

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: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 8:30 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/27/2015 Time: 8:30 am	
	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.		
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 MEMORIAL HOSPITAL ( 140185 ) 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)

VICE PRESIDENT-FINANCE  
Title \_\_\_\_\_

Date \_\_\_\_\_

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	208,747	-423,606	1,457,439	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	77,337	-105	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	286,084	-423,711	1,457,439	0

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: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 8:24 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 4500 MEMORIAL DRIVE	PO Box:	3.00 State: IL	Zip Code: 62226	4.00 County: SAINT CLAIR	1.00
2.00 City: BELLEVILLE	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	MEMORIAL HOSPITAL	140185	41180	1	07/01/1966	N	P	O		3.00
4.00 Subprovider - IPF										4.00
5.00 Subprovider - IRF										5.00
6.00 Subprovider - (Other)										6.00
7.00 Swing Beds - SNF										7.00
8.00 Swing Beds - NF										8.00
9.00 Hospital-Based SNF	MEMORIAL CONVALESCENT CENTER	145102	41180		01/01/1967	N	P	N		9.00
10.00 Hospital-Based NF										10.00
11.00 Hospital-Based OLTC										11.00
12.00 Hospital-Based HHA	MEMORIAL HOME CARE SERVICES	147443	41180		03/10/1986	N	P	N		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
17.10 Hospital-Based (CORF) I										17.10
18.00 Renal Dialysis										18.00
19.00 Other										19.00

						From:		To:		
						1.00		2.00		
20.00 Cost Reporting Period (mm/dd/yyyy)						01/01/2014		12/31/2014		20.00
21.00 Type of Control (see instructions)								2		21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					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			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.	12,921	0	0	0	0	0	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.	0	0	0	0	0	0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 8:24 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		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	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
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N	75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00	
<b>TEFRA Providers</b>						
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		
<b>Title V and XIX Services</b>					
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
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. 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)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
					1.00 2.00 3.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,500,008	200,000		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
<b>Transplant Center Information</b>					
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: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 8:24 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		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:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:		Zip Code:	
143.00	City:	State:		Zip Code:	
		1.00	2.00		
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
161.10	CORF		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
				CBSA	FTE/Campus
				4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.50

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 8:24 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2014	12/31/2014
			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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 8:24 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		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.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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)	Y	03/31/2015	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: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 8:24 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
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
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.	MELI SSA		HUBLER	41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-257-5606		MHUBLER@MEMHOSP.COM	43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
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)	03/31/2015		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	
<b>Cost Report Preparer Contact Information</b>				
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.	REVENUE CYCLE ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	296	108,040	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)		296	108,040	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		316	115,340	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	82	33,050		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		398				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 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)	28,110	10,513	58,972			1.00
2.00 HMO and other (see instructions)	8,437	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	28,110	10,513	58,972			7.00
8.00 INTENSIVE CARE UNIT	2,350	389	4,735			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,722	3,494			13.00
14.00 Total (see instructions)	30,460	12,624	67,201	0.00	1,578.50	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	15,294	0	22,895	0.00	125.80	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE		0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	8,124	0	14,204	0.00	23.15	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,727.45	27.00
28.00 Observation Bed Days		0	0			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	297	531			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 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	6,334	1,904	15,386	1.00
2.00 HMO and other (see instructions)			1,776	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	6,334	1,904	15,386	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					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: 140185

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	93,209,054	-831,950	92,377,104	3,657,564.00	25.26
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	3,597,198	-164,485	3,432,713	146,579.00	23.42
10.00	Excluded area salaries (see instructions)		1,945,350	67,210	2,012,560	89,230.00	22.55
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		383,455	0	383,455	4,836.00	79.29
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,237,164	0	1,237,164	9,096.00	136.01
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		32,952,078	0	32,952,078		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,776,677	132,470	1,909,147		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	1,158,453	11,473	1,169,926	39,810.00	29.39
27.00	Administrative & General	5.00	9,394,097	-153,874	9,240,223	410,704.00	22.50
28.00	Administrative & General under contract (see inst.)		653,821	0	653,821	2,543.00	257.11
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,457,678	-5,833	1,451,845	87,205.00	16.65
31.00	Laundry & Linen Service	8.00	0	112,240	112,240	8,532.00	13.16
32.00	Housekeeping	9.00	1,855,926	-113,217	1,742,709	153,877.00	11.33
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,600,945	-311,991	1,288,954	116,668.00	11.05
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	481,713	480,780	962,493	50,077.00	19.22
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	5,369,336	-1,546,513	3,822,823	95,087.00	40.20
39.00	Central Services and Supply	14.00	532,504	0	532,504	36,876.00	14.44
40.00	Pharmacy	15.00	3,253,828	0	3,253,828	83,157.00	39.13

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140185

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 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 1,524,625	-28,208	1,496,417	72,535.00	20.63	41.00
42.00	Social Service	17.00 647,507	0	647,507	24,957.00	25.94	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part III Date/Time Prepared: 5/27/2015 8:24 am
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	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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	93,862,875	-831,950	93,030,925	3,660,107.00	25.42	1.00
2.00	Excluded area salaries (see instructions)	5,542,548	-97,275	5,445,273	235,809.00	23.09	2.00
3.00	Subtotal salaries (line 1 minus line 2)	88,320,327	-734,675	87,585,652	3,424,298.00	25.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,620,619	0	1,620,619	13,932.00	116.32	4.00
5.00	Subtotal wage-related costs (see inst.)	32,952,078	0	32,952,078	0.00	37.62	5.00
6.00	Total (sum of lines 3 thru 5)	122,893,024	-734,675	122,158,349	3,438,230.00	35.53	6.00
7.00	Total overhead cost (see instructions)	27,930,433	-1,555,143	26,375,290	1,182,028.00	22.31	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 8:24 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
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)	3,104,518	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	12,347	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	21,019,946	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	201,335	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)	304,281	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,347,181	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	5,428,437	17.00
18.00	Medicare Taxes - Employers Portion Only	1,339,468	18.00
19.00	Unemployment Insurance	241,958	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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	729,284	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	34,728,755	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140185

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/27/2015 8:24 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140185 Component CCN: 147443		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/27/2015 8:24 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			ST. CLAIR, ILLINOIS		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	57	0	62	119	
2.00	Unduplicated Census Count (see instructions)	0.00	662.00	0.00	709.00	1,371.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			6.65	0.00	6.65	
6.00	Direct Nursing Service			10.11	0.00	10.11	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			6.19	0.00	6.19	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			0.00	0.00	0.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.00	0.00	0.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.05	0.00	0.05	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.06	0.00	0.06	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,965	0	383	112	4,460	
22.00	Skilled Nursing Visit Charges	1,095,450	0	89,101	30,780	1,215,331	
23.00	Physical Therapy Visits	3,170	0	100	68	3,338	
24.00	Physical Therapy Visit Charges	1,089,006	0	25,416	23,298	1,137,720	
25.00	Occupational Therapy Visits	220	0	1	9	230	
26.00	Occupational Therapy Visit Charges	77,608	0	356	3,204	81,168	
27.00	Speech Pathology Visits	20	0	0	0	20	
28.00	Speech Pathology Visit Charges	7,660	0	0	0	7,660	
29.00	Medical Social Service Visits	4	0	1	1	6	
30.00	Medical Social Service Visit Charges	2,076	0	519	519	3,114	
31.00	Home Health Aide Visits	69	0	1	0	70	
32.00	Home Health Aide Visit Charges	9,782	0	146	0	9,928	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,448	0	486	190	8,124	
34.00	Other Charges	17,850	0	1,778	3,124	22,752	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,299,432	0	117,316	60,925	2,477,673	
36.00	Total Number of Episodes (standard/non outlier)	636		126	19	781	
37.00	Total Number of Outlier Episodes		0		0	0	
38.00	Total Non-Routine Medical Supply Charges	17,850	0	1,778	3,124	22,752	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-7

Date/Time Prepared:  
5/27/2015 8:24 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.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	14	0	14 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	16	0	16 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	1,251	0	1,251 12.00
13.00		RUB	1,919	0	1,919 13.00
14.00		RUA	1,129	0	1,129 14.00
15.00		RVC	1,673	0	1,673 15.00
16.00		RVB	3,666	0	3,666 16.00
17.00		RVA	2,286	0	2,286 17.00
18.00		RHC	482	0	482 18.00
19.00		RHB	971	0	971 19.00
20.00		RHA	543	0	543 20.00
21.00		RMC	172	0	172 21.00
22.00		RMB	75	0	75 22.00
23.00		RMA	146	0	146 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	11	0	11 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	14	0	14 30.00
31.00		HD2	74	0	74 31.00
32.00		HD1	94	0	94 32.00
33.00		HC2	94	0	94 33.00
34.00		HC1	31	0	31 34.00
35.00		HB2	39	0	39 35.00
36.00		HB1	259	0	259 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	4	0	4 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	15	0	15 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	28	0	28 48.00
49.00		CC2	6	0	6 49.00
50.00		CC1	10	0	10 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	47	0	47 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	87	0	87 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	4	0	4 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: 140185

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

Worksheet S-7

Date/Time Prepared:  
5/27/2015 8:24 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	3	0	3	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	19	0	19	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	15	0	15	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	97	0	97	199.00
200.00	TOTAL		15,294	0	15,294	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).		41180		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		2,814,681	45.87	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		982	0.02	Y	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)		6,136,258			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/27/2015 8:24 am
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.205096	1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		14,437,902		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		112,110,565		6.00	
7.00	Medicaid cost (line 1 times line 6)		22,993,428		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)		8,555,526		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
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	
<b>Uncompensated care (see instructions for each line)</b>						
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)		8,555,526		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		2,978,162	2,413,973	5,392,135	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		610,809	495,096	1,105,905	21.00
22.00	Partial payment by patients approved for charity care		12,520	61,880	74,400	22.00
23.00	Cost of charity care (line 21 minus line 22)		598,289	433,216	1,031,505	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)				11,276,742	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				1,182,008	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				10,094,734	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				2,070,390	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				3,101,895	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				11,657,421	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A  
Date/Time Prepared:  
5/27/2015 8:24 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		3,745,360	3,745,360	2,640,033	6,385,393	1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT CC		373,860	373,860	381,158	755,018	1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		10,617,501	10,617,501	806,917	11,424,418	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,158,453	34,924,615	36,083,068	22,393	36,105,461	4.00
5.01 01160 COMMUNICATIONS	244,299	253,945	498,244	0	498,244	5.01
5.02 00550 DATA PROCESSING	1,679,571	3,092,437	4,772,008	4,373	4,776,381	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	497,391	84,054	581,445	-44,741	536,704	5.03
5.04 00570 ADMINITING	2,489,885	2,532,550	5,022,435	-3,689,895	1,332,540	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	3,724,913	3,724,913	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	4,482,951	31,313,721	35,796,672	-2,176,894	33,619,778	5.06
7.00 00700 OPERATION OF PLANT	1,387,656	5,944,105	7,331,761	0	7,331,761	7.00
7.01 00701 OPERATION OF PLANT CC	70,022	151,081	221,103	0	221,103	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	1,015,988	1,015,988	8.00
9.00 00900 HOUSEKEEPING	1,735,748	1,528,295	3,264,043	-1,015,988	2,248,055	9.00
9.01 00901 HOUSEKEEPING CC	120,178	65,139	185,317	0	185,317	9.01
10.00 01000 DIETARY	1,600,945	954,115	2,555,060	-269,884	2,285,176	10.00
11.00 01100 CAFETERIA	481,713	491,930	973,643	659,828	1,633,471	11.00
13.00 01300 NURSING ADMINISTRATION	5,369,336	1,357,180	6,726,516	-1,594,859	5,131,657	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	532,504	855,577	1,388,081	-789,394	598,687	14.00
15.00 01500 PHARMACY	3,253,828	9,259,303	12,513,131	-8,223,209	4,289,922	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,524,625	990,065	2,514,690	1,990	2,516,680	16.00
17.00 01700 SOCIAL SERVICE	647,507	77,195	724,702	0	724,702	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	21,363,025	1,449,146	22,812,171	233,773	23,045,944	30.00
31.00 03100 INTENSIVE CARE UNIT	3,221,576	1,353,791	4,575,367	-35,199	4,540,168	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	1,516,199	1,516,199	43.00
44.00 04400 SKILLED NURSING FACILITY	3,597,198	432,205	4,029,403	153,539	4,182,942	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	8,795,252	15,615,164	24,410,416	-12,904,560	11,505,856	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,151,227	667,634	2,818,861	-367,038	2,451,823	52.00
53.00 05300 ANESTHESIOLOGY	0	906,682	906,682	0	906,682	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,018,067	1,516,954	4,535,021	2,618	4,537,639	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02 05602 MI SC NURSING OP	0	0	0	0	0	56.02
57.00 05700 CT SCAN	444,274	861,027	1,305,301	0	1,305,301	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	366,041	494,415	860,456	0	860,456	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,049,683	4,486,949	5,536,632	-4,035,724	1,500,908	59.00
60.00 06000 LABORATORY	3,987,813	6,158,402	10,146,215	5,491	10,151,706	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,838,235	546,970	2,385,205	0	2,385,205	65.00
66.00 06600 PHYSICAL THERAPY	4,379,178	279,826	4,659,004	-140,307	4,518,697	66.00
67.00 06700 OCCUPATIONAL THERAPY	754,637	13,270	767,907	100,309	868,216	67.00
68.00 06800 SPEECH PATHOLOGY	460,779	24,530	485,309	0	485,309	68.00
69.00 06900 ELECTROCARDIOLOGY	1,376,243	195,766	1,572,009	0	1,572,009	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	806,157	76,438	882,595	0	882,595	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,423,342	9,423,342	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,090,263	9,090,263	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	7,712,649	7,712,649	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 03020 OTHER ANCILLARY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	12,546	12,546	-12,546	0	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	09001	DIABETIC EDUCATION OP	150,470	3,803	154,273	0	154,273	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	5,991,238	3,074,874	9,066,112	-646,004	8,420,108	91.00
91.01	09101	PARAMEDICS	235,999	70,496	306,495	-306,495	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	503,583	503,583	0	503,583	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,620,278	136,649	1,756,927	0	1,756,927	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	1,159,590	1,159,590	-1,159,590	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	92,883,982	148,652,738	241,536,720	83,449	241,620,169	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	325,072	425,926	750,998	-389,944	361,054	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	0	0	0	306,495	306,495	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	93,209,054	149,078,664	242,287,718	0	242,287,718	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	3,860	6,389,253	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	755,018	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	11,424,418	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-114,385	35,991,076	4.00
5.01	01160	COMMUNICATIONS	-39,989	458,255	5.01
5.02	00550	DATA PROCESSING	0	4,776,381	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	536,704	5.03
5.04	00570	ADMITTING	0	1,332,540	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,724,913	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-10,051,067	23,568,711	5.06
7.00	00700	OPERATION OF PLANT	0	7,331,761	7.00
7.01	00701	OPERATION OF PLANT CC	0	221,103	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,015,988	8.00
9.00	00900	HOUSEKEEPING	0	2,248,055	9.00
9.01	00901	HOUSEKEEPING CC	0	185,317	9.01
10.00	01000	DIETARY	-92,479	2,192,697	10.00
11.00	01100	CAFETERIA	-1,130,101	503,370	11.00
13.00	01300	NURSING ADMINISTRATION	-13,225	5,118,432	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	598,687	14.00
15.00	01500	PHARMACY	0	4,289,922	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-18,173	2,498,507	16.00
17.00	01700	SOCIAL SERVICE	0	724,702	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	23,045,944	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,540,168	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,516,199	43.00
44.00	04400	SKILLED NURSING FACILITY	-15,068	4,167,874	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-658,000	10,847,856	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-216,638	2,235,185	52.00
53.00	05300	ANESTHESIOLOGY	0	906,682	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-73,845	4,463,794	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	HYPERBARIIC MEDICINE	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	56.02
57.00	05700	CT SCAN	0	1,305,301	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	860,456	58.00
59.00	05900	CARDIAC CATHETERIZATION	-10,390	1,490,518	59.00
60.00	06000	LABORATORY	-31,405	10,120,301	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-1,676	2,383,529	65.00
66.00	06600	PHYSICAL THERAPY	-10,000	4,508,697	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	868,216	67.00
68.00	06800	SPEECH PATHOLOGY	0	485,309	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,375	1,570,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-3,623	878,972	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,423,342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,090,263	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,712,649	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	154,273	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	90.02

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
91.00	09100	EMERGENCY	-2,353,324	6,066,784	91.00
91.01	09101	PARAMEDICS	0	0	91.01
91.02	09102	OP TELEMTRY	0	0	91.02
91.03	09103	OP PSYCH	0	503,583	91.03
91.04	09104	ICU OTHER	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	1,756,927	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-14,830,903	226,789,266	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-361,053	1	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSIATRY	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	194.00
194.01	07950	FOUNDATION	0	0	194.01
194.02	07951	EMT PROGRAM	0	306,495	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-15,191,956	227,095,762	200.00

