

Riverside Medical Center

Medicare/Medicaid Cost Report

Fiscal Year Ended 12.31.2014

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/28/2015 5:43 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: _____ Time: _____
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 RIVERSIDE MEDICAL CENTER (140186) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	879,052	-207,079	-72,168	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	107,931	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	599	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	986,983	-206,480	-72,168	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 5:43 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 350 NORTH WALL STREET	PO Box:							1.00		
2.00	City: KANKAKEE	State: IL		Zip Code: 60901		County: USA			2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
		V			XVIII			XIX			
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	RI VERSI DE MEDI CAL CENTER	140186	28100	1	01/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF	RI VERSI DE MEDI CAL CENTER - RHB	14T186	28100	5	01/01/1984	N	P	O	5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF									7.00	
8.00	Swing Beds - NF									8.00	
9.00	Hospital-Based SNF									9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA	RI VERSI DE MEDI CAL CENTER - HHA	147400	28100		01/01/1984	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	PEMBROKE RURAL HEALTH CLINIC	143976	28100		01/01/1987	N	O	N	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.						1		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	11,527	5,615	0	0	229	0		24.00		

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		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		
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.	274	103	0	0	54		25.00	
							Urban/Rural	Date of Geogr	
							1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
							Beginning:	Ending:	
							1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.					0		37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.							38.00	
							Y/N	Y/N	
							1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
							V	XVII	XIX
							1.00	2.00	3.00
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					N			60.00
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N				0.00	0.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00				61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00				61.02	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00				61.03
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
	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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00		0.000000	64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

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	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	
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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
			1.00	2.00	3.00		
		Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		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)		N		0		71.00
		Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y				75.00

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		1.00	2.00	3.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N	N	0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.		N		110.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 5:43 pm		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02		
119.00	DO NOT USE THIS LINE			119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
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:	141.00	
142.00	Street:	PO Box:			142.00	
143.00	City:	State:		Zip Code:	143.00	
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		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	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 5:43 pm		
							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	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							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	168.00
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	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				07/01/2014	09/30/2014	170.00	
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 5:43 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		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.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/06/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 5:43 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	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.			Y	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	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.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RICARD		SCHILTZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	RI VERSI DE MEDI CAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-935-7256 X3492		RI CHARD-SCHI LTZ@RI VERSI DEHEA LTHCARE.	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	05/06/2015		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		DIRECTOR OF FINANCE	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

HFS Supplemental Information		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/28/2015 5:43 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 5:43 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle V	
	1. 00	2. 00	3. 00	4. 00	5. 00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	210	76,650	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)		210	76,650	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	13	4,745	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		241	87,965	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	64	23,360		0	16.00
17.00 SUBPROVIDER - IRF	41.00	25	9,125		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		330			0	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: 140186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 5:43 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,831	5,808	36,023			1.00
2.00 HMO and other (see instructions)	2,125	2,995				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	63	194				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)	13,831	5,808	36,023			7.00
8.00 INTENSIVE CARE UNIT	2,080	36	3,684			8.00
9.00 CORONARY CARE UNIT	750	400	1,228			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		1,313	2,314			13.00
14.00 Total (see instructions)	16,661	7,557	43,249	17.83	1,550.26	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,834	6,819	8,949	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	5,713	237	7,370	0.00	35.09	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	18,069	1,271	23,049	0.00	38.04	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	505	0	3,525	0.00	3.86	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)				17.83	1,627.25	27.00
28.00 Observation Bed Days		82	457			28.00
29.00 Ambulance Trips	2,285					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 5:43 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	3,803	1,801	9,362	1.00
2.00 HMO and other (see instructions)				410	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		3,803	1,801	9,362	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		239	549	933	16.00
17.00 SUBPROVIDER - IRF	0.00	0		498	26	653	17.00
18.00 SUBPROVIDER	0.00	0		0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
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: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/28/2015 5:43 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	100,743,906	2,972,694	103,716,600	3,347,638.00	30.98	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		2,603,104	0	2,603,104	16,424.00	158.49	5.00
6.00	Non-physician-Part B		102,077	0	102,077	6,195.00	16.48	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		1,130,057	0	1,130,057	37,086.00	30.47	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		28,814,553	982,288	29,796,841	635,220.00	46.91	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,499,814	0	1,499,814	16,662.00	90.01	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		523,240	0	523,240	2,791.00	187.47	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		19,872,655	0	19,872,655			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,894,989	0	4,894,989			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		176,263	0	176,263			23.00
24.00	Wage-related costs (RHC/FQHC)		37,581	0	37,581			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	493,285	0	493,285	17,477.00	28.22	26.00
27.00	Administrative & General	5.00	13,905,356	2,650,158	16,555,514	499,892.00	33.12	27.00
28.00	Administrative & General under contract (see inst.)		697,494	0	697,494	3,856.00	180.89	28.00
29.00	Maintenance & Repairs	6.00	1,434,387	51,792	1,486,179	52,681.00	28.21	29.00
30.00	Operation of Plant	7.00	446,016	29,357	475,373	26,117.00	18.20	30.00
31.00	Laundry & Linen Service	8.00	360,465	7,977	368,442	30,378.00	12.13	31.00
32.00	Housekeeping	9.00	1,360,896	20,599	1,381,495	105,273.00	13.12	32.00
33.00	Housekeeping under contract (see instructions)		197,914	0	197,914	4,320.00	45.81	33.00
34.00	Dietary	10.00	1,263,647	-840,020	423,627	35,065.00	12.08	34.00
35.00	Dietary under contract (see instructions)		306,747	0	306,747	7,680.00	39.94	35.00
36.00	Cafeteria	11.00	0	857,767	857,767	69,548.00	12.33	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,545,516	-1,303,862	1,241,654	54,365.00	22.84	38.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140186

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2015 5:43 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
39.00	Central Services and Supply	14.00 346,076	11,583	357,659	21,676.00	16.50	39.00
40.00	Pharmacy	15.00 2,033,941	-2,033,941	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00 1,302,267	35,911	1,338,178	62,588.00	21.38	41.00
42.00	Social Service	17.00 1,818,087	-1,197,864	620,223	19,347.00	32.06	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140186

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2015 5:43 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	98,110,823	2,972,694	101,083,517	3,303,789.00	30.60	1.00
2.00	Excluded area salaries (see instructions)	28,814,553	982,288	29,796,841	635,220.00	46.91	2.00
3.00	Subtotal salaries (line 1 minus line 2)	69,296,270	1,990,406	71,286,676	2,668,569.00	26.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,023,054	0	2,023,054	19,453.00	104.00	4.00
5.00	Subtotal wage-related costs (see inst.)	19,872,655	0	19,872,655	0.00	27.88	5.00
6.00	Total (sum of lines 3 thru 5)	91,191,979	1,990,406	93,182,385	2,688,022.00	34.67	6.00
7.00	Total overhead cost (see instructions)	28,512,094	-1,710,543	26,801,551	1,010,263.00	26.53	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2015 5:43 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,062,398	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	11,109,910	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	251,389	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	689,817	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)	321,650	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,224,346	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,968,554	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	68,000	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	2,342	22.00
23.00	Tuition Reimbursement	283,082	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,981,488	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/28/2015 5:43 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			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			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140186 Component CCN: 147400		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/28/2015 5:43 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			KANKAKEE		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	1,324	90	216	1,630 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	1,073.00	64.00	451.00	1,570.00 2.00	
				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 3.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00 4.00	
5.00	Other Administrative Personnel			14.18	0.00	14.18 5.00	
6.00	Direct Nursing Service			11.51	0.00	11.51 6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00 7.00	
8.00	Physical Therapy Service			9.64	0.00	9.64 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			1.81	0.00	1.81 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			0.11	0.00	0.11 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			0.01	0.00	0.01 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			0.78	0.00	0.78 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	Other (specify)			0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16580		20.00	
20.01				16974		20.01	
20.02				28100		20.02	
20.03				99914		20.03	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,420	169	398	121	9,108 21.00	
22.00	Skilled Nursing Visit Charges	1,860,759	41,000	69,751	25,250	1,996,760 22.00	
23.00	Physical Therapy Visits	6,569	10	162	125	6,866 23.00	
24.00	Physical Therapy Visit Charges	1,731,128	2,750	36,025	33,000	1,802,903 24.00	
25.00	Occupational Therapy Visits	1,008	3	6	43	1,060 25.00	
26.00	Occupational Therapy Visit Charges	275,275	825	1,650	11,825	289,575 26.00	
27.00	Speech Pathology Visits	190	0	0	17	207 27.00	
28.00	Speech Pathology Visit Charges	51,425	0	0	4,675	56,100 28.00	
29.00	Medical Social Service Visits	25	0	1	1	27 29.00	
30.00	Medical Social Service Visit Charges	6,875	0	275	275	7,425 30.00	
31.00	Home Health Aide Visits	753	4	4	40	801 31.00	
32.00	Home Health Aide Visit Charges	55,875	300	300	3,000	59,475 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	16,965	186	571	347	18,069 33.00	
34.00	Other Charges	0	0	0	0	0 34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,981,337	44,875	108,001	78,025	4,212,238 35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,190		142	23	1,355 36.00	
37.00	Total Number of Outlier Episodes		5		1	6 37.00	
38.00	Total Non-Routine Medical Supply Charges	393	0	248	0	641 38.00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2014 To 12/31/2014	Worksheet S-8 Date/Time Prepared: 5/28/2015 5:43 pm Cost	
		Rural Health Clinic (RHC) I		1.00	
1.00	Clinic Address and Identification Street		3400 SOUTH MAIN		1.00
		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County		HOPKINS PARK IL 6094400000		2.00
				1.00	
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0 3.00
		Grant Award	Date		
		1.00	2.00		
4.00		Source of Federal Funds			
5.00		Community Health Center (Section 330(d), PHS Act)		0	4.00
6.00		Migrant Health Center (Section 329(d), PHS Act)		0	5.00
7.00		Health Services for the Homeless (Section 340(d), PHS Act)		0	6.00
8.00		Appalachian Regional Commission		0	7.00
9.00		Look-Alikes		0	8.00
9.00		OTHER (SPECIFY)		0	9.00
				1.00	2.00
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0 10.00
		Sunday		Monday	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
				5.00	
11.00	Facility hours of operations (1) Clinic		09:00	17:00	09:00 11.00
				1.00	2.00
12.00	Have you received an approval for an exception to the productivity standard?		N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N		0 13.00
		Provider name		CCN number	
		1.00		2.00	
14.00	Provider name, CCN number				14.00
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
				Total Visits	
				5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)		N		0 15.00
		County		4.00	
2.00	City, State, Zip Code, County		KANKAKEE		2.00
		Tuesday		Wednesday	
		to	from	to	from
		6.00	7.00	8.00	9.00
		Thursday		to	
				10.00	
11.00	Facility hours of operations (1) Clinic		17:00	09:00	17:00 11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2014 To 12/31/2014	Worksheet S-8 Date/Time Prepared: 5/28/2015 5:43 pm Cost
		Rural Health Clinic (RHC) I	

	Friday		Saturday			
	from	to	from	to		
	11.00	09:00	17:00	13:00		

Facility hours of operations (1)

Clinic

09:00

17:00

13:00

14:00

11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/28/2015 5:43 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.242395		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		22,726,694		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		336,300		5.00	
6.00	Medicaid charges		126,997,989		6.00	
7.00	Medicaid cost (line 1 times line 6)		30,783,678		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)		7,720,684		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		7,720,684		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		1,503,842	1,663,189	3,167,031	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		364,524	403,149	767,673	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		364,524	403,149	767,673	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		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,618,181		6,618,181	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,062,716		1,062,716	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		5,555,465		5,555,465	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,346,617		1,346,617	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,114,290		2,114,290	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,834,974		9,834,974	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/28/2015 5:43 pm
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,415,924		9,126,210
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,181,515		10,652,139
3.00	00300	OTHER CAP REL COSTS		0		0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	493,285	25,718,310	-1,874,686	24,336,909
5.01	01160	COMMUNICATIONS	0	1,196,483	0	1,196,483
5.02	00550	DATA PROCESSING	2,341,914	6,469,634	52,086	8,863,634
5.03	00591	PURCHASING	628,613	1,277,963	-812,356	1,094,220
5.05	00590	BUSINESS OFFICE	3,877,025	711,389	4,588,414	4,669,671
5.06	00592	OTHER ADMIN & GENERAL	7,057,804	24,754,368	31,812,172	31,880,053
6.00	00600	MAINTENANCE & REPAIRS	1,434,387	6,232,294	7,666,681	7,718,473
7.00	00700	OPERATION OF PLANT	446,016	46,087	492,103	521,460
8.00	00800	LAUNDRY & LINEN SERVICE	360,465	112,069	472,534	480,511
9.00	00900	HOUSEKEEPING	1,360,896	812,461	2,173,357	2,193,956
10.00	01000	DIETARY	1,263,647	2,195,479	3,459,126	1,128,286
11.00	01100	CAFETERIA	0	0	0	2,348,587
13.00	01300	NURSING ADMINISTRATION	2,545,516	71,504	2,617,020	-1,303,862
14.00	01400	CENTRAL SERVICES & SUPPLY	346,076	416,106	762,182	11,583
15.00	01500	PHARMACY	2,033,941	3,082,539	5,116,480	-4,186,372
16.00	01600	MEDICAL RECORDS & LIBRARY	1,302,267	464,732	1,766,999	-55,405
17.00	01700	SOCIAL SERVICE	1,818,087	223,933	2,042,020	-1,190,864
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	137,216	1,731,754	1,868,970	1,963
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,528,989	626,287	10,155,276	-164,333
31.00	03100	INTENSIVE CARE UNIT	627,879	58,689	686,568	32,758
32.00	03200	CORONARY CARE UNIT	2,420,435	206,274	2,626,709	62,360
40.00	04000	SUBPROVIDER - I PF	3,899,082	541,580	4,440,662	67,534
41.00	04100	SUBPROVIDER - I RF	1,815,819	1,013,906	2,829,725	53,002
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	896,962	230,864	1,127,826	37,698
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,531,539	6,506,694	10,038,233	328,372
51.00	05100	RECOVERY ROOM	1,588,934	149,321	1,738,255	402,229
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,396,752	153,007	1,549,759	29,910
53.00	05300	ANESTHESIOLOGY	77,859	454,423	532,282	357,561
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,914,438	891,977	3,806,415	249,438
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	174,664	332,574	507,238	2,626
54.02	05404	ULTRASOUND	473,934	105,248	579,182	9,523
55.00	05500	RADIOLOGY-THERAPEUTIC	1,159,262	8,559,609	9,718,871	-5,892,910
57.00	05700	CT SCAN	605,355	178,302	783,657	10,219
58.00	05800	MRI	215,671	83,589	299,260	6,692
59.00	05900	CARDIAC CATHETERIZATION	975,667	2,704,507	3,680,174	96,768
60.00	06000	LABORATORY	2,311,435	4,929,220	7,240,655	92,790
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	179,677	581,151	760,828	824,517
65.00	06500	RESPIRATORY THERAPY	1,364,727	285,318	1,650,045	55,622
66.00	06600	PHYSICAL THERAPY	2,461,267	422,831	2,884,098	136,861
69.00	06900	ELECTROCARDIOLOGY	1,719,672	417,416	2,137,088	85,101
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	824,841
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,839,602	11,839,602	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,339,639
75.01	03955	RENAL DIALYSIS (IP)	0	327,702	327,702	0
76.00	03956	CARDIAC REHAB	222,465	8,447	230,912	22,857
76.01	03950	OP PSY/CDU	871,768	53,511	925,279	109,049
76.02	03957	RI MMS	792,357	326,265	1,118,622	14,810
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0
76.04	03952	PAIN CLINIC	0	0	0	0
76.05	03953	DIABETES	307,422	22,290	329,712	3,958
76.98	07698	HYPERBARIC OXYGEN THERAPY	406,658	400,692	807,350	19,569
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	216,954	51,362	268,316	11,039
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
91.00	09100	EMERGENCY	3,138,635	937,944	4,076,579	260,626
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	773,499	25,749	799,248	37,436
93.00	04951	INFUSION	438,279	2,711,987	3,150,266	-2,263,261
93.01	04950	COMMUNITY HEALTH CENTERS	2,689,043	922,026	3,611,069	-701,771
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,792,186	325,796	3,117,982	148,752

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	2,836,511	237,045	3,073,556	70,843	3,144,399	101.00
SPECIAL PURPOSE COST CENTERS							
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
113.00	11300 INTEREST EXPENSE		6,942,168	6,942,168	-873,057	6,069,111	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	83,272,951	148,679,917	231,952,868	-990,725	230,962,143	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	13,325	6,666	19,991	0	19,991	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	17,010,756	4,174,737	21,185,493	986,620	22,172,113	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	446,874	-243,548	203,326	4,105	207,431	193.00
200.00	TOTAL (SUM OF LINES 118-199)	100,743,906	152,617,772	253,361,678	0	253,361,678	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT	0	9,126,210	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	0	10,652,139	2.00
3.00	00300 OTHER CAP REL COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-91,599	24,245,310	4.00
5.01	01160 COMMUNICATIONS	-1,159	1,195,324	5.01
5.02	00550 DATA PROCESSING	0	8,863,634	5.02
5.03	00591 PURCHASING	0	1,094,220	5.03
5.05	00590 BUSINESS OFFICE	0	4,669,671	5.05
5.06	00592 OTHER ADMIN & GENERAL	-10,990,519	20,889,534	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	7,718,473	6.00
7.00	00700 OPERATION OF PLANT	0	521,460	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	480,511	8.00
9.00	00900 HOUSEKEEPING	0	2,193,956	9.00
10.00	01000 DIETARY	-14,476	1,113,810	10.00
11.00	01100 CAFETERIA	-1,561,117	787,470	11.00
13.00	01300 NURSING ADMINISTRATION	0	1,313,158	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	773,765	14.00
15.00	01500 PHARMACY	0	930,108	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	5,747	1,717,341	16.00
17.00	01700 SOCIAL SERVICE	-4,407	846,749	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A	-34,990	1,835,943	22.00
23.00	02301 PARAMEDICAL EDUCATION PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-146,598	9,844,345	30.00
31.00	03100 INTENSIVE CARE UNIT	-2,878	716,448	31.00
32.00	03200 CORONARY CARE UNIT	0	2,689,069	32.00
40.00	04000 SUBPROVIDER - IPF	-98,602	4,409,594	40.00
41.00	04100 SUBPROVIDER - IRF	30,340	2,913,067	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	1,165,524	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-143,694	10,222,911	50.00
51.00	05100 RECOVERY ROOM	0	2,140,484	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,579,669	52.00
53.00	05300 ANESTHESIOLOGY	-355,000	534,843	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-1,854	4,053,999	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	509,864	54.01
54.02	05404 ULTRASOUND	0	588,705	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	-38,330	3,787,631	55.00
57.00	05700 CT SCAN	0	793,876	57.00
58.00	05800 MRI	0	305,952	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,776,942	59.00
60.00	06000 LABORATORY	-27,886	7,305,559	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	1,585,345	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,705,667	65.00
66.00	06600 PHYSICAL THERAPY	0	3,020,959	66.00
69.00	06900 ELECTROCARDIOLOGY	-692,938	1,529,251	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	-22,073	802,768	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	11,839,602	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-4,365	12,335,274	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	327,702	75.01
76.00	03956 CARDIAC REHAB	0	253,769	76.00
76.01	03950 OP PSY/CDU	-138,176	896,152	76.01
76.02	03957 RIMMS	-402,147	731,285	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	76.04
76.05	03953 DIABETES	0	333,670	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	-2,810	824,109	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	-105,184	174,171	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100 EMERGENCY	-95,150	4,242,055	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT			92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	836,684	92.01
93.00	04951 INFUSION	0	887,005	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	-1,625,402	1,283,896	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	-518,048	2,748,686	95.00
99.10	09910 CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
101.00	10100	HOME HEALTH AGENCY	0	3,144,399	101.00
SPECIAL PURPOSE COST CENTERS					
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
113.00	11300	INTEREST EXPENSE	-6,069,111	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-23,152,426	207,809,717	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	19,991	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	22,172,113	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	207,431	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-23,152,426	230,209,252	200.00

COST CENTERS USED IN COST REPORT		Provi der CCN: 140186	Peri od: From 01/01/2014 To 12/31/2014	Worksheet Non-CMS W Date/Time Prepared: 5/28/2015 5:43 pm
Cost Center Descri ption		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	COMMUNI CATIONS	01160	COMMUNI CATIONS	5.01
5.02	DATA PROCESSING	00550	DATA PROCESSING	5.02
5.03	PURCHASING	00591		5.03
5.05	BUSI NESS OFFICE	00590		5.05
5.06	OTHER ADMIN & GENERAL	00592		5.06
6.00	MAI NTENANCE & REPAI RS	00600		6.00
7.00	OPERATI ON OF PLANT	00700		7.00
8.00	LAUNDRY & LI NEN SERVI CE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DI ETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSI NG ADMI NI STRATI ON	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDI CAL RECORDS & LI BRARY	01600		16.00
17.00	SOCI AL SERVI CE	01700		17.00
21.00	I & R SERVI CES-SALARY & FRINGES A	02100		21.00
22.00	I & R SERVI CES-OTHER PRGM COSTS A	02200		22.00
23.00	PARAMEDI CAL EDUCATI ON PRGM	02301		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDI ATRI CS	03000		30.00
31.00	INTENSI VE CARE UNI T	03100		31.00
32.00	CORONARY CARE UNI T	03200		32.00
40.00	SUBPROVI DER - I PF	04000		40.00
41.00	SUBPROVI DER - I RF	04100		41.00
42.00	SUBPROVI DER	04200		42.00
43.00	NURSERY	04300		43.00
ANCI LLARY SERVI CE COST CENTERS				
50.00	OPERATI NG ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELI VERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESI OLOGY	05300		53.00
54.00	RADI OLOGY-DI AGNOSTI C	05400		54.00
54.01	NUCLEAR MEDI CI NE-DI AGNOSTI C	05401		54.01
54.02	ULTRASOUND	05404		54.02
55.00	RADI OLOGY-THERAPEUTI C	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDI AC CATHETERI ZATