13 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	253,686,681		253,686,681	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,543,948		6,543,948	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	6,825,955		6,825,955	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)	267,056,584		267,056,584	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,716,496		23,716,496	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)	23,716,496		23,716,496	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	290,773,080		290,773,080	17.00
18.00	Ancillary services	444,275,929	440,500,845	884,776,774	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	735,049,009	440,500,845	1,175,549,854	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		266,480,378		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ASSESSMENT TAX	0			31.00
32.00	POST GRADUATE PHYSICIANS EXTERNAL	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	INTEREST EXPENSE	105,000			37.00
38.00	FINANCE INCOME TAX	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)		105,000		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		266,375,378		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140180

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

Worksheet G-3

Date/Time Prepared:
5/21/2015 11:13 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,175,549,854	1.00
2.00	Less contractual allowances and discounts on patients' accounts	885,913,509	2.00
3.00	Net patient revenues (line 1 minus line 2)	289,636,345	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	266,375,378	4.00
5.00	Net income from service to patients (line 3 minus line 4)	23,260,967	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	28,016	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	1,013,418	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	492,321	23.00
24.00	REVENUE FROM OTHER SERVICES	3,884,759	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	23,177	24.01
25.00	Total other income (sum of lines 6-24)	5,441,691	25.00
26.00	Total (line 5 plus line 25)	28,702,658	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)	28,702,658	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet I-5 Date/Time Prepared: 5/21/2015 11:13 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140180	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/21/2015 11:13 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,798,019	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		24,693	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)		279.60	3.00
4.00	Number of interns & residents (see instructions)		47.55	4.00
5.00	Indirect medical education percentage (see instructions)		4.92	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		137,663	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		21.22	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		52.76	8.00
9.00	Sum of lines 7 and 8		73.98	9.00
10.00	Allowable disproportionate share percentage (see instructions)		16.16	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		452,160	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,412,535	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