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2015 8:24 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - RECLASS MEDICAL SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,307,029	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	
	TOTALS		0	9,307,029		
<b>B - RECLASS DRUGS SOLD</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,712,649	1.00	
	TOTALS		0	7,712,649		
<b>C - RECLASS ADMISSION CENTER</b>						
1.00	ADULTS & PEDIATRICS	30.00	878,518	33,743	1.00	
	TOTALS		878,518	33,743		
<b>D - RECLASS DIETARY COST</b>						
1.00	CAFETERIA	11.00	311,991	0	1.00	
2.00	DIETARY	10.00	0	42,107	2.00	
	TOTALS		311,991	42,107		
<b>E - RECLASS PARAMEDIC TRNG</b>						
1.00	EMT PROGRAM	194.02	235,999	70,496	1.00	
	TOTALS		235,999	70,496		
<b>F - RECLASS EQUIPMENT RENTAL</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	718,120	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	
	TOTALS		0	718,120		
<b>G - RECLASS EMP MEALS TO CAFETERIA</b>						
1.00	CAFETERIA	11.00	168,789	221,155	1.00	
	TOTALS		168,789	221,155		
<b>H - RECLASS MCC ACTIVITY THERAPY</b>						
1.00	SKILLED NURSING FACILITY	44.00	54,934	7,761	1.00	
	TOTALS		54,934	7,761		
<b>I - RECLASS FLOAT &amp; TRANSPORTATION COST</b>						
1.00	ADULTS & PEDIATRICS	30.00	613,061	6,842	1.00	
	TOTALS		613,061	6,842		
<b>J - RECLASS MCC EXPENSES</b>						
1.00	DATA PROCESSING	5.02	4,373	0	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	1,990	0	2.00	
3.00	ADMINISTRATIVE	5.04	35,018	0	3.00	
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	11,473	0	4.00	
	TOTALS		52,854	0		
<b>K - RECLASS BLDG RENTAL</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	44,435	1.00	
	TOTALS		0	44,435		
<b>L - RECLASS BUILDING RENTAL SIHVI</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,731,403	1.00	
	TOTALS		0	1,731,403		
<b>M - RECLASS IPA ASSESSMENT MCC</b>						
1.00	SKILLED NURSING FACILITY	44.00	0	90,844	1.00	
	TOTALS		0	90,844		
<b>N - RECLASS OFALLON EXPENSE</b>						
1.00		0.00	0	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,618	2.00	
3.00	LABORATORY	60.00	0	5,491	3.00	
4.00	PHYSICAL THERAPY	66.00	0	4,437	4.00	
	TOTALS		0	12,546		
<b>O - RECLASS PROPERTY INSURANCE</b>						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	166,951	1.00	
2.00	OTHER CAPITAL RELATED COSTS	3.00	0	7,609	2.00	
	TOTALS		0	174,560		
<b>P - RECLASS OUTSIDE AGENCY SALARY EXP</b>						
1.00	DATA PROCESSING	5.02	0	140,411	1.00	
2.00	HOUSEKEEPING	9.00	0	977	2.00	
3.00	OPERATION OF PLANT	7.00	0	5,833	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	30,198	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	107,004	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	5,474	6.00	
7.00	SKILLED NURSING FACILITY	44.00	0	219,419	7.00	

5/27/2015 8:24 am I:\SANDY\_VAL\HFSWIN\HFSWIN14\Hosp2014.mcrx

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	OPERATING ROOM	50.00	0	65,974	8.00
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	53,752	9.00
10.00	LABORATORY	60.00	0	51,657	10.00
11.00	EMERGENCY	91.00	0	106,152	11.00
12.00	CT SCAN	57.00	0	38,480	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	6,619	13.00
	TOTALS		0	831,950	
Q - RECLASS NURSERY EXPENSE					
1.00	NURSERY	43.00	1,217,479	298,720	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	68,318	2.00
	TOTALS		1,217,479	367,038	
R - RECLASS COST MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	116,313	1.00
	TOTALS		0	116,313	
S - RECLASS OT EXPENSE					
1.00	OCCUPATIONAL THERAPY	67.00	95,256	5,053	1.00
	TOTALS		95,256	5,053	
U - RECLASS IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,090,263	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	9,090,263	
V - RECLASS PENSION PLAN AUDIT FEES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,920	1.00
	TOTALS		0	10,920	
W - RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	784,455	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT_CC	1.01	0	375,135	2.00
	TOTALS		0	1,159,590	
X - RECLASS PATIENT ACCTS EXPENSE					
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,257,509	2,467,404	1.00
	TOTALS		1,257,509	2,467,404	
Y - RECLASS HOUSEKEEPING TO LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	112,240	903,748	1.00
	TOTALS		112,240	903,748	
500.00	Grand Total: Increases		4,998,630	35,125,969	500.00

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2015 8:24 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - RECLASS MEDICAL SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	766,263	0	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	0	44,741	0	2.00	
3.00	OPERATING ROOM	50.00	0	4,860,619	0	3.00	
4.00	OPERATING ROOM	50.00	0	411,696	0	4.00	
5.00	EMERGENCY	91.00	0	646,004	0	5.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	2,125,969	0	6.00	
7.00	OPERATING ROOM	50.00	0	451,737	0	7.00	
	<b>TOTALS</b>		0	9,307,029			
<b>B - RECLASS DRUGS SOLD</b>							
1.00	PHARMACY	15.00	0	7,712,649	0	1.00	
	<b>TOTALS</b>		0	7,712,649			
<b>C - RECLASS ADMISSION CENTER</b>							
1.00	NURSING ADMINISTRATION	13.00	878,518	33,743	0	1.00	
	<b>TOTALS</b>		878,518	33,743			
<b>D - RECLASS DIETARY COST</b>							
1.00	DIETARY	10.00	311,991	0	0	1.00	
2.00	CAFETERIA	11.00	0	42,107	0	2.00	
	<b>TOTALS</b>		311,991	42,107			
<b>E - RECLASS PARAMEDIC TRNG</b>							
1.00	PARAMEDICS	91.01	235,999	70,496	0	1.00	
	<b>TOTALS</b>		235,999	70,496			
<b>F - RECLASS EQUIPMENT RENTAL</b>							
1.00	PHARMACY	15.00	0	510,560	14	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,131	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	149,230	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	35,199	0	4.00	
	<b>TOTALS</b>		0	718,120			
<b>G - RECLASS EMP MEALS TO CAFETERIA</b>							
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	168,789	221,155	0	1.00	
	<b>TOTALS</b>		168,789	221,155			
<b>H - RECLASS MCC ACTIVITY THERAPY</b>							
1.00	NURSING ADMINISTRATION	13.00	54,934	7,761	0	1.00	
	<b>TOTALS</b>		54,934	7,761			
<b>I - RECLASS FLOAT &amp; TRANSPORTATION COST</b>							
1.00	NURSING ADMINISTRATION	13.00	613,061	6,842	0	1.00	
	<b>TOTALS</b>		613,061	6,842			
<b>J - RECLASS MCC EXPENSES</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	52,854	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	<b>TOTALS</b>		52,854	0			
<b>K - RECLASS BLDG RENTAL</b>							
1.00	PHYSICAL THERAPY	66.00	0	44,435	14	1.00	
	<b>TOTALS</b>		0	44,435			
<b>L - RECLASS BUILDING RENTAL SIHVI</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,731,403	14	1.00	
	<b>TOTALS</b>		0	1,731,403			
<b>M - RECLASS IPA ASSESSMENT MCC</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	90,844	0	1.00	
	<b>TOTALS</b>		0	90,844			
<b>N - RECLASS OFALLON EXPENSE</b>							
1.00	CLINIC	90.00	0	12,546	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	<b>TOTALS</b>		0	12,546			
<b>O - RECLASS PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	174,560	3	1.00	
2.00		0.00	0	0	3	2.00	
	<b>TOTALS</b>		0	174,560			
<b>P - RECLASS OUTSIDE AGENCY SALARY EXP</b>							
1.00	DATA PROCESSING	5.02	140,411	0	0	1.00	
2.00	HOUSEKEEPING	9.00	977	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	5,833	0	0	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	30,198	0	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	107,004	0	0	5.00	

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6

Date/Time Prepared:  
5/27/2015 8:24 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
6.00	INTENSIVE CARE UNIT	31.00	5,474	0	0	0	6.00
7.00	SKILLED NURSING FACILITY	44.00	219,419	0	0	0	7.00
8.00	OPERATING ROOM	50.00	65,974	0	0	0	8.00
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	53,752	0	0	0	9.00
10.00	LABORATORY	60.00	51,657	0	0	0	10.00
11.00	EMERGENCY	91.00	106,152	0	0	0	11.00
12.00	CT SCAN	57.00	38,480	0	0	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	6,619	0	0	0	13.00
	TOTALS		831,950	0			
Q - RECLASS NURSERY EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	1,217,479	0	0	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	367,038	0	0	2.00
	TOTALS		1,217,479	367,038			
R - RECLASS COST MEDICAL SUPPLIES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	116,313	0	0	1.00
	TOTALS		0	116,313			
S - RECLASS OT EXPENSE							
1.00	PHYSICAL THERAPY	66.00	95,256	5,053	0	0	1.00
	TOTALS		95,256	5,053			
U - RECLASS IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	7,180,508	0	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,909,755	0	0	2.00
	TOTALS		0	9,090,263			
V - RECLASS PENSION PLAN AUDIT FEES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	10,920	0	0	1.00
	TOTALS		0	10,920			
W - RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	1,159,590	14	14	1.00
2.00		0.00	0	0	0	0	2.00
	TOTALS		0	1,159,590			
X - RECLASS PATIENT ACCTS EXPENSE							
1.00	ADMINISTRATIVE	5.04	1,257,509	2,467,404	0	0	1.00
	TOTALS		1,257,509	2,467,404			
Y - RECLASS HOUSEKEEPING TO LAUNDRY							
1.00	HOUSEKEEPING	9.00	112,240	903,748	0	0	1.00
	TOTALS		112,240	903,748			
500.00	Grand Total: Decreases		5,830,580	34,294,019			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,446,451	0	0	0	1.00
2.00	Land Improvements	5,059,963	0	0	0	2.00
3.00	Buildings and Fixtures	38,891,374	862,735	0	862,735	3.00
4.00	Building Improvements	14,314,268	0	0	0	4.00
5.00	Fixed Equipment	52,411,578	2,617,004	0	2,617,004	5.00
6.00	Movable Equipment	116,091,998	4,464,177	0	4,464,177	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	228,215,632	7,943,916	0	7,943,916	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	228,215,632	7,943,916	0	7,943,916	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,446,451	0			1.00
2.00	Land Improvements	5,059,963	2,312,260			2.00
3.00	Buildings and Fixtures	39,483,904	19,261,260			3.00
4.00	Building Improvements	14,314,268	14,244,241			4.00
5.00	Fixed Equipment	55,028,582	8,712,739			5.00
6.00	Movable Equipment	119,058,724	60,410,600			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	234,391,892	104,941,100			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	234,391,892	104,941,100			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,745,360	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	373,860	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,617,501	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,736,721	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,745,360				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	373,860				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	10,617,501				2.00
3.00	Total (sum of lines 1-2)	0	14,736,721				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	104,249,690	0	104,249,690	0.456803	79,740	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	7,873,944	0	7,873,944	0.034502	6,023	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	116,091,998	0	116,091,998	0.508695	88,797	2.00
3.00	Total (sum of lines 1-2)	228,215,632	0	228,215,632	1.000000	174,560	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	79,740	3,745,360	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	6,023	373,860	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	88,797	10,617,501	0	2.00
3.00	Total (sum of lines 1-2)	0	0	174,560	14,736,721	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	79,740	0	2,564,153	6,389,253	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	6,023	0	375,135	755,018	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	88,797	0	718,120	11,424,418	2.00
3.00	Total (sum of lines 1-2)	0	174,560	0	3,657,408	18,568,689	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT CC (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-512,256	OTHER ADMINISTRATIVE AND GENERAL	5.06	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)	A	-39,989	COMMUNICATIONS	5.01	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	-10,390,759			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,130,101	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-18,173	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			OUTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,860	NEW CAP REL COSTS-BLDG & FIXT	1.00	14	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT CC			ONEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				1.00	2.00		3.00	4.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	PRE NATAL CLASS REGISTRATION	B	-4,454		DELIVERY ROOM & LABOR ROOM	52.00	0	33.00
33.01	COFFEE SHOP SALES	A	-361,053		GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	33.01
33.02	SALE OF X-RAY COPIES	B	-4,757		RADIOLOGY-DIAGNOSTIC	54.00	0	33.02
33.03	MISC OTHER INCOME	B	-409,025		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.05	ADVERTISING EXPENSE	A	-837,170		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.05
33.07				0		0.00	0	33.07
33.08	MALPRACTICE EXPENSE	A	-1,049,996		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.08
33.09				0		0.00	0	33.09
33.10	MISC FOOD SERVICE REVENUE	B	-92,479		DIETARY	10.00	0	33.10
33.11	LOBBYING EXPENSES	A	-96,609		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.11
33.13	DINNER MEETING LIQUOR	A	-54		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.13
33.14	BUSINESS AFTER HOURS LIQUOR	A	-1,189		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.14
33.15	MEDICAL STAFF'S DINNER LIQUOR EXPENS	A	-5,106		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.15
33.17	EMPLOYEE RECOGNITION DINNER	A	-4,641		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18	ELIMINATE RENTAL EXPENSE FOR VP OFC	A	-16,697		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.18
35.00	PATHOLOGY SLIDE FEES	B	-40		LABORATORY	60.00	0	35.00
36.00	PHYSICIAN LOAN FORGIVENESS	A	-221,268		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	37.00
38.00	OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,191,956					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: 140185

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2015 8:24 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	5.06	OTHER ADMINISTRATIVE AND GEN RENT	1,731,403	1,731,403	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	0	1,731,403	1,731,403	5.00

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

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

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

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

6.00	E	SW ILL HEALTH V	0.00	0.00	6.00
7.00	E	MEM FOUNDATION	0.00	0.00	7.00
8.00	E	MEM CAPTIVE AZ	0.00	0.00	8.00
9.00	E	MEM CAPTIVE CAY	0.00	0.00	9.00
10.00	E	MEM MED GROUP	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: 140185

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2015 8:24 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	0	14		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	0			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

**B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

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

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

6.00			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: 140185

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2015 8:24 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	5.06	OTHER ADMINSTRATIVE AND GENERAL	6,594,683	6,594,683	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	32,819	0	32,819	177,200	230	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	109,744	109,744	0	0	0	3.00
4.00	44.00	SKILLED NURSING FACILITY	15,068	15,068	0	0	0	4.00
5.00	50.00	OPERATING ROOM	658,000	658,000	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	14,138	0	14,138	177,200	44	6.00
7.00	60.00	LABORATORY	150,000	0	150,000	215,700	1,144	7.00
8.00	65.00	RESPIRATORY THERAPY	3,428	0	3,428	165,600	22	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	7,968	0	7,968	177,200	51	9.00
10.00	91.00	EMERGENCY	2,317,386	2,317,386	0	0	0	10.00
11.00	91.00	DR. A	59,175	0	59,175	177,200	333	11.00
12.00	91.00	DR. B	12,000	0	12,000	177,200	99	12.00
13.00	91.00	DR. C	1,013	0	1,013	177,200	5	13.00
14.00	91.00	DR. D	1,575	0	1,575	177,200	7	14.00
15.00	54.00	DR. E	102,060	0	102,060	225,300	354	15.00
16.00	54.00	DR. F	10,463	0	10,463	225,300	47	16.00
17.00	52.00	DELIVERY ROOM & LABOR ROOM	212,184	212,184	0	0	0	17.00
18.00	66.00	PHYSICAL THERAPY	10,000	10,000	0	0	0	18.00
19.00	69.00	ELECTROCARDIOLOGY	1,375	1,375	0	0	0	19.00
20.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	701,603	2,926	698,677	165,600	5,804	20.00
21.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	143,850	0	143,850	165,600	959	21.00
200.00			11,158,532	9,921,366	1,237,166		9,099	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	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	164,193	1.00
2.00	13.00	NURSING ADMINISTRATION	19,594	980	0	0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	3.00
4.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	3,748	187	0	0	0	6.00
7.00	60.00	LABORATORY	118,635	5,932	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	1,752	88	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	4,345	217	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	429,886	10.00
11.00	91.00	DR. A	28,369	1,418	0	0	0	11.00
12.00	91.00	DR. B	8,434	422	0	0	0	12.00
13.00	91.00	DR. C	426	21	0	0	0	13.00
14.00	91.00	DR. D	596	30	0	0	0	14.00
15.00	54.00	DR. E	38,344	1,917	0	0	0	15.00
16.00	54.00	DR. F	5,091	255	0	0	0	16.00
17.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	17.00
18.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	18.00
19.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	19.00
20.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	462,088	23,104	0	0	0	20.00
21.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	76,351	3,818	0	0	0	21.00
200.00			767,773	38,389	0	0	594,079	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	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	6,594,683		1.00
2.00	13.00	NURSING ADMINISTRATION	0	19,594	13,225	13,225		2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	109,744		3.00
4.00	44.00	SKILLED NURSING FACILITY	0	0	0	15,068		4.00
5.00	50.00	OPERATING ROOM	0	0	0	658,000		5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	3,748	10,390	10,390		6.00
7.00	60.00	LABORATORY	0	118,635	31,365	31,365		7.00
8.00	65.00	RESPIRATORY THERAPY	0	1,752	1,676	1,676		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	4,345	3,623	3,623		9.00
10.00	91.00	EMERGENCY	0	0	0	2,317,386		10.00
11.00	91.00	DR. A	0	28,369	30,806	30,806		11.00
12.00	91.00	DR. B	0	8,434	3,566	3,566		12.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140185

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2015 8:24 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		
13.00	91.00	DR. C	0	426	587	587		13.00
14.00	91.00	DR. D	0	596	979	979		14.00
15.00	54.00	DR. E	0	38,344	63,716	63,716		15.00
16.00	54.00	DR. F	0	5,091	5,372	5,372		16.00
17.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	212,184		17.00
18.00	66.00	PHYSICAL THERAPY	0	0	0	10,000		18.00
19.00	69.00	ELECTROCARDIOLOGY	0	0	0	1,375		19.00
20.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	462,088	236,589	239,515		20.00
21.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	76,351	67,499	67,499		21.00
200.00			0	767,773	469,393	10,390,759		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8: 24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	6,389,253	6,389,253			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC	755,018	0	755,018		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	11,424,418			11,424,418	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	35,991,076			6,749	36,007,965 4.00
5.01 01160	COMMUNICATIONS	458,255	12,653	0	108,376	96,448 5.01
5.02 00550	DATA PROCESSING	4,776,381	96,625	0	4,744,252	609,376 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	536,704	108,499	0	75,539	196,366 5.03
5.04 00570	ADMINISTRATION	1,332,540	23,165	0	2,302	486,533 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,724,913	63,762	0	11,494	510,281 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	23,568,711	561,873	172,865	72,629	1,748,971 5.06
7.00 00700	OPERATION OF PLANT	7,331,761	921,472	0	127,003	545,534 7.00
7.01 00701	OPERATION OF PLANT CC	221,103	0	23,406	130	27,644 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	1,015,988	3,292	8,478	5,186	0 8.00
9.00 00900	HOUSEKEEPING	2,248,055	98,571	0	27,213	684,875 9.00
9.01 00901	HOUSEKEEPING CC	185,317	0	14,171	986	47,445 9.01
10.00 01000	DIETARY	2,192,697	100,553	13,353	18,774	508,870 10.00
11.00 01100	CAFETERIA	503,370	159,077	0	31,867	379,981 11.00
13.00 01300	NURSING ADMINISTRATION	5,118,432	69,071	0	200,126	1,509,224 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	598,687	117,931	0	105,941	210,229 14.00
15.00 01500	PHARMACY	4,289,922	80,025	7,752	530,637	1,284,589 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,498,507	97,969	0	22,525	590,775 16.00
17.00 01700	SOCIAL SERVICE	724,702	21,838	8,751	0	255,631 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	23,045,944	1,538,402	0	473,665	8,499,950 30.00
31.00 03100	INTENSIVE CARE UNIT	4,540,168	214,786	0	207,175	1,269,695 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,516,199	45,021	0	1,210	480,652 43.00
44.00 04400	SKILLED NURSING FACILITY	4,167,874	0	488,074	102,453	1,355,211 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	10,847,856	527,188	0	1,430,906	3,446,258 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,235,185	108,021	0	107,898	849,289 52.00
53.00 05300	ANESTHESIOLOGY	906,682	11,963	0	50,032	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,463,794	244,517	0	842,525	1,191,512 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	HYPERBARIC MEDICINE	0	0	0	0	0 55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.02 05602	MISC NURSING OP	0	0	0	0	0 56.02
57.00 05700	CT SCAN	1,305,301	43,516	0	417,127	160,205 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	860,456	58,258	0	654,575	123,290 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,490,518	0	0	301,764	414,408 59.00
60.00 06000	LABORATORY	10,120,301	328,258	0	168,483	1,553,967 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,383,529	40,986	1,060	70,068	725,722 65.00
66.00 06600	PHYSICAL THERAPY	4,508,697	62,894	11,052	61,728	1,691,262 66.00
67.00 06700	OCCUPATIONAL THERAPY	868,216	0	6,056	12,528	335,532 67.00
68.00 06800	SPEECH PATHOLOGY	485,309	0	0	21,476	181,912 68.00
69.00 06900	ELECTROCARDIOLOGY	1,570,634	99,969	0	171,858	540,718 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	878,972	69,159	0	67,825	318,265 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,423,342	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	9,090,263	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	7,712,649	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 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	154,273	12,529	0	656	59,405	90.01
90.02 09003 HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	6,066,784	287,201	0	154,407	2,323,391	91.00
91.01 09101 PARAMEDICS	0	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03 09103 OP PSYCH	503,583	50,560	0	320	0	91.03
91.04 09104 ICU OTHER	0	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	1,756,927	31,146	0	1,891	639,674	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
117.00 06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	226,789,266	6,320,890	755,018	11,412,299	35,853,090	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	50,577	0	2,760	61,704	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSIATRY	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 07950 FOUNDATION	0	2,124	0	9,043	0	194.01
194.02 07951 EMT PROGRAM	306,495	15,662	0	316	93,171	194.02
194.03 07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	227,095,762	6,389,253	755,018	11,424,418	36,007,965	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	675,732					5.01
5.02	00550	DATA PROCESSING	25,091	10,251,725				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	8,652	69,712	995,472			5.03
5.04	00570	ADMINITTING	5,191	102,517	5,225	1,957,473		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	32,446	295,250	0	0	4,638,146	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	48,885	496,183	431	0	0	5.06
7.00	00700	OPERATION OF PLANT	20,765	120,970	198	0	0	7.00
7.01	00701	OPERATION OF PLANT CC	433	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,298	5,126	3	0	0	8.00
9.00	00900	HOUSEKEEPING	1,730	47,158	167	0	0	9.00
9.01	00901	HOUSEKEEPING CC	433	0	1	0	0	9.01
10.00	01000	DIETARY	4,759	135,323	815	0	0	10.00
11.00	01100	CAFETERIA	6,489	0	828	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	27,254	580,248	408	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,596	18,453	15,621	0	0	14.00
15.00	01500	PHARMACY	14,709	107,643	81,717	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,226	266,545	41	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,326	84,064	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,650	1,260,962	125,408	1,813,187	498,268	30.00
31.00	03100	INTENSIVE CARE UNIT	15,141	200,934	56,643	144,286	93,537	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,326	58,435	3,977	0	22,383	43.00
44.00	04400	SKILLED NURSING FACILITY	12,978	220,412	19,543	0	26,098	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	102,524	1,118,463	556,058	0	528,904	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,893	121,996	13,813	0	34,624	52.00
53.00	05300	ANESTHESIOLOGY	2,163	5,126	21,112	0	86,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,424	528,989	3,967	0	336,306	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	30,342	56.02
57.00	05700	CT SCAN	8,220	32,806	1,554	0	443,057	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,461	14,352	272	0	117,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,709	98,417	17,403	0	132,051	59.00
60.00	06000	LABORATORY	35,474	364,961	4,743	0	714,370	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,489	140,449	7,570	0	181,143	65.00
66.00	06600	PHYSICAL THERAPY	16,872	496,183	1,527	0	160,950	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,326	79,963	55	0	42,083	67.00
68.00	06800	SPEECH PATHOLOGY	3,461	37,931	592	0	13,750	68.00
69.00	06900	ELECTROCARDIOLOGY	26,822	98,417	1,279	0	249,177	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,220	102,517	673	0	41,900	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	56,376	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72,390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	476,480	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DI STINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	2,596	14,352	39	0	475	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
91.00	09100	EMERGENCY	43,261	514,637	47,537	0	244,553	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	5,624	27,680	44	0	14,121	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	8,652	164,028	1,113	0	20,512	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	673,569	8,031,202	990,377	1,957,473	4,638,146	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	433	0	180	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,192,843	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	1,730	27,680	4,915	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	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)	675,732	10,251,725	995,472	1,957,473	4,638,146	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	7.00	7.01	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	26,670,548	26,670,548				5.06
7.00	00700	OPERATION OF PLANT	9,067,703	1,206,639	10,274,342			7.00
7.01	00701	OPERATION OF PLANT CC	272,716	36,290	0	309,006		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,039,371	138,309	7,366	4,689	1,189,735	8.00
9.00	00900	HOUSEKEEPING	3,107,769	413,551	220,592	0	8,983	9.00
9.01	00901	HOUSEKEEPING CC	248,353	33,048	0	7,837	0	9.01
10.00	01000	DIETARY	2,975,144	395,902	225,028	7,385	2,165	10.00
11.00	01100	CAFETERIA	1,081,612	143,930	355,997	0	1,668	11.00
13.00	01300	NURSING ADMINISTRATION	7,504,763	998,659	154,573	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,069,458	142,313	263,919	0	42,788	14.00
15.00	01500	PHARMACY	6,396,994	851,248	179,088	4,287	2,590	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,500,588	465,823	219,246	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,099,312	146,285	48,871	4,839	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	37,325,436	4,966,864	3,442,790	0	424,746	30.00
31.00	03100	INTENSIVE CARE UNIT	6,742,365	897,207	480,670	0	58,594	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,132,203	283,732	100,752	0	24,615	43.00
44.00	04400	SKILLED NURSING FACILITY	6,392,643	850,669	0	269,922	95,377	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	18,558,157	2,469,534	1,179,794	0	162,939	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,474,719	462,381	241,741	0	44,861	52.00
53.00	05300	ANESTHESIOLOGY	1,083,642	144,200	26,772	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,657,034	1,018,922	547,204	0	51,373	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	30,342	4,038	0	0	0	56.02
57.00	05700	CT SCAN	2,411,786	320,936	97,385	0	24,679	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,832,396	243,837	130,375	0	15,011	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,469,270	328,586	0	0	24,057	59.00
60.00	06000	LABORATORY	13,290,557	1,768,574	734,609	0	209	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,557,016	473,332	91,722	586	0	65.00
66.00	06600	PHYSICAL THERAPY	7,011,165	932,976	140,751	6,112	923	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,348,759	179,479	0	3,349	17	67.00
68.00	06800	SPEECH PATHOLOGY	744,431	99,061	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,758,874	367,123	223,721	0	14,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,487,531	197,946	154,771	0	11,207	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,479,718	1,261,466	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,162,653	1,219,274	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,189,129	1,089,727	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	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	244,325	32,512	28,039	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
			5A. 05	5. 06	7. 00	7. 01	8. 00	
91.00	09100	EMERGENCY	9,681,771	1,288,353	642,728	0	177,891	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	601,932	80,099	113,148	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,623,943	349,168	69,702	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	224,326,128	26,301,993	10,121,354	309,006	1,189,663	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	115,655	15,390	113,187	0	72	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,192,843	291,802	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	11,167	1,486	4,752	0	0	194.01
194.02	07951	EMT PROGRAM	449,969	59,877	35,049	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	227,095,762	26,670,548	10,274,342	309,006	1,189,735	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	3,750,895					9.00
9.01	00901		289,380				9.01
10.00	01000	5,688	7,208	3,618,520			10.00
11.00	01100	44,260	0	0	1,627,467		11.00
13.00	01300	32,315	0	0	54,995	8,745,305	13.00
14.00	01400	67,509	0	0	21,403	0	14.00
15.00	01500	43,157	4,184	0	48,159	0	15.00
16.00	01600	18,201	0	0	43,182	0	16.00
17.00	01700	0	4,724	0	14,534	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,610,263	0	2,471,082	495,343	4,769,717	30.00
31.00	03100	151,016	0	196,638	56,853	547,461	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	140,955	0	0	23,217	223,566	43.00
44.00	04400	0	263,457	950,800	89,494	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	629,836	0	0	164,278	1,581,857	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	16,957	0	0	40,229	387,367	52.00
53.00	05300	14,753	0	0	0	0	53.00
54.00	05400	138,609	0	0	65,625	0	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	0	0	0	55.01
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	15,926	0	0	10,674	0	57.00
58.00	05800	16,033	0	0	6,360	0	58.00
59.00	05900	93,923	0	0	19,567	0	59.00
60.00	06000	108,640	0	0	95,744	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	11,696	572	0	45,295	0	65.00
66.00	06600	22,361	5,966	0	93,432	0	66.00
67.00	06700	782	3,269	0	17,753	0	67.00
68.00	06800	0	0	0	7,079	0	68.00
69.00	06900	80,698	0	0	24,644	0	69.00
70.00	07000	47,388	0	0	18,992	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	9,527	0	0	2,400	0	90.01
90.02	09003	0	0	0	0	0	90.02
91.00	09100	345,828	0	0	128,296	1,235,337	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
			9.00	9.01	10.00	11.00	ADMINISTRATION	
91.01	09101	PARAMEDICS	0	0	0	0	0	0 91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	0 91.02
91.03	09103	OP PSYCH	10,381	0	0	0	0	0 91.03
91.04	09104	ICU OTHER	0	0	0	0	0	0 91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0 98.00
99.00	09900	CMHC	0	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0	0 99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	9,172	0	0	27,918	0	0 101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0 107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0 111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	0 112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0 115.00
116.00	11600	HOSPICE	0	0	0	0	0	0 116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	0 117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,686,016	289,380	3,618,520	1,615,466	8,745,305	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,323	0	0	7,433	0	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	0 192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	0 194.00
194.01	07950	FOUNDATION	0	0	0	0	0	0 194.01
194.02	07951	EMT PROGRAM	26,556	0	0	4,568	0	0 194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	0 194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	3,750,895	289,380	3,618,520	1,627,467	8,745,305	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,607,390					14.00
15.00	01500	PHARMACY	0	7,529,707				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,247,040			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,318,565		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25	111,102	2,359,655	1,074,040	59,051,063	30.00
31.00	03100	INTENSIVE CARE UNIT	602	11,150	187,719	57,049	9,387,324	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8	4,296	42,470	0	2,975,814	43.00
44.00	04400	SKILLED NURSING FACILITY	19,006	19,529	72,200	157,935	9,181,032	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,167	84,926	0	0	24,837,488	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,401	27,138	0	0	4,699,794	52.00
53.00	05300	ANESTHESIOLOGY	0	52,166	0	0	1,321,533	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	783	7,223	0	0	9,486,773	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	34,380	56.02
57.00	05700	CT SCAN	0	8,983	0	0	2,890,369	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	791	0	0	2,244,803	58.00
59.00	05900	CARDIAC CATHETERIZATION	122	13,008	0	0	2,948,533	59.00
60.00	06000	LABORATORY	0	0	0	0	15,998,333	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	63	0	0	4,180,282	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,213,686	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,553,408	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	850,571	68.00
69.00	06900	ELECTROCARDIOLOGY	0	656	0	0	3,470,686	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,917,835	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,571,641	0	0	0	12,312,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	10,381,927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,983,808	0	0	16,262,664	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	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	316,803	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
91.00	09100	EMERGENCY	2,788	165,323	1,559,938	29,541	15,257,794	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	805,560	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,847	91	25,058	0	3,106,899	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,607,390	7,490,253	4,247,040	1,318,565	223,688,179	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	290,060	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,484,645	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	17,405	194.01
194.02	07951	EMT PROGRAM	0	39,454	0	0	615,473	194.02
194.03	07952	EMPLOYEE PHARMACY	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)	1,607,390	7,529,707	4,247,040	1,318,565	227,095,762	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT CC		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING CC		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-3,613,655	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	55.01
56.00	05600	RADIOISOTOPE	0	56.00
56.02	05602	MISC NURSING OP	3,389,477	56.02
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	OTHER ANCILLARY	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.01	09001 DIABETIC EDUCATION OP	0	316,803	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	90.02
91.00	09100 EMERGENCY	0	15,257,794	91.00
91.01	09101 PARAMEDICS	0	0	91.01
91.02	09102 OP TELEMETRY	224,178	224,178	91.02
91.03	09103 OP PSYCH	0	805,560	91.03
91.04	09104 ICU OTHER	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	3,106,899	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	223,688,179	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	290,060	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	2,484,645	192.00
192.01	19201 PHYSIATRY	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	194.00
194.01	07950 FOUNDATION	0	17,405	194.01
194.02	07951 EMT PROGRAM	0	615,473	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	194.03
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	227,095,762	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		0	1.00	1.01		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	10,140	0	6,749	16,889 4.00
5.01 01160	COMMUNICATIONS	0	12,653	0	108,376	121,029 5.01
5.02 00550	DATA PROCESSING	0	96,625	0	4,744,252	4,840,877 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	108,499	0	75,539	184,038 5.03
5.04 00570	ADMINISTRATIVE	0	23,165	0	2,302	25,467 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	63,762	0	11,494	75,256 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	561,873	172,865	72,629	807,367 5.06
7.00 00700	OPERATION OF PLANT	0	921,472	0	127,003	1,048,475 7.00
7.01 00701	OPERATION OF PLANT CC	0	0	23,406	130	23,536 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	3,292	8,478	5,186	16,956 8.00
9.00 00900	HOUSEKEEPING	0	98,571	0	27,213	125,784 9.00
9.01 00901	HOUSEKEEPING CC	0	0	14,171	986	15,157 9.01
10.00 01000	DIETARY	0	100,553	13,353	18,774	132,680 10.00
11.00 01100	CAFETERIA	0	159,077	0	31,867	190,944 11.00
13.00 01300	NURSING ADMINISTRATION	0	69,071	0	200,126	269,197 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	117,931	0	105,941	223,872 14.00
15.00 01500	PHARMACY	0	80,025	7,752	530,637	618,414 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	97,969	0	22,525	120,494 16.00
17.00 01700	SOCIAL SERVICE	0	21,838	8,751	0	30,589 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,538,402	0	473,665	2,012,067 30.00
31.00 03100	INTENSIVE CARE UNIT	0	214,786	0	207,175	421,961 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	45,021	0	1,210	46,231 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	488,074	102,453	590,527 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	527,188	0	1,430,906	1,958,094 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	108,021	0	107,898	215,919 52.00
53.00 05300	ANESTHESIOLOGY	0	11,963	0	50,032	61,995 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	244,517	0	842,525	1,087,042 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	HYPERBARIC MEDICINE	0	0	0	0	0 55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.02 05602	MISC NURSING OP	0	0	0	0	0 56.02
57.00 05700	CT SCAN	0	43,516	0	417,127	460,643 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58,258	0	654,575	712,833 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	301,764	301,764 59.00
60.00 06000	LABORATORY	0	328,258	0	168,483	496,741 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	40,986	1,060	70,068	112,114 65.00
66.00 06600	PHYSICAL THERAPY	0	62,894	11,052	61,728	135,674 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	6,056	12,528	18,584 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	21,476	21,476 68.00
69.00 06900	ELECTROCARDIOLOGY	0	99,969	0	171,858	271,827 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	69,159	0	67,825	136,984 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
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 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	12,529	0	656	13,185	90.01
90.02 09003 HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	287,201	0	154,407	441,608	91.00
91.01 09101 PARAMEDICS	0	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03 09103 OP PSYCH	0	50,560	0	320	50,880	91.03
91.04 09104 ICU OTHER	0	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	31,146	0	1,891	33,037	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
117.00 06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	6,320,890	755,018	11,412,299	18,488,207	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50,577	0	2,760	53,337	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSIATRY	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 07950 FOUNDATION	0	2,124	0	9,043	11,167	194.01
194.02 07951 EMT PROGRAM	0	15,662	0	316	15,978	194.02
194.03 07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	6,389,253	755,018	11,424,418	18,568,689	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,889					4.00
5.01	01160	COMMUNICATIONS	45	121,074				5.01
5.02	00550	DATA PROCESSING	286	4,496	4,845,659			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	92	1,550	32,950	218,630		5.03
5.04	00570	ADMINISTRATIVE	228	930	48,457	1,148	76,230	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	239	5,813	139,555	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	820	8,759	234,530	95	0	5.06
7.00	00700	OPERATION OF PLANT	256	3,721	57,179	44	0	7.00
7.01	00701	OPERATION OF PLANT CC	13	78	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	233	2,423	1	0	8.00
9.00	00900	HOUSEKEEPING	321	310	22,290	37	0	9.00
9.01	00901	HOUSEKEEPING CC	22	78	0	0	0	9.01
10.00	01000	DIETARY	238	853	63,963	179	0	10.00
11.00	01100	CAFETERIA	178	1,163	0	182	0	11.00
13.00	01300	NURSING ADMINISTRATION	707	4,883	274,264	90	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	99	465	8,722	3,431	0	14.00
15.00	01500	PHARMACY	602	2,635	50,879	17,947	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	277	4,341	125,987	9	0	16.00
17.00	01700	SOCIAL SERVICE	120	775	39,734	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,998	12,479	596,016	27,542	70,611	30.00
31.00	03100	INTENSIVE CARE UNIT	595	2,713	94,975	12,440	5,619	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	225	775	27,620	873	0	43.00
44.00	04400	SKILLED NURSING FACILITY	635	2,325	104,182	4,292	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,615	18,368	528,661	122,121	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	398	698	57,663	3,034	0	52.00
53.00	05300	ANESTHESIOLOGY	0	388	2,423	4,637	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	558	8,139	250,036	871	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	75	1,473	15,506	341	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58	620	6,784	60	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	194	2,635	46,518	3,822	0	59.00
60.00	06000	LABORATORY	728	6,356	172,505	1,042	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	340	1,163	66,386	1,663	0	65.00
66.00	06600	PHYSICAL THERAPY	793	3,023	234,530	335	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	157	775	37,796	12	0	67.00
68.00	06800	SPEECH PATHOLOGY	85	620	17,929	130	0	68.00
69.00	06900	ELECTROCARDIOLOGY	253	4,806	46,518	281	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	149	1,473	48,457	148	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DI STINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	28	465	6,784	9	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
91.00	09100	EMERGENCY	1,089	7,751	243,252	10,440	0	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	1,008	13,083	10	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	300	1,550	77,531	245	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,816	120,686	3,796,088	217,511	76,230	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29	78	0	40	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,036,488	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	44	310	13,083	1,079	0	194.02
194.03	07952	EMPLOYEE PHARMACY	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)	16,889	121,074	4,845,659	218,630	76,230	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 8:24 am		
Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	OPERATION OF PLANT CC 7.01	LAUNDRY & LINEN SERVICE 8.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	220,863				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	1,051,571			5.06
7.00	00700	OPERATION OF PLANT	0	47,578	1,157,253		7.00
7.01	00701	OPERATION OF PLANT CC	0	1,431	0	25,058	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,454	830	380	26,277
9.00	00900	HOUSEKEEPING	0	16,306	24,846	0	198
9.01	00901	HOUSEKEEPING CC	0	1,303	0	636	0
10.00	01000	DIETARY	0	15,611	25,346	599	48
11.00	01100	CAFETERIA	0	5,675	40,098	0	37
13.00	01300	NURSING ADMINISTRATION	0	39,377	17,410	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,611	29,727	0	945
15.00	01500	PHARMACY	0	33,565	20,172	348	57
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,368	24,695	0	0
17.00	01700	SOCIAL SERVICE	0	5,768	5,505	392	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	23,783	195,786	387,779	0	9,379
31.00	03100	INTENSIVE CARE UNIT	4,465	35,377	54,140	0	1,294
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,068	11,188	11,348	0	544
44.00	04400	SKILLED NURSING FACILITY	1,246	33,542	0	21,887	2,107
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	25,245	97,375	132,886	0	3,599
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,653	18,232	27,229	0	991
53.00	05300	ANESTHESIOLOGY	4,132	5,686	3,015	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,052	40,176	61,634	0	1,135
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	1,448	159	0	0	0
57.00	05700	CT SCAN	21,148	12,655	10,969	0	545
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,619	9,615	14,685	0	332
59.00	05900	CARDIAC CATHETERIZATION	6,303	12,956	0	0	531
60.00	06000	LABORATORY	33,577	69,736	82,743	0	5
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	8,646	18,664	10,331	48	0
66.00	06600	PHYSICAL THERAPY	7,682	36,788	15,854	496	20
67.00	06700	OCCUPATIONAL THERAPY	2,009	7,077	0	272	0
68.00	06800	SPEECH PATHOLOGY	656	3,906	0	0	0
69.00	06900	ELECTROCARDIOLOGY	11,893	14,476	25,199	0	331
70.00	07000	ELECTROENCEPHALOGRAPHY	2,000	7,805	17,433	0	248
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,691	49,740	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,455	48,076	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	22,743	42,968	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETIC EDUCATION OP	23	1,282	3,158	0	0
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	0

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
			5.05	5.06	7.00	7.01	8.00	
91.00	09100	EMERGENCY	11,673	50,800	72,394	0	3,929	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	674	3,158	12,744	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	979	13,768	7,851	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	220,863	1,037,038	1,140,021	25,058	26,275	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	607	12,749	0	2	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,506	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	59	535	0	0	194.01
194.02	07951	EMT PROGRAM	0	2,361	3,948	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	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)	220,863	1,051,571	1,157,253	25,058	26,277	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	190,092					9.00
9.01	00901		17,203				9.01
10.00	01000	288	428	240,233			10.00
11.00	01100	2,243	0	0	240,520		11.00
13.00	01300	1,638	0	0	8,128	615,694	13.00
14.00	01400	3,421	0	0	3,163	0	14.00
15.00	01500	2,187	249	0	7,117	0	15.00
16.00	01600	922	0	0	6,382	0	16.00
17.00	01700	0	281	0	2,148	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	81,606	0	164,055	73,205	335,801	30.00
31.00	03100	7,653	0	13,055	8,402	38,543	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	7,143	0	0	3,431	15,740	43.00
44.00	04400	0	15,662	63,123	13,226	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	31,920	0	0	24,278	111,367	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	859	0	0	5,945	27,272	52.00
53.00	05300	748	0	0	0	0	53.00
54.00	05400	7,025	0	0	9,699	0	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	0	0	0	55.01
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	807	0	0	1,577	0	57.00
58.00	05800	813	0	0	940	0	58.00
59.00	05900	4,760	0	0	2,892	0	59.00
60.00	06000	5,506	0	0	14,150	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	593	34	0	6,694	0	65.00
66.00	06600	1,133	355	0	13,808	0	66.00
67.00	06700	40	194	0	2,624	0	67.00
68.00	06800	0	0	0	1,046	0	68.00
69.00	06900	4,090	0	0	3,642	0	69.00
70.00	07000	2,402	0	0	2,807	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	483	0	0	355	0	90.01
90.02	09003	0	0	0	0	0	90.02
91.00	09100	17,526	0	0	18,961	86,971	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	526	0	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	465	0	0	4,126	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	186,804	17,203	240,233	238,746	615,694	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,942	0	0	1,099	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSIATRY	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950 FOUNDATION	0	0	0	0	0	194.01
194.02	07951 EMT PROGRAM	1,346	0	0	675	0	194.02
194.03	07952 EMPLOYEE PHARMACY	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)	190,092	17,203	240,233	240,520	615,694	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 8:24 am				
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal		
		14.00	15.00	16.00	17.00	24.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC				1.01		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	01160	COMMUNICATIONS				5.01		
5.02	00550	DATA PROCESSING				5.02		
5.03	00560	PURCHASING RECEIVING AND STORES				5.03		
5.04	00570	ADMITTING				5.04		
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06		
7.00	00700	OPERATION OF PLANT				7.00		
7.01	00701	OPERATION OF PLANT CC				7.01		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
9.01	00901	HOUSEKEEPING CC				9.01		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION				13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	279,456			14.00		
15.00	01500	PHARMACY	0	754,172		15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	301,475	16.00		
17.00	01700	SOCIAL SERVICE	0	0	0	17.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4	11,128	167,499	69,491	4,242,229	30.00
31.00	03100	INTENSIVE CARE UNIT	105	1,117	13,325	3,691	719,470	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1	430	3,015	0	129,632	43.00
44.00	04400	SKILLED NURSING FACILITY	3,304	1,956	5,125	10,219	873,358	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,072	8,506	0	0	3,065,107	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	765	2,718	0	0	363,376	52.00
53.00	05300	ANESTHESIOLOGY	0	5,225	0	0	88,249	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	136	723	0	0	1,483,226	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	1,607	56.02
57.00	05700	CT SCAN	0	900	0	0	526,639	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	79	0	0	752,438	58.00
59.00	05900	CARDIAC CATHETERIZATION	21	1,303	0	0	383,699	59.00
60.00	06000	LABORATORY	0	0	0	0	883,089	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	6	0	0	226,682	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	450,491	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	69,540	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	45,848	68.00
69.00	06900	ELECTROCARDIOLOGY	0	66	0	0	383,382	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	219,906	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	273,242	0	0	0	325,673	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	51,531	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	699,495	0	0	765,206	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	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	25,772	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
91.00	09100	EMERGENCY	485	16,559	110,732	1,911	1,096,081	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	82,083	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	321	9	1,779	0	141,961	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	279,456	750,220	301,475	85,312	17,396,275	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	69,883	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,047,994	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	11,761	194.01
194.02	07951	EMT PROGRAM	0	3,952	0	0	42,776	194.02
194.03	07952	EMPLOYEE PHARMACY	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)	279,456	754,172	301,475	85,312	18,568,689	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT CC		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING CC		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-259,605	3,982,624
31.00	03100	INTENSIVE CARE UNIT	0	719,470
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - IPF	0	0
41.00	04100	SUBPROVIDER - IRF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	129,632
44.00	04400	SKILLED NURSING FACILITY	0	873,358
45.00	04500	NURSING FACILITY	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	3,065,107
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	363,376
53.00	05300	ANESTHESIOLOGY	0	88,249
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,483,226
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
55.01	05501	HYPERBARIC MEDICINE	0	0
56.00	05600	RADIOISOTOPE	0	0
56.02	05602	MISC NURSING OP	243,500	245,107
57.00	05700	CT SCAN	0	526,639
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	752,438
59.00	05900	CARDIAC CATHETERIZATION	0	383,699
60.00	06000	LABORATORY	0	883,089
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	226,682
66.00	06600	PHYSICAL THERAPY	0	450,491
67.00	06700	OCCUPATIONAL THERAPY	0	69,540
68.00	06800	SPEECH PATHOLOGY	0	45,848
69.00	06900	ELECTROCARDIOLOGY	0	383,382
70.00	07000	ELECTROENCEPHALOGRAPHY	0	219,906
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	325,673
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	51,531
73.00	07300	DRUGS CHARGED TO PATIENTS	0	765,206
74.00	07400	RENAL DIALYSIS	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0
76.00	03020	OTHER ANCILLARY	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	0

5/27/2015 8:24 am I:\SANDY\_VAL\HFSWIN\HFSWIN14\Hosp2014.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.01	09001 DIABETIC EDUCATION OP	0	25,772	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	90.02
91.00	09100 EMERGENCY	0	1,096,081	91.00
91.01	09101 PARAMEDICS	0	0	91.01
91.02	09102 OP TELEMETRY	16,105	16,105	91.02
91.03	09103 OP PSYCH	0	82,083	91.03
91.04	09104 ICU OTHER	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	141,961	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	17,396,275	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	69,883	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,047,994	192.00
192.01	19201 PHYSIATRY	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	194.00
194.01	07950 FOUNDATION	0	11,761	194.01
194.02	07951 EMT PROGRAM	0	42,776	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	194.03
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	18,568,689	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	361,040				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	24,935			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			11,351,172		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	573	0	6,706	91,207,178	4.00
5.01	01160	COMMUNICATIONS	715	0	107,681	244,299	1,562 5.01
5.02	00550	DATA PROCESSING	5,460	0	4,713,834	1,543,533	58 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	6,131	0	75,055	497,391	20 5.03
5.04	00570	ADMINISTRATION	1,309	0	2,287	1,232,376	12 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,603	0	11,420	1,292,527	75 5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	31,750	5,709	72,163	4,430,097	113 5.06
7.00	00700	OPERATION OF PLANT	52,070	0	126,189	1,381,823	48 7.00
7.01	00701	OPERATION OF PLANT CC	0	773	129	70,022	1 7.01
8.00	00800	LAUNDRY & LINEN SERVICE	186	280	5,153	0	3 8.00
9.00	00900	HOUSEKEEPING	5,570	0	27,039	1,734,771	4 9.00
9.01	00901	HOUSEKEEPING CC	0	468	980	120,178	1 9.01
10.00	01000	DIETARY	5,682	441	18,654	1,288,954	11 10.00
11.00	01100	CAFETERIA	8,989	0	31,663	962,481	15 11.00
13.00	01300	NURSING ADMINISTRATION	3,903	0	198,843	3,822,823	63 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,664	0	105,262	532,504	6 14.00
15.00	01500	PHARMACY	4,522	256	527,235	3,253,828	34 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,536	0	22,381	1,496,417	56 16.00
17.00	01700	SOCIAL SERVICE	1,234	289	0	647,507	10 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	86,931	0	470,628	21,530,121	161 30.00
31.00	03100	INTENSIVE CARE UNIT	12,137	0	205,847	3,216,102	35 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	2,544	0	1,202	1,217,479	10 43.00
44.00	04400	SKILLED NURSING FACILITY	0	16,119	101,796	3,432,713	30 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	29,790	0	1,421,732	8,729,278	237 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,104	0	107,206	2,151,227	9 52.00
53.00	05300	ANESTHESIOLOGY	676	0	49,711	0	5 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,817	0	837,123	3,018,067	105 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0 55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0 56.02
57.00	05700	CT SCAN	2,459	0	414,453	405,794	19 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,292	0	650,378	312,289	8 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	299,829	1,049,683	34 59.00
60.00	06000	LABORATORY	18,549	0	167,403	3,936,156	82 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	2,316	35	69,619	1,838,235	15 65.00
66.00	06600	PHYSICAL THERAPY	3,554	365	61,332	4,283,922	39 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	200	12,448	849,893	10 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	21,338	460,779	8 68.00
69.00	06900	ELECTROCARDIOLOGY	5,649	0	170,756	1,369,624	62 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,908	0	67,390	806,157	19 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
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	03020	OTHER ANCILLARY	0	0	0	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
1.00	1.01	2.00	4.00	5.01				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	708	0	652	150,470	6	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	16,229	0	153,417	5,885,086	100	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	2,857	0	318	0	13	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,760	0	1,879	1,620,278	20	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	357,177	24,935	11,339,131	90,814,884	1,557	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,858	0	2,742	156,295	1	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	120	0	8,985	0	0	194.01
194.02	07951	EMT PROGRAM	885	0	314	235,999	4	194.02
194.03	07952	EMPLOYEE PHARMACY	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)	6,389,253	755,018	11,424,418	36,007,965	675,732	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.696801	30.279447	1.006453	0.394793	432.606914	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				16,889	121,074	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000185	77.512164	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550	10,000					5.02
5.03	00560	68	9,935,796				5.03
5.04	00570	100	52,153	64,238			5.04
5.05	00580	288	0	0	1,090,650,850		5.05
5.06	00590	484	4,297	0	0	-26,670,548	5.06
7.00	00700	118	1,980	0	0	0	7.00
7.01	00701	0	0	0	0	0	7.01
8.00	00800	5	25	0	0	0	8.00
9.00	00900	46	1,664	0	0	0	9.00
9.01	00901	0	14	0	0	0	9.01
10.00	01000	132	8,134	0	0	0	10.00
11.00	01100	0	8,267	0	0	0	11.00
13.00	01300	566	4,072	0	0	0	13.00
14.00	01400	18	155,915	0	0	0	14.00
15.00	01500	105	815,618	0	0	0	15.00
16.00	01600	260	413	0	0	0	16.00
17.00	01700	82	1	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,230	1,251,703	59,503	117,156,884	0	30.00
31.00	03100	196	565,352	4,735	21,993,207	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	57	39,690	0	5,262,976	0	43.00
44.00	04400	215	195,059	0	6,136,258	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,091	5,550,008	0	124,360,299	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	119	137,869	0	8,141,139	0	52.00
53.00	05300	5	210,718	0	20,353,530	0	53.00
54.00	05400	516	39,597	0	79,075,046	0	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	0	0	0	55.01
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	7,134,194	0	56.02
57.00	05700	32	15,506	0	104,175,083	0	57.00
58.00	05800	14	2,710	0	27,682,203	0	58.00
59.00	05900	96	173,703	0	31,048,938	0	59.00
60.00	06000	356	47,342	0	168,060,078	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	137	75,556	0	42,591,808	0	65.00
66.00	06600	484	15,237	0	37,843,959	0	66.00
67.00	06700	78	549	0	9,894,957	0	67.00
68.00	06800	37	5,907	0	3,233,093	0	68.00
69.00	06900	96	12,766	0	58,588,612	0	69.00
70.00	07000	100	6,713	0	9,851,814	0	70.00
71.00	07100	0	0	0	13,255,682	0	71.00
72.00	07200	0	0	0	17,020,839	0	72.00
73.00	07300	0	0	0	112,033,878	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
90.01	09001	DIABETIC EDUCATION OP	14	392	0	111,672	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	502	474,468	0	57,501,405	0	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	27	435	0	3,320,317	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	160	11,112	0	4,822,979	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	PANCREAS ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,834	9,884,945	64,238	1,090,650,850	-26,670,548	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,796	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,139	0	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	27	49,055	0	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	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)	10,251,725	995,472	1,957,473	4,638,146		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,025.172500	0.100190	30.472197	0.004253		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,845,659	218,630	76,230	220,863		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	484.565900	0.022004	1.186681	0.000203		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	7.00	7.01	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	200,425,214				5.06
7.00	00700	OPERATION OF PLANT	9,067,703	259,429			7.00
7.01	00701	OPERATION OF PLANT CC	272,716	0	18,453		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,039,371	186	280	1,727,770	8.00
9.00	00900	HOUSEKEEPING	3,107,769	5,570	0	13,046	105,511
9.01	00901	HOUSEKEEPING CC	248,353	0	468	0	4
10.00	01000	DIETARY	2,975,144	5,682	441	3,144	160
11.00	01100	CAFETERIA	1,081,612	8,989	0	2,423	1,245
13.00	01300	NURSING ADMINISTRATION	7,504,763	3,903	0	0	909
14.00	01400	CENTRAL SERVICES & SUPPLY	1,069,458	6,664	0	62,138	1,899
15.00	01500	PHARMACY	6,396,994	4,522	256	3,761	1,214
16.00	01600	MEDICAL RECORDS & LIBRARY	3,500,588	5,536	0	0	512
17.00	01700	SOCIAL SERVICE	1,099,312	1,234	289	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	37,325,436	86,931	0	616,827	45,296
31.00	03100	INTENSIVE CARE UNIT	6,742,365	12,137	0	85,092	4,248
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	2,132,203	2,544	0	35,747	3,965
44.00	04400	SKILLED NURSING FACILITY	6,392,643	0	16,119	138,509	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	18,558,157	29,790	0	236,625	17,717
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,474,719	6,104	0	65,149	477
53.00	05300	ANESTHESIOLOGY	1,083,642	676	0	0	415
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,657,034	13,817	0	74,605	3,899
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	30,342	0	0	0	0
57.00	05700	CT SCAN	2,411,786	2,459	0	35,839	448
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,832,396	3,292	0	21,800	451
59.00	05900	CARDIAC CATHETERIZATION	2,469,270	0	0	34,936	2,642
60.00	06000	LABORATORY	13,290,557	18,549	0	304	3,056
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,557,016	2,316	35	0	329
66.00	06600	PHYSICAL THERAPY	7,011,165	3,554	365	1,341	629
67.00	06700	OCCUPATIONAL THERAPY	1,348,759	0	200	25	22
68.00	06800	SPEECH PATHOLOGY	744,431	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,758,874	5,649	0	21,740	2,270
70.00	07000	ELECTROENCEPHALOGRAPHY	1,487,531	3,908	0	16,275	1,333
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,479,718	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,162,653	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,189,129	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	7.00	7.01	8.00	9.00	
90.01	09001 DIABETIC EDUCATION OP	244,325	708	0	0	268	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	9,681,771	16,229	0	258,339	9,728	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMTRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	601,932	2,857	0	0	292	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	2,623,943	1,760	0	0	258	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	197,655,580	255,566	18,453	1,727,665	103,686	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	115,655	2,858	0	105	1,078	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,192,843	0	0	0	0	192.00
192.01	19201 PHYSIATRY	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950 FOUNDATION	11,167	120	0	0	0	194.01
194.02	07951 EMT PROGRAM	449,969	885	0	0	747	194.02
194.03	07952 EMPLOYEE PHARMACY	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)	26,670,548	10,274,342	309,006	1,189,735	3,750,895	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.133070	39.603676	16.745570	0.688596	35.549800	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,051,571	1,157,253	25,058	26,277	190,092	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005247	4.460770	1.357936	0.015209	1.801632	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.01	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	00901	17,705					9.01
10.00	01000	441	261,399				10.00
11.00	01100	0	0	147,136			11.00
13.00	01300	0	0	4,972	3,822,823		13.00
14.00	01400	0	0	1,935	0	948,411	14.00
15.00	01500	256	0	4,354	0	0	15.00
16.00	01600	0	0	3,904	0	0	16.00
17.00	01700	289	0	1,314	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	178,509	44,783	2,084,980	15	30.00
31.00	03100	0	14,205	5,140	239,311	355	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	2,099	97,727	5	43.00
44.00	04400	16,119	68,685	8,091	0	11,214	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	14,852	691,475	3,639	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	3,637	169,329	2,597	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	5,933	0	462	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	0	0	0	55.01
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	0	0	965	0	0	57.00
58.00	05800	0	0	575	0	0	58.00
59.00	05900	0	0	1,769	0	72	59.00
60.00	06000	0	0	8,656	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	35	0	4,095	0	0	65.00
66.00	06600	365	0	8,447	0	0	66.00
67.00	06700	200	0	1,605	0	0	67.00
68.00	06800	0	0	640	0	0	68.00
69.00	06900	0	0	2,228	0	0	69.00
70.00	07000	0	0	1,717	0	0	70.00
71.00	07100	0	0	0	0	927,317	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description			HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
			9.01	10.00	11.00	13.00	14.00	
90.01	09001	DIABETIC EDUCATION OP	0	0	217	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	11,599	540,001	1,645	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	2,524	0	1,090	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	PANCREAS ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,705	261,399	146,051	3,822,823	948,411	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	672	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	0	0	413	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	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)	289,380	3,618,520	1,627,467	8,745,305	1,607,390	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.344535	13.842899	11.060971	2.287656	1.694824	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	17,203	240,233	240,520	615,694	279,456	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.971646	0.919028	1.634678	0.161057	0.294657	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE  (TIME SPENT)	
		15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT CC				1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160 COMMUNICATIONS				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMITTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700 OPERATION OF PLANT				7.00
7.01	00701 OPERATION OF PLANT CC				7.01
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
9.01	00901 HOUSEKEEPING CC				9.01
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY	8,315,520			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	10,000		16.00
17.00	01700 SOCIAL SERVICE	0	0	19,461	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	122,697	5,556	15,852	30.00
31.00	03100 INTENSIVE CARE UNIT	12,314	442	842	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	4,744	100	0	43.00
44.00	04400 SKILLED NURSING FACILITY	21,567	170	2,331	44.00
45.00	04500 NURSING FACILITY	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	93,789	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	29,970	0	0	52.00
53.00	05300 ANESTHESIOLOGY	57,610	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,977	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.02	05602 MISCELLANEOUS OP	0	0	0	56.02
57.00	05700 CT SCAN	9,921	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	873	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	14,366	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	70	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	725	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,712,649	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	03020 OTHER ANCILLARY	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
90.01	09001 DIABETIC EDUCATION OP	0	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	90.02
91.00	09100 EMERGENCY	182,576	3,673	436	91.00
91.01	09101 PARAMEDICS	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	91.02
91.03	09103 OP PSYCH	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900 CMHC	0	0	0	99.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	100	59	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,271,948	10,000	19,461	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 PHYSIATRY	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	0	194.00
194.01	07950 FOUNDATION	0	0	0	194.01
194.02	07951 EMT PROGRAM	43,572	0	0	194.02
194.03	07952 EMPLOYEE PHARMACY	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)	7,529,707	4,247,040	1,318,565	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.905500	424.704000	67.754226	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	754,172	301,475	85,312	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.090695	30.147500	4.383742	205.00

Provider CCN: 140185

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

Worksheet B-2

Date/Time Prepared:  
5/27/2015 8:24 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	MISC NURSING OP		1 56.02	3,389,477	7.00
8.00	ADULTS & PEDIATRICS		1 30.00	-3,613,655	8.00
9.00	OP TELEMETRY		1 91.02	224,178	9.00
10.00	MISC NURSING OP		2 56.02	243,500	10.00
11.00	ADULTS & PEDIATRICS		2 30.00	-259,605	11.00
12.00	OP TELEMETRY		2 91.02	16,105	12.00
13.00	ICU OTHER		1 91.04	0	13.00
14.00	ICU		1 31.00	0	14.00
15.00	ICU OTHER		2 91.04	0	15.00
16.00	ICU		2 31.00	0	16.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		55,437,408		0	55,437,408	30.00
31.00	03100 INTENSIVE CARE UNIT		9,387,324		0	9,387,324	31.00
32.00	03200 CORONARY CARE UNIT		0		0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	0	34.00
40.00	04000 SUBPROVIDER - IPF		0		0	0	40.00
41.00	04100 SUBPROVIDER - IRF		0		0	0	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		2,975,814		0	2,975,814	43.00
44.00	04400 SKILLED NURSING FACILITY		9,181,032		0	9,181,032	44.00
45.00	04500 NURSING FACILITY		0		0	0	45.00
46.00	04600 OTHER LONG TERM CARE		0		0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		24,837,488		0	24,837,488	50.00
51.00	05100 RECOVERY ROOM		0		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,699,794		0	4,699,794	52.00
53.00	05300 ANESTHESIOLOGY		1,321,533		0	1,321,533	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,486,773		69,088	9,555,861	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
55.01	05501 HYPERBARIC MEDICINE		0		0	0	55.01
56.00	05600 RADIOISOTOPE		0		0	0	56.00
56.02	05602 MISC NURSING OP		3,423,857		0	3,423,857	56.02
57.00	05700 CT SCAN		2,890,369		0	2,890,369	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,244,803		0	2,244,803	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,948,533		10,390	2,958,923	59.00
60.00	06000 LABORATORY		15,998,333		31,365	16,029,698	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0		0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0		0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,180,282	0	1,676	4,181,958	65.00
66.00	06600 PHYSICAL THERAPY	0	8,213,686	0	0	8,213,686	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,553,408	0	0	1,553,408	67.00
68.00	06800 SPEECH PATHOLOGY	0	850,571	0	0	850,571	68.00
69.00	06900 ELECTROCARDIOLOGY		3,470,686		0	3,470,686	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,917,835		3,623	1,921,458	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,312,825		0	12,312,825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		10,381,927		0	10,381,927	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		16,262,664		0	16,262,664	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	03020 OTHER ANCILLARY		0		0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		0		0	0	90.00
90.01	09001 DIABETIC EDUCATION OP		316,803		0	316,803	90.01
90.02	09003 HEART FAILURE CLINIC		0		0	0	90.02
91.00	09100 EMERGENCY		15,257,794		35,938	15,293,732	91.00
91.01	09101 PARAMEDICS		0		0	0	91.01
91.02	09102 OP TELEMETRY		224,178		0	224,178	91.02
91.03	09103 OP PSYCH		805,560		0	805,560	91.03
91.04	09104 ICU OTHER		0		0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS		0		0	0	94.00
95.00	09500 AMBULANCE SERVICES		0		0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0		0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0		0	0	98.00
99.00	09900 CMHC		0		0	0	99.00
99.10	09910 CORF		0		0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0		0	0	100.00
101.00	10100 HOME HEALTH AGENCY		3,106,899		0	3,106,899	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION		0		0	0	105.00
106.00	10600 HEART ACQUISITION		0		0	0	106.00
107.00	10700 LIVER ACQUISITION		0		0	0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

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	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	LIVER ACQUISITION	0		0		0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0		0		0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0		0		0	117.00
200.00		Subtotal (see instructions)	223,688,179	0	223,688,179	152,080	223,840,259	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	223,688,179	0	223,688,179	152,080	223,840,259	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	116,685,032		116,685,032			30.00
31.00	03100	INTENSIVE CARE UNIT	21,993,207		21,993,207			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I PF	0		0			40.00
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	5,262,976		5,262,976			43.00
44.00	04400	SKILLED NURSING FACILITY	6,136,258		6,136,258			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	37,199,531	87,160,768	124,360,299	0.199722	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,726,153	1,414,986	8,141,139	0.577289	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,097,407	9,256,123	20,353,530	0.064929	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,941,018	62,134,028	79,075,046	0.119972	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0.000000	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.02	05602	MISC NURSING OP	0	7,134,194	7,134,194	0.479922	0.000000	56.02
57.00	05700	CT SCAN	25,687,271	78,487,812	104,175,083	0.027745	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,817,371	21,864,832	27,682,203	0.081092	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,627,746	12,421,192	31,048,938	0.094964	0.000000	59.00
60.00	06000	LABORATORY	76,499,584	91,560,059	168,059,643	0.095194	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	37,006,983	5,584,825	42,591,808	0.098148	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	13,451,590	24,392,369	37,843,959	0.217041	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,183,209	2,711,748	9,894,957	0.156990	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,191,830	1,041,263	3,233,093	0.263083	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	23,879,632	34,708,980	58,588,612	0.059238	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,929	9,839,885	9,851,814	0.194668	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,782,379	7,473,303	13,255,682	0.928871	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,064,922	5,955,917	17,020,839	0.609954	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,806,893	24,226,985	112,033,878	0.145158	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	111,672	111,672	2.836906	0.000000	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	12,741,985	44,759,049	57,501,034	0.265348	0.000000	91.00
91.01	09101	PARAMEDICS	0	0	0	0.000000	0.000000	91.01
91.02	09102	OP TELEMETRY	0	471,852	471,852	0.475102	0.000000	91.02
91.03	09103	OP PSYCH	0	3,320,317	3,320,317	0.242615	0.000000	91.03
91.04	09104	ICU OTHER	0	0	0	0.000000	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	4,822,979	4,822,979			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0				112.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0				117.00
200.00		Subtotal (see instructions)	549,794,906	540,855,138	1,090,650,044				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	549,794,906	540,855,138	1,090,650,044				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.199722			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.577289			52.00
53.00	05300 ANESTHESIOLOGY	0.064929			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120845			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501 HYPERBARIC MEDICINE	0.000000			55.01
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.02	05602 MISC NURSING OP	0.479922			56.02
57.00	05700 CT SCAN	0.027745			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.081092			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.095299			59.00
60.00	06000 LABORATORY	0.095381			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.098187			65.00
66.00	06600 PHYSICAL THERAPY	0.217041			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.156990			67.00
68.00	06800 SPEECH PATHOLOGY	0.263083			68.00
69.00	06900 ELECTROCARDIOLOGY	0.059238			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.195036			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.928871			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.609954			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.145158			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020 OTHER ANCILLARY	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 DIABETIC EDUCATION OP	2.836906			90.01
90.02	09003 HEART FAILURE CLINIC	0.000000			90.02
91.00	09100 EMERGENCY	0.265973			91.00
91.01	09101 PARAMEDICS	0.000000			91.01
91.02	09102 OP TELEMETRY	0.475102			91.02
91.03	09103 OP PSYCH	0.242615			91.03
91.04	09104 ICU OTHER	0.000000			91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900 CMHC				99.00
99.10	09910 CORF				99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
111.00	11100				111.00
112.00	08600				112.00
113.00	11300				113.00
114.00	11400				114.00
115.00	11500				115.00
116.00	11600				116.00
117.00	06950				117.00
200.00					200.00
201.00					201.00
202.00					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	55,437,408		55,437,408	0	55,437,408	30.00
31.00	03100	INTENSIVE CARE UNIT	9,387,324		9,387,324	0	9,387,324	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,975,814		2,975,814	0	2,975,814	43.00
44.00	04400	SKILLED NURSING FACILITY	9,181,032		9,181,032	0	9,181,032	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	24,837,488		24,837,488	0	24,837,488	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,699,794		4,699,794	0	4,699,794	52.00
53.00	05300	ANESTHESIOLOGY	1,321,533		1,321,533	0	1,321,533	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,486,773		9,486,773	69,088	9,555,861	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501	HYPERBARIIC MEDICINE	0		0	0	0	55.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.02	05602	MISC NURSING OP	3,423,857		3,423,857	0	3,423,857	56.02
57.00	05700	CT SCAN	2,890,369		2,890,369	0	2,890,369	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,244,803		2,244,803	0	2,244,803	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,948,533		2,948,533	10,390	2,958,923	59.00
60.00	06000	LABORATORY	15,998,333		15,998,333	31,365	16,029,698	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,180,282	0	4,180,282	1,676	4,181,958	65.00
66.00	06600	PHYSICAL THERAPY	8,213,686	0	8,213,686	0	8,213,686	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,553,408	0	1,553,408	0	1,553,408	67.00
68.00	06800	SPEECH PATHOLOGY	850,571	0	850,571	0	850,571	68.00
69.00	06900	ELECTROCARDIOLOGY	3,470,686		3,470,686	0	3,470,686	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,917,835		1,917,835	3,623	1,921,458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,312,825		12,312,825	0	12,312,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,381,927		10,381,927	0	10,381,927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,262,664		16,262,664	0	16,262,664	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0		0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	316,803		316,803	0	316,803	90.01
90.02	09003	HEART FAILURE CLINIC	0		0	0	0	90.02
91.00	09100	EMERGENCY	15,257,794		15,257,794	35,938	15,293,732	91.00
91.01	09101	PARAMEDICS	0		0	0	0	91.01
91.02	09102	OP TELEMETRY	224,178		224,178	0	224,178	91.02
91.03	09103	OP PSYCH	805,560		805,560	0	805,560	91.03
91.04	09104	ICU OTHER	0		0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,106,899		3,106,899	0	3,106,899	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 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		
108.00	10800	LUNG ACQUISITION	0		0			0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0				109.00
110.00	11000	INTESTINAL ACQUISITION	0		0				110.00
111.00	11100	LIVER ACQUISITION	0		0				111.00
112.00	08600	OTHER ORGAN ACQUISITION	0		0				112.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0				115.00
116.00	11600	HOSPICE	0		0				116.00
117.00	06950	OTHER SPECIAL PURPOSE	0		0				117.00
200.00		Subtotal (see instructions)	223,688,179	0	223,688,179	152,080		223,840,259	200.00
201.00		Less Observation Beds	0		0				201.00
202.00		Total (see instructions)	223,688,179	0	223,688,179	152,080		223,840,259	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	116,685,032		116,685,032				30.00
31.00	03100	INTENSIVE CARE UNIT	21,993,207		21,993,207				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	0		0				40.00
41.00	04100	SUBPROVIDER - I/RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	5,262,976		5,262,976				43.00
44.00	04400	SKILLED NURSING FACILITY	6,136,258		6,136,258				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	37,199,531	87,160,768	124,360,299	0.199722	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,726,153	1,414,986	8,141,139	0.577289	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	11,097,407	9,256,123	20,353,530	0.064929	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,941,018	62,134,028	79,075,046	0.119972	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0.000000	0.000000		55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
56.02	05602	MISC NURSING OP	0	7,134,194	7,134,194	0.479922	0.000000		56.02
57.00	05700	CT SCAN	25,687,271	78,487,812	104,175,083	0.027745	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,817,371	21,864,832	27,682,203	0.081092	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,627,746	12,421,192	31,048,938	0.094964	0.000000		59.00
60.00	06000	LABORATORY	76,499,584	91,560,059	168,059,643	0.095194	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	37,006,983	5,584,825	42,591,808	0.098148	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	13,451,590	24,392,369	37,843,959	0.217041	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,183,209	2,711,748	9,894,957	0.156990	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,191,830	1,041,263	3,233,093	0.263083	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	23,879,632	34,708,980	58,588,612	0.059238	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,929	9,839,885	9,851,814	0.194668	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,782,379	7,473,303	13,255,682	0.928871	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,064,922	5,955,917	17,020,839	0.609954	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,806,893	24,226,985	112,033,878	0.145158	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETIC EDUCATION OP	0	111,672	111,672	2.836906	0.000000		90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0.000000	0.000000		90.02
91.00	09100	EMERGENCY	12,741,985	44,759,049	57,501,034	0.265348	0.000000		91.00
91.01	09101	PARAMEDICS	0	0	0	0.000000	0.000000		91.01
91.02	09102	OP TELEMETRY	0	471,852	471,852	0.475102	0.000000		91.02
91.03	09103	OP PSYCH	0	3,320,317	3,320,317	0.242615	0.000000		91.03
91.04	09104	ICU OTHER	0	0	0	0.000000	0.000000		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000		99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	4,822,979	4,822,979				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	LISLET ACQUISITION	0	0	0				111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0				112.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0				117.00
200.00		Subtotal (see instructions)	549,794,906	540,855,138	1,090,650,044				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	549,794,906	540,855,138	1,090,650,044				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501 HYPERBARIC MEDICINE	0.000000			55.01
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.02	05602 MISC NURSING OP	0.000000			56.02
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
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 PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	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	03020 OTHER ANCILLARY	0.000000			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 DIABETIC EDUCATION OP	0.000000			90.01
90.02	09003 HEART FAILURE CLINIC	0.000000			90.02
91.00	09100 EMERGENCY	0.000000			91.00
91.01	09101 PARAMEDICS	0.000000			91.01
91.02	09102 OP TELEMETRY	0.000000			91.02
91.03	09103 OP PSYCH	0.000000			91.03
91.04	09104 ICU OTHER	0.000000			91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900 CMHC				99.00
99.10	09910 CORF				99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
111.00	11100				111.00
112.00	08600				112.00
113.00	11300				113.00
114.00	11400				114.00
115.00	11500				115.00
116.00	11600				116.00
117.00	06950				117.00
200.00					200.00
201.00					201.00
202.00					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

		Title V		Hospital			
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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		55,437,408		0	55,437,408	30.00
31.00	03100 INTENSIVE CARE UNIT		9,387,324		0	9,387,324	31.00
32.00	03200 CORONARY CARE UNIT		0		0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	0	34.00
40.00	04000 SUBPROVIDER - I PF		0		0	0	40.00
41.00	04100 SUBPROVIDER - I RF		0		0	0	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		2,975,814		0	2,975,814	43.00
44.00	04400 SKILLED NURSING FACILITY		9,181,032		0	9,181,032	44.00
45.00	04500 NURSING FACILITY		0		0	0	45.00
46.00	04600 OTHER LONG TERM CARE		0		0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		24,837,488		0	24,837,488	50.00
51.00	05100 RECOVERY ROOM		0		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,699,794		0	4,699,794	52.00
53.00	05300 ANESTHESIOLOGY		1,321,533		0	1,321,533	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,486,773		69,088	9,555,861	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
55.01	05501 HYPERBARI C MEDICINE		0		0	0	55.01
56.00	05600 RADIOISOTOPE		0		0	0	56.00
56.02	05602 MISC NURSING OP		3,423,857		0	3,423,857	56.02
57.00	05700 CT SCAN		2,890,369		0	2,890,369	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,244,803		0	2,244,803	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,948,533		10,390	2,958,923	59.00
60.00	06000 LABORATORY		15,998,333		31,365	16,029,698	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0		0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0		0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,180,282	0	1,676	4,181,958	65.00
66.00	06600 PHYSICAL THERAPY	0	8,213,686	0	0	8,213,686	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,553,408	0	0	1,553,408	67.00
68.00	06800 SPEECH PATHOLOGY	0	850,571	0	0	850,571	68.00
69.00	06900 ELECTROCARDIOLOGY		3,470,686		0	3,470,686	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,917,835		3,623	1,921,458	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,312,825		0	12,312,825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		10,381,927		0	10,381,927	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		16,262,664		0	16,262,664	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	03020 OTHER ANCILLARY		0		0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		0		0	0	90.00
90.01	09001 DIABETIC EDUCATION OP		316,803		0	316,803	90.01
90.02	09003 HEART FAILURE CLINIC		0		0	0	90.02
91.00	09100 EMERGENCY		15,257,794		35,938	15,293,732	91.00
91.01	09101 PARAMEDICS		0		0	0	91.01
91.02	09102 OP TELEMETRY		224,178		0	224,178	91.02
91.03	09103 OP PSYCH		805,560		0	805,560	91.03
91.04	09104 ICU OTHER		0		0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS		0		0	0	94.00
95.00	09500 AMBULANCE SERVICES		0		0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0		0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0		0	0	98.00
99.00	09900 CMHC		0		0	0	99.00
99.10	09910 CORF		0		0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0		0	0	100.00
101.00	10100 HOME HEALTH AGENCY		3,106,899		0	3,106,899	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION		0		0	0	105.00
106.00	10600 HEART ACQUISITION		0		0	0	106.00
107.00	10700 LIVER ACQUISITION		0		0	0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

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	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	LIVER ACQUISITION	0		0		0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0		0		0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0		0		0	117.00
200.00		Subtotal (see instructions)	223,688,179	0	223,688,179	152,080	223,840,259	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	223,688,179	0	223,688,179	152,080	223,840,259	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

		Title V			Hospital	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	116,685,032		116,685,032	30.00
31.00	03100	INTENSIVE CARE UNIT	21,993,207		21,993,207	31.00
32.00	03200	CORONARY CARE UNIT	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	5,262,976		5,262,976	43.00
44.00	04400	SKILLED NURSING FACILITY	6,136,258		6,136,258	44.00
45.00	04500	NURSING FACILITY	0		0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	37,199,531	87,160,768	124,360,299	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,726,153	1,414,986	8,141,139	52.00
53.00	05300	ANESTHESIOLOGY	11,097,407	9,256,123	20,353,530	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,941,018	62,134,028	79,075,046	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	7,134,194	7,134,194	56.02
57.00	05700	CT SCAN	25,687,271	78,487,812	104,175,083	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,817,371	21,864,832	27,682,203	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,627,746	12,421,192	31,048,938	59.00
60.00	06000	LABORATORY	76,499,584	91,560,059	168,059,643	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	37,006,983	5,584,825	42,591,808	65.00
66.00	06600	PHYSICAL THERAPY	13,451,590	24,392,369	37,843,959	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,183,209	2,711,748	9,894,957	67.00
68.00	06800	SPEECH PATHOLOGY	2,191,830	1,041,263	3,233,093	68.00
69.00	06900	ELECTROCARDIOLOGY	23,879,632	34,708,980	58,588,612	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,929	9,839,885	9,851,814	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,782,379	7,473,303	13,255,682	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,064,922	5,955,917	17,020,839	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,806,893	24,226,985	112,033,878	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	03020	OTHER ANCILLARY	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	111,672	111,672	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	90.02
91.00	09100	EMERGENCY	12,741,985	44,759,049	57,501,034	91.00
91.01	09101	PARAMEDICS	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	471,852	471,852	91.02
91.03	09103	OP PSYCH	0	3,320,317	3,320,317	91.03
91.04	09104	ICU OTHER	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	4,822,979	4,822,979	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

			Title V			Hospital	
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
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0		117.00
200.00		Subtotal (see instructions)	549,794,906	540,855,138	1,090,650,044		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	549,794,906	540,855,138	1,090,650,044		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501 HYPERBARIC MEDICINE	0.000000			55.01
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.02	05602 MISC NURSING OP	0.000000			56.02
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
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 PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	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	03020 OTHER ANCILLARY	0.000000			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 DIABETIC EDUCATION OP	0.000000			90.01
90.02	09003 HEART FAILURE CLINIC	0.000000			90.02
91.00	09100 EMERGENCY	0.000000			91.00
91.01	09101 PARAMEDICS	0.000000			91.01
91.02	09102 OP TELEMETRY	0.000000			91.02
91.03	09103 OP PSYCH	0.000000			91.03
91.04	09104 ICU OTHER	0.000000			91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900 CMHC				99.00
99.10	09910 CORF				99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESIGNAL ACQUISITION				110.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
		11.00		
111.00	11100			111.00
112.00	08600			112.00
113.00	11300			113.00
114.00	11400			114.00
115.00	11500			115.00
116.00	11600			116.00
117.00	06950			117.00
200.00				200.00
201.00				201.00
202.00				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/27/2015 8:24 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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,982,624	0	3,982,624	58,972	67.53	30.00
31.00	INTENSIVE CARE UNIT	719,470		719,470	4,735	151.95	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	129,632		129,632	3,494	37.10	43.00
44.00	SKILLED NURSING FACILITY	873,358		873,358	22,895	38.15	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	5,705,084		5,705,084	90,096		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	28,110	1,898,268				
31.00	INTENSIVE CARE UNIT	2,350	357,083				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	15,294	583,466				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	45,754	2,838,817				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140185		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 8:24 am	
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)	PPS
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,065,107	124,360,299	0.024647	15,472,066	381,340	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	363,376	8,141,139	0.044635	39,931	1,782	52.00
53.00	05300	ANESTHESIOLOGY	88,249	20,353,530	0.004336	2,744,285	11,899	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,483,226	79,075,046	0.018757	8,822,303	165,480	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0.000000	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.02	05602	MISC NURSING OP	245,107	7,134,194	0.034357	0	0	56.02
57.00	05700	CT SCAN	526,639	104,175,083	0.005055	14,374,937	72,665	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	752,438	27,682,203	0.027181	2,626,890	71,401	58.00
59.00	05900	CARDIAC CATHETERIZATION	383,699	31,048,938	0.012358	5,799,576	71,671	59.00
60.00	06000	LABORATORY	883,089	168,059,643	0.005255	36,449,699	191,543	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	226,682	42,591,808	0.005322	19,161,651	101,978	65.00
66.00	06600	PHYSICAL THERAPY	450,491	37,843,959	0.011904	3,137,812	37,353	66.00
67.00	06700	OCCUPATIONAL THERAPY	69,540	9,894,957	0.007028	578,209	4,064	67.00
68.00	06800	SPEECH PATHOLOGY	45,848	3,233,093	0.014181	540,198	7,661	68.00
69.00	06900	ELECTROCARDIOLOGY	383,382	58,588,612	0.006544	12,358,343	80,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	219,906	9,851,814	0.022321	11,294	252	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	325,673	13,255,682	0.024569	2,380,026	58,475	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	51,531	17,020,839	0.003028	5,769,619	17,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	765,206	112,033,878	0.006830	37,699,619	257,488	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	25,772	111,672	0.230783	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	1,096,081	57,501,034	0.019062	6,227,270	118,704	91.00
91.01	09101	PARAMEDICS	0	0	0.000000	0	0	91.01
91.02	09102	OP TELEMETRY	16,105	471,852	0.034131	0	0	91.02
91.03	09103	OP PSYCH	82,083	3,320,317	0.024721	0	0	91.03
91.04	09104	ICU OTHER	0	0	0.000000	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,549,230	935,749,592		174,193,728	1,652,099	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/27/2015 8:24 am
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	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	58,972	0.00	28,110	30.00
31.00	03100	INTENSIVE CARE UNIT	4,735	0.00	2,350	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	42.00
43.00	04300	NURSERY	3,494	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	22,895	0.00	15,294	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	45.00
200.00		Total (lines 30-199)	90,096		45,754	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 8:24 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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 03020 OTHER ANCILLARY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02 09003 HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 PARAMEDICS	0	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03 09103 OP PSYCH	0	0	0	0	0	91.03
91.04 09104 ICU OTHER	0	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES						95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 8:24 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	124,360,299	0.000000	0.000000	15,472,066	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,141,139	0.000000	0.000000	39,931	52.00
53.00	05300 ANESTHESIOLOGY	0	20,353,530	0.000000	0.000000	2,744,285	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	79,075,046	0.000000	0.000000	8,822,303	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0.000000	0.000000	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.02	05602 MISC NURSING OP	0	7,134,194	0.000000	0.000000	0	56.02
57.00	05700 CT SCAN	0	104,175,083	0.000000	0.000000	14,374,937	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	27,682,203	0.000000	0.000000	2,626,890	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	31,048,938	0.000000	0.000000	5,799,576	59.00
60.00	06000 LABORATORY	0	168,059,643	0.000000	0.000000	36,449,699	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	42,591,808	0.000000	0.000000	19,161,651	65.00
66.00	06600 PHYSICAL THERAPY	0	37,843,959	0.000000	0.000000	3,137,812	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,894,957	0.000000	0.000000	578,209	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,233,093	0.000000	0.000000	540,198	68.00
69.00	06900 ELECTROCARDIOLOGY	0	58,588,612	0.000000	0.000000	12,358,343	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,851,814	0.000000	0.000000	11,294	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,255,682	0.000000	0.000000	2,380,026	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	17,020,839	0.000000	0.000000	5,769,619	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	112,033,878	0.000000	0.000000	37,699,619	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	111,672	0.000000	0.000000	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	57,501,034	0.000000	0.000000	6,227,270	91.00
91.01	09101 PARAMEDICS	0	0	0.000000	0.000000	0	91.01
91.02	09102 OP TELEMETRY	0	471,852	0.000000	0.000000	0	91.02
91.03	09103 OP PSYCH	0	3,320,317	0.000000	0.000000	0	91.03
91.04	09104 ICU OTHER	0	0	0.000000	0.000000	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	935,749,592			174,193,728	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 8:24 am
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	22,785,571	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	1,801,962	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	15,782,037	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 HYPERBARIC MEDICINE	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	56.00
56.02 05602 MISC NURSING OP	0	1,845,919	0	56.02
57.00 05700 CT SCAN	0	19,363,312	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,534,108	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	1,942,210	0	59.00
60.00 06000 LABORATORY	0	12,122,465	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	1,545,832	0	65.00
66.00 06600 PHYSICAL THERAPY	0	617,960	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	474	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	13,000,336	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,116,363	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	2,821,779	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,477,587	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 03020 OTHER ANCILLARY	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	0	90.01
90.02 09003 HEART FAILURE CLINIC	0	0	0	90.02
91.00 09100 EMERGENCY	0	6,599,658	0	91.00
91.01 09101 PARAMEDICS	0	0	0	91.01
91.02 09102 OP TELEMETRY	0	33,819	0	91.02
91.03 09103 OP PSYCH	0	3,139,605	0	91.03
91.04 09104 ICU OTHER	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (lines 50-199)	0	118,530,997	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 8:24 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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.199722	22,785,571	0	0	4,550,780
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.577289	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.064929	1,801,962	0	0	117,000
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.119972	15,782,037	0	0	1,893,403
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
55.01 05501 HYPERBARIC MEDICINE	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.02 05602 MISC NURSING OP	0.479922	1,845,919	0	0	885,897
57.00 05700 CT SCAN	0.027745	19,363,312	0	0	537,235
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.081092	5,534,108	0	0	448,772
59.00 05900 CARDIAC CATHETERIZATION	0.094964	1,942,210	0	0	184,440
60.00 06000 LABORATORY	0.095194	12,122,465	702	0	1,153,986
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.098148	1,545,832	0	0	151,720
66.00 06600 PHYSICAL THERAPY	0.217041	617,960	843	0	134,123
67.00 06700 OCCUPATIONAL THERAPY	0.156990	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.263083	474	0	0	125
69.00 06900 ELECTROCARDIOLOGY	0.059238	13,000,336	0	0	770,114
70.00 07000 ELECTROENCEPHALOGRAPHY	0.194668	2,116,363	0	0	411,988
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.928871	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.609954	2,821,779	0	0	1,721,155
73.00 07300 DRUGS CHARGED TO PATIENTS	0.145158	7,477,587	264	80,288	1,085,432
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03020 OTHER ANCILLARY	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 DIABETIC EDUCATION OP	2.836906	0	0	0	0
90.02 09003 HEART FAILURE CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.265348	6,599,658	0	0	1,751,206
91.01 09101 PARAMEDICS	0.000000	0	0	0	0
91.02 09102 OP TELEMTRY	0.475102	33,819	0	0	16,067
91.03 09103 OP PSYCH	0.242615	3,139,605	0	0	761,715
91.04 09104 ICU OTHER	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	118,530,997	1,809	80,288	16,575,158
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)	118,530,997	1,809	80,288	16,575,158

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 8:24 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 HYPERBARIC MEDICINE	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.02 05602 MISC NURSING OP	0	0		56.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	67	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	183	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	38	11,654		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETIC EDUCATION OP	0	0		90.01
90.02 09003 HEART FAILURE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARAMEDICS	0	0		91.01
91.02 09102 OP TELEMETRY	0	0		91.02
91.03 09103 OP PSYCH	0	0		91.03
91.04 09104 ICU OTHER	0	0		91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	288	11,654	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	288	11,654	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 8:24 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	PARAMEDICS	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140185 Component CCN: 145102		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/27/2015 8:24 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	124,360,299	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,141,139	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	20,353,530	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,075,046	0.000000	0.000000	215,074	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0.000000	0.000000		55.00
55.01	05501	HYPERBARIC MEDICINE	0	0.000000	0.000000		55.01
56.00	05600	RADIOISOTOPE	0	0.000000	0.000000		56.00
56.02	05602	MISC NURSING OP	7,134,194	0.000000	0.000000		56.02
57.00	05700	CT SCAN	104,175,083	0.000000	0.000000	9,175	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	27,682,203	0.000000	0.000000	15,090	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,048,938	0.000000	0.000000		59.00
60.00	06000	LABORATORY	168,059,643	0.000000	0.000000	1,999,426	60.00
60.01	06001	BLOOD LABORATORY	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	42,591,808	0.000000	0.000000	1,244,804	65.00
66.00	06600	PHYSICAL THERAPY	37,843,959	0.000000	0.000000	5,687,579	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,894,957	0.000000	0.000000	4,414,825	67.00
68.00	06800	SPEECH PATHOLOGY	3,233,093	0.000000	0.000000	1,051,008	68.00
69.00	06900	ELECTROCARDIOLOGY	58,588,612	0.000000	0.000000	80,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,851,814	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,255,682	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	17,020,839	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	112,033,878	0.000000	0.000000	5,362,655	73.00
74.00	07400	RENAL DIALYSIS	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0.000000	0.000000		75.00
76.00	03020	OTHER ANCILLARY	0	0.000000	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0.000000	0.000000		90.00
90.01	09001	DIABETIC EDUCATION OP	111,672	0.000000	0.000000		90.01
90.02	09003	HEART FAILURE CLINIC	0	0.000000	0.000000		90.02
91.00	09100	EMERGENCY	57,501,034	0.000000	0.000000		91.00
91.01	09101	PARAMEDICS	0	0.000000	0.000000		91.01
91.02	09102	OP TELEMETRY	471,852	0.000000	0.000000		91.02
91.03	09103	OP PSYCH	3,320,317	0.000000	0.000000		91.03
91.04	09104	ICU OTHER	0	0.000000	0.000000		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0.000000	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0.000000	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0.000000	0.000000		98.00
200.00		Total (lines 50-199)	935,749,592			20,079,702	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 8:24 am PPS
Title XVIII		Skilled Nursing Facility	

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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
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 PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	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	03020 OTHER ANCILLARY	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARAMEDICS	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	91.02
91.03	09103 OP PSYCH	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 8:24 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.)
		Cost Reimbursed Subject To Ded. & Coins. (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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.199722	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.577289	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.064929	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.119972	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 05501 HYPERBARIC MEDICINE	0.000000	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0.479922	0	0	0	0	56.02
57.00 05700 CT SCAN	0.027745	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.081092	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.094964	0	0	0	0	59.00
60.00 06000 LABORATORY	0.095194	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.098148	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.217041	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.156990	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.263083	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.059238	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.194668	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.928871	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.609954	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.145158	0	0	1,946	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	2.836906	0	0	0	0	90.01
90.02 09003 HEART FAILURE CLINIC	0.000000	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.265348	0	0	0	0	91.00
91.01 09101 PARAMEDICS	0.000000	0	0	0	0	91.01
91.02 09102 OP TELEMTRY	0.475102	0	0	0	0	91.02
91.03 09103 OP PSYCH	0.242615	0	0	0	0	91.03
91.04 09104 ICU OTHER	0.000000	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)	0	0	1,946	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	1,946	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 8:24 am
	Component CCN: 145102	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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 HYPERBARIC MEDICINE	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.02 05602 MISC NURSING OP	0	0		56.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	282		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETIC EDUCATION OP	0	0		90.01
90.02 09003 HEART FAILURE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARAMEDICS	0	0		91.01
91.02 09102 OP TELEMETRY	0	0		91.02
91.03 09103 OP PSYCH	0	0		91.03
91.04 09104 ICU OTHER	0	0		91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	0	282	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	282	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 8:24 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,972	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,972	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.		1,833	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		57,139	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)		28,110	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)		898	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
<b>SWING BED ADJUSTMENT</b>				
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)		55,437,408	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)		55,437,408	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		116,685,032	28.00
29.00	Private room charges (excluding swing-bed charges)		3,497,561	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		113,187,471	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.475103	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,908.11	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,980.91	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)		55,437,408	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		940.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,425,087	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)		26,425,087	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 8:24 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	9,387,324	4,735	1,982.54	2,350	4,658,969	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					25,386,897	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					56,470,953	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)					2,255,351	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,652,099	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,907,450	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,563,503	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: 140185		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 8:24 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,982,624	55,437,408	0.071840	0	0	90.00
91.00	Nursing School cost	0	55,437,408	0.000000	0	0	91.00
92.00	Allied health cost	0	55,437,408	0.000000	0	0	92.00
93.00	All other Medical Education	0	55,437,408	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 145102		Date/Time Prepared: 5/27/2015 8:24 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,895	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,895	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.		1,208	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,687	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)		15,294	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
<b>SWING BED ADJUSTMENT</b>				
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)		9,181,032	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)		9,181,032	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		6,136,258	28.00
29.00	Private room charges (excluding swing-bed charges)		293,164	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,843,094	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.496194	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		242.69	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		269.43	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)		9,181,032	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
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: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1	
		Component CCN: 145102		Date/Time Prepared: 5/27/2015 8:24 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)				9,181,032 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				401.01 71.00
72.00	Program routine service cost (line 9 x line 71)				6,133,047 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)				6,133,047 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)				6,133,047 83.00
84.00	Program inpatient ancillary services (see instructions)				3,326,988 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				9,460,035 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: 140185 Component CCN: 145102		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 8:24 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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 8:24 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		55,949,964	30.00
31.00	03100	INTENSIVE CARE UNIT		11,322,037	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.199722	15,472,066	3,090,112 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.577289	39,931	23,052 52.00
53.00	05300	ANESTHESIOLOGY	0.064929	2,744,285	178,184 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120845	8,822,303	1,066,131 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	HYPERBARIC MEDICINE	0.000000	0	0 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.02	05602	MISC NURSING OP	0.479922	0	0 56.02
57.00	05700	CT SCAN	0.027745	14,374,937	398,833 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.081092	2,626,890	213,020 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.095299	5,799,576	552,694 59.00
60.00	06000	LABORATORY	0.095381	36,449,699	3,476,609 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.098187	19,161,651	1,881,425 65.00
66.00	06600	PHYSICAL THERAPY	0.217041	3,137,812	681,034 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.156990	578,209	90,773 67.00
68.00	06800	SPEECH PATHOLOGY	0.263083	540,198	142,117 68.00
69.00	06900	ELECTROCARDIOLOGY	0.059238	12,358,343	732,084 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195036	11,294	2,203 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.928871	2,380,026	2,210,737 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.609954	5,769,619	3,519,202 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145158	37,699,619	5,472,401 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	OTHER ANCILLARY	0.000000	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	2.836906	0	0 90.01
90.02	09003	HEART FAILURE CLINIC	0.000000	0	0 90.02
91.00	09100	EMERGENCY	0.265973	6,227,270	1,656,286 91.00
91.01	09101	PARAMEDICS	0.000000	0	0 91.01
91.02	09102	OP TELEMTRY	0.475102	0	0 91.02
91.03	09103	OP PSYCH	0.242615	0	0 91.03
91.04	09104	ICU OTHER	0.000000	0	0 91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		174,193,728	25,386,897 200.00
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)		174,193,728	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 145102		Date/Time Prepared: 5/27/2015 8:24 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		4,108,003	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.199722	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.577289	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064929	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.119972	215,074	25,803 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	HYPERBARIIC MEDICINE	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.02	05602	MISC NURSING OP	0.479922	0	56.02
57.00	05700	CT SCAN	0.027745	9,175	255 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.081092	15,090	1,224 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.094964	0	59.00
60.00	06000	LABORATORY	0.095194	1,999,426	190,333 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.098148	1,244,804	122,175 65.00
66.00	06600	PHYSICAL THERAPY	0.217041	5,687,579	1,234,438 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.156990	4,414,825	693,083 67.00
68.00	06800	SPEECH PATHOLOGY	0.263083	1,051,008	276,502 68.00
69.00	06900	ELECTROCARDIOLOGY	0.059238	80,066	4,743 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194668	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.928871	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.609954	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145158	5,362,655	778,432 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	OTHER ANCILLARY	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETIC EDUCATION OP	2.836906	0	90.01
90.02	09003	HEART FAILURE CLINIC	0.000000	0	90.02
91.00	09100	EMERGENCY	0.265348	0	91.00
91.01	09101	PARAMEDICS	0.000000	0	91.01
91.02	09102	OP TELEMETRY	0.475102	0	91.02
91.03	09103	OP PSYCH	0.242615	0	91.03
91.04	09104	ICU OTHER	0.000000	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		20,079,702	3,326,988 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		20,079,702	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Title XIX	Hospital	Date/Time Prepared: 5/27/2015 8:24 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		12,431,741	30.00
31.00	03100	INTENSIVE CARE UNIT		1,750,784	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		2,628,495	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.199722	2,914,289	582,048 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.577289	3,170,775	1,830,454 52.00
53.00	05300	ANESTHESIOLOGY	0.064929	2,477,497	160,861 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.119972	1,549,840	185,937 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	HYPERBARIC MEDICINE	0.000000	0	0 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.02	05602	MISC NURSING OP	0.479922	0	0 56.02
57.00	05700	CT SCAN	0.027745	3,217,961	89,282 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.081092	534,714	43,361 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.094964	1,196,494	113,624 59.00
60.00	06000	LABORATORY	0.095194	7,603,033	723,763 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.098148	2,424,199	237,930 65.00
66.00	06600	PHYSICAL THERAPY	0.217041	183,570	39,842 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.156990	41,315	6,486 67.00
68.00	06800	SPEECH PATHOLOGY	0.263083	39,232	10,321 68.00
69.00	06900	ELECTROCARDIOLOGY	0.059238	1,802,660	106,786 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194668	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.928871	312,118	289,917 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.609954	520,888	317,718 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145158	8,733,305	1,267,709 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	OTHER ANCILLARY	0.000000	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	2.836906	0	0 90.01
90.02	09003	HEART FAILURE CLINIC	0.000000	0	0 90.02
91.00	09100	EMERGENCY	0.265348	1,161,997	308,334 91.00
91.01	09101	PARAMEDICS	0.000000	0	0 91.01
91.02	09102	OP TELEMETRY	0.475102	0	0 91.02
91.03	09103	OP PSYCH	0.242615	0	0 91.03
91.04	09104	ICU OTHER	0.000000	0	0 91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		37,883,887	6,314,373 200.00
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)		37,883,887	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 8:24 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		38,161,704	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,064,168	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)		802,133	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		316.00	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.73	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.08	31.00
32.00	Sum of lines 30 and 31		24.81	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.68	33.00
34.00	Disproportionate share adjustment (see instructions)		1,215,466	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 8:24 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000389929	0.000377693	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,527,446	2,888,462	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,638,336	728,051	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,366,387		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
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)		55,609,858		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)		55,609,858		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,244,927		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		59,854,785		59.00
60.00	Primary payer payments		30,807		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		59,823,978		61.00
62.00	Deductibles billed to program beneficiaries		5,341,984		62.00
63.00	Coinurance billed to program beneficiaries		112,176		63.00
64.00	Allowable bad debts (see instructions)		1,111,521		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		722,489		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		968,146		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		55,092,307		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 FROM PSR		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)		101,998		70.93
70.94	HRR adjustment amount (see instructions)		-144,668		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 8:24 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)		55,049,637		71.00
71.01	Sequestration adjustment (see instructions)		1,100,993		71.01
72.00	Interim payments		53,739,897		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)		208,747		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)		102,000		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 8:24 am
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		11,942	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,575,158	2.00
3.00	PPS payments		20,001,632	3.00
4.00	Outlier payment (see instructions)		820	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.892	5.00
6.00	Line 2 times line 5		14,785,041	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)		11,942	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		82,097	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)		82,097	14.00
<b>Customary charges</b>				
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)		82,097	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		70,155	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)		11,942	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)		20,002,452	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		169	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,400,573	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)		15,613,652	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)		15,613,652	30.00
31.00	Primary payer payments		8,918	31.00
32.00	Subtotal (line 30 minus line 31)		15,604,734	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		585,544	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		380,604	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		511,465	36.00
37.00	Subtotal (see instructions)		15,985,338	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)		15,985,338	40.00
40.01	Sequestration adjustment (see instructions)		319,707	40.01
41.00	Interim payments		16,089,237	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-423,606	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140185 Component CCN: 145102	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 8:24 am
		Title XVIIII	Skilled Nursing Facility	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		282	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)		282	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		1,946	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)		1,946	14.00
<b>Customary charges</b>				
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)		1,946	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,664	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)		282	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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		282	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)		282	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		282	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		282	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)		282	40.00
40.01	Sequestration adjustment (see instructions)		6	40.01
41.00	Interim payments		381	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-105	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140185

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 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		53,718,147		15,924,269	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/15/2014	21,750	08/15/2014	164,968	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)		21,750		164,968	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)		53,739,897		16,089,237	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		208,747		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		423,606	6.02	
7.00	Total Medicare program liability (see instructions)		53,948,644		15,665,631	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: 140185  
Component CCN: 145102

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 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		5,661,931		381	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)		5,661,931		381	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		77,337		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		105	6.02
7.00	Total Medicare program liability (see instructions)		5,739,268		276	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: 140185

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/27/2015 8:24 am

		Title XVII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			15,386 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			30,460 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			8,437 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			63,707 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,090,650,044 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			5,392,135 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)			1,487,183 8.00
9.00	Sequestration adjustment amount (see instructions)			29,744 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,457,439 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 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)			1,457,439 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VI Date/Time Prepared: 5/27/2015 8:24 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)		6,703,465	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)		6,703,465	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		925,984	7.00
8.00	Allowable bad debts (see instructions)		105,957	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		91,293	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		78,915	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		5,856,396	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)		5,856,396	15.00
15.01	Sequestration adjustment (see instructions)		117,128	15.01
16.00	Interim payments		5,661,931	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)		77,337	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 140185

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

Worksheet G

Date/Time Prepared:  
5/27/2015 8:24 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	30,585,901	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	53,945,998	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,691,991	0	0	0	6.00
7.00	Inventory	2,834,468	0	0	0	7.00
8.00	Prepaid expenses	3,543,952	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	81,218,328	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,486,451	0	0	0	12.00
13.00	Land improvements	5,097,425	0	0	0	13.00
14.00	Accumulated depreciation	-3,970,492	0	0	0	14.00
15.00	Buildings	37,670,664	0	0	0	15.00
16.00	Accumulated depreciation	-30,341,834	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	71,299,640	0	0	0	19.00
20.00	Accumulated depreciation	-43,166,518	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	120,116,530	0	0	0	23.00
24.00	Accumulated depreciation	-97,290,072	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)	60,901,794	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	36,606,647	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	17,172,629	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	53,779,276	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	195,899,398	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	13,529,405	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,103,736	0	0	0	38.00
39.00	Payroll taxes payable	93,663	0	0	0	39.00
40.00	Notes and loans payable (short term)	139,904	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,866,708	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	15,215,251	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	24,351,427	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	39,566,678	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	67,433,386	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	128,466,012				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)	128,466,012	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	195,899,398	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140185

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

Worksheet G-1

Date/Time Prepared:  
5/27/2015 8:24 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		106,162,913		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		20,118,099			2.00
3.00	Total (sum of line 1 and line 2)		126,281,012		0	3.00
4.00	TRANSFER FROM AFFILIATE	2,185,000		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		2,185,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		128,466,012		0	11.00
12.00	TRANSFER TO AFFILIATE	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		128,466,012		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	TRANSFER FROM AFFILIATE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFER TO AFFILIATE		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140185

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/27/2015 8:24 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	116,685,032		116,685,032	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	6,136,258		6,136,258	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	122,821,290		122,821,290	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,993,207		21,993,207	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,993,207		21,993,207	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	144,814,497		144,814,497	17.00
18.00	Ancillary services	392,238,424	491,273,917	883,512,341	18.00
19.00	Outpatient services	12,741,985	44,759,048	57,501,033	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		4,822,979	4,822,979	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	549,794,906	540,855,944	1,090,650,850	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		242,287,718		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		242,287,718		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140185

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

Worksheet G-3

Date/Time Prepared:  
5/27/2015 8:24 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,090,650,850	1.00
2.00	Less contractual allowances and discounts on patients' accounts	831,653,967	2.00
3.00	Net patient revenues (line 1 minus line 2)	258,996,883	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	242,287,718	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,709,165	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	19,322	6.00
7.00	Income from investments	865,754	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	512,256	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	650,897	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	18,173	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	922,904	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	419,628	24.00
25.00	Total other income (sum of lines 6-24)	3,408,934	25.00
26.00	Total (line 5 plus line 25)	20,118,099	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)	20,118,099	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140185

Period: From 01/01/2014

Worksheet H

HHA CCN: 147443

To 12/31/2014

Date/Time Prepared: 5/27/2015 8:24 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	303,776	0	75	0	7,543	311,394
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	884,812	0	47,014	400	0	932,226
7.00	Physical Therapy	396,217	0	36,848	14,231	0	447,296
8.00	Occupational Therapy	27,180	0	984	1,980	0	30,144
9.00	Speech Pathology	0	0	0	2,634	0	2,634
10.00	Medical Social Services	3,143	0	158	0	0	3,301
11.00	Home Health Aide	5,150	0	0	0	0	5,150
12.00	Supplies (see instructions)	0	0	0	0	24,782	24,782
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,620,278	0	85,079	19,245	32,325	1,756,927
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	311,394	0	311,394		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	932,226	0	932,226		6.00
7.00	Physical Therapy	0	447,296	0	447,296		7.00
8.00	Occupational Therapy	0	30,144	0	30,144		8.00
9.00	Speech Pathology	0	2,634	0	2,634		9.00
10.00	Medical Social Services	0	3,301	0	3,301		10.00
11.00	Home Health Aide	0	5,150	0	5,150		11.00
12.00	Supplies (see instructions)	0	24,782	0	24,782		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	0	1,756,927	0	1,756,927		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.  
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COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/27/2015 8:24 am
		HHA CCN: 147443	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	311,394	0	0	0	311,394	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	932,226	0	0	0	932,226	6.00	
7.00	Physical Therapy	447,296	0	0	0	447,296	7.00	
8.00	Occupational Therapy	30,144	0	0	0	30,144	8.00	
9.00	Speech Pathology	2,634	0	0	0	2,634	9.00	
10.00	Medical Social Services	3,301	0	0	0	3,301	10.00	
11.00	Home Health Aide	5,150	0	0	0	5,150	11.00	
12.00	Supplies (see instructions)	24,782	0	0	0	24,782	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,756,927	0	0	0	1,756,927	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	311,394					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	200,819	1,133,045				6.00	
7.00	Physical Therapy	96,356	543,652				7.00	
8.00	Occupational Therapy	6,494	36,638				8.00	
9.00	Speech Pathology	567	3,201				9.00	
10.00	Medical Social Services	711	4,012				10.00	
11.00	Home Health Aide	1,109	6,259				11.00	
12.00	Supplies (see instructions)	5,338	30,120				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		1,756,927				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part II Date/Time Prepared: 5/27/2015 8:24 am
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-311,394	1,445,533
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	932,226
7.00	Physical Therapy	0	0	0	0	0	447,296
8.00	Occupational Therapy	0	0	0	0	0	30,144
9.00	Speech Pathology	0	0	0	0	0	2,634
10.00	Medical Social Services	0	0	0	0	0	3,301
11.00	Home Health Aide	0	0	0	0	0	5,150
12.00	Supplies (see instructions)	0	0	0	0	0	24,782
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-311,394	1,445,533
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		311,394
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.215418

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 147443

To 12/31/2014

Part I Date/Time Prepared: 5/27/2015 8:24 am

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP			
		1.00	1.01	2.00			
	0			4.00	5.01		
1.00 Administrative and General	0	31,146	0	1,891	119,929	8,652	1.00
2.00 Skilled Nursing Care	1,133,045	0	0	0	349,317	0	2.00
3.00 Physical Therapy	543,652	0	0	0	156,424	0	3.00
4.00 Occupational Therapy	36,638	0	0	0	10,730	0	4.00
5.00 Speech Pathology	3,201	0	0	0	0	0	5.00
6.00 Medical Social Services	4,012	0	0	0	1,241	0	6.00
7.00 Home Health Aide	6,259	0	0	0	2,033	0	7.00
8.00 Supplies (see instructions)	30,120	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,756,927	31,146	0	1,891	639,674	8,652	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5.05	5A.05	5.06	
1.00 Administrative and General	164,028	1,113	0	20,512	347,271	46,211	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,482,362	197,259	2.00
3.00 Physical Therapy	0	0	0	0	700,076	93,159	3.00
4.00 Occupational Therapy	0	0	0	0	47,368	6,303	4.00
5.00 Speech Pathology	0	0	0	0	3,201	426	5.00
6.00 Medical Social Services	0	0	0	0	5,253	699	6.00
7.00 Home Health Aide	0	0	0	0	8,292	1,103	7.00
8.00 Supplies (see instructions)	0	0	0	0	30,120	4,008	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	164,028	1,113	0	20,512	2,623,943	349,168	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period:

Worksheet H-2

HHA CCN: 147443

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

Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Home Health  
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
		7.00	7.01	8.00	9.00	9.01	10.00	
1.00	Administrative and General	69,702	0	0	9,172	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	69,702	0	0	9,172	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	27,918	0	1,847	91	25,058	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	27,918	0	1,847	91	25,058	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period:

Worksheet H-2

HHA CCN: 147443

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

Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Home Health  
Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	527,270	0	527,270				1.00
2.00 Skilled Nursing Care	1,679,621	0	1,679,621	343,310	2,022,931		2.00
3.00 Physical Therapy	793,235	0	793,235	162,136	955,371		3.00
4.00 Occupational Therapy	53,671	0	53,671	10,970	64,641		4.00
5.00 Speech Pathology	3,627	0	3,627	741	4,368		5.00
6.00 Medical Social Services	5,952	0	5,952	1,217	7,169		6.00
7.00 Home Health Aide	9,395	0	9,395	1,920	11,315		7.00
8.00 Supplies (see instructions)	34,128	0	34,128	6,976	41,104		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	3,106,899	0	3,106,899	527,270	3,106,899		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.204398			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Prepared: 5/27/2015 8:24 am PPS
			Home Health Agency I	

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (% RESOURCES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00				
1.00 Administrative and General	1,760	0	1,879	303,776	20	160	1.00
2.00 Skilled Nursing Care	0	0	0	884,812	0	0	2.00
3.00 Physical Therapy	0	0	0	396,217	0	0	3.00
4.00 Occupational Therapy	0	0	0	27,180	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	3,143	0	0	6.00
7.00 Home Health Aide	0	0	0	5,150	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,760	0	1,879	1,620,278	20	160	20.00
21.00 Total cost to be allocated	31,146	0	1,891	639,674	8,652	164,028	21.00
22.00 Unit cost multiplier	17.696591	0.000000	1.006386	0.394793	432.600000	1,025.175000	22.00
Cost Center Description	PURCHASING RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.03	5.04	5.05	5A.06	5.06	7.00	
1.00 Administrative and General	11,112	0	4,822,979	0	347,271	1,760	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,482,362	0	2.00
3.00 Physical Therapy	0	0	0	0	700,076	0	3.00
4.00 Occupational Therapy	0	0	0	0	47,368	0	4.00
5.00 Speech Pathology	0	0	0	0	3,201	0	5.00
6.00 Medical Social Services	0	0	0	0	5,253	0	6.00
7.00 Home Health Aide	0	0	0	0	8,292	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	30,120	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	11,112	0	4,822,979	0	2,623,943	1,760	20.00
21.00 Total cost to be allocated	1,113	0	20,512	0	349,168	69,702	21.00
22.00 Unit cost multiplier	0.100162	0.000000	0.004253	0	0.133070	39.603409	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Prepared: 5/27/2015 8:24 am PPS
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Cost Center Description		OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	
		7.01	8.00	9.00	9.01	10.00	11.00	
1.00	Administrative and General	0	0	258	0	0	2,524	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	258	0	0	2,524	20.00
21.00	Total cost to be allocated	0	0	9,172	0	0	27,918	21.00
22.00	Unit cost multiplier	0.000000	0.000000	35.550388	0.000000	0.000000	11.061014	22.00
Cost Center Description		NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
		13.00	14.00	15.00	16.00	17.00		
1.00	Administrative and General	0	1,090	100	59	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	1,090	100	59	0		20.00
21.00	Total cost to be allocated	0	1,847	91	25,058	0		21.00
22.00	Unit cost multiplier	0.000000	1.694495	0.910000	424.711864	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/27/2015 8:24 am
		HHA CCN: 147443	Title XVIII	Home Health Agency I

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,022,931		2,022,931	7,307	276.85	1.00
2.00	Physical Therapy	3.00	955,371	0	955,371	6,371	149.96	2.00
3.00	Occupational Therapy	4.00	64,641	0	64,641	401	161.20	3.00
4.00	Speech Pathology	5.00	4,368	0	4,368	28	156.00	4.00
5.00	Medical Social Services	6.00	7,169		7,169	18	398.28	5.00
6.00	Home Health Aide	7.00	11,315		11,315	79	143.23	6.00
7.00	Total (sum of lines 1-6)		3,065,795	0	3,065,795	14,204		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 + col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	0	4,460		8.00
9.00	Physical Therapy		41180	0	3,338		9.00
10.00	Occupational Therapy		41180	0	230		10.00
11.00	Speech Pathology		41180	0	20		11.00
12.00	Medical Social Services		41180	0	6		12.00
13.00	Home Health Aide		41180	0	70		13.00
14.00	Total (sum of lines 8-13)			0	8,124		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	41,104	0	41,104	32,516	1.264116	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	4,460		0	1,234,751	1.00
2.00	Physical Therapy	0	3,338		0	500,566	2.00
3.00	Occupational Therapy	0	230		0	37,076	3.00
4.00	Speech Pathology	0	20		0	3,120	4.00
5.00	Medical Social Services	0	6		0	2,390	5.00
6.00	Home Health Aide	0	70		0	10,026	6.00
7.00	Total (sum of lines 1-6)	0	8,124		0	1,787,929	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140185  
HHA CCN: 147443

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

Worksheet H-3  
Part I  
Date/Time Prepared:  
5/27/2015 8:24 am

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B						
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
<b>Supplies and Drugs Cost Computations</b>								
15.00	Cost of Medical Supplies	0	0	0			15.00	
16.00	Cost of Drugs		0	0	0	0	16.00	
<b>Cost Center Description</b>								
	Total Program Cost (sum of col.s. 9-10)							
	12.00							
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>								
<b>Cost Per Visit Computation</b>								
1.00	Skilled Nursing Care	1,234,751						1.00
2.00	Physical Therapy	500,566						2.00
3.00	Occupational Therapy	37,076						3.00
4.00	Speech Pathology	3,120						4.00
5.00	Medical Social Services	2,390						5.00
6.00	Home Health Aide	10,026						6.00
7.00	Total (sum of lines 1-6)	1,787,929						7.00
<b>Cost Center Description</b>								
	12.00							
<b>Limitation Cost Computation</b>								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140185

Period:

Worksheet H-3

HHA CCN: 147443

From 01/01/2014

Part II

To 12/31/2014

Date/Time Prepared:

Title XVIII

Home Health Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.217041	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.156990	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.263083	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.928871	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.145158	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2015 8:24 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount 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(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,637,158
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		0	49,333
14.00	Total PPS Reimbursement - PEP Episodes		0	18,218
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,704,709
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,704,709
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,704,709
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,704,709
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,704,709
31.01	Sequestration adjustment (see instructions)		0	34,095
32.00	Interim payments (see instructions)		0	1,670,614
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140185  
HHA CCN: 147443

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

Worksheet H-5  
Date/Time Prepared:  
5/27/2015 8:24 am  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,670,614	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			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			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. H-4, Part II, column as appropriate, line 32)		0		1,670,614	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,670,614	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140185	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 8:24 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,989,053	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		50,438	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)		175.99	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.73	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.08	8.00
9.00	Sum of lines 7 and 8		24.81	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.15	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		205,436	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,244,927	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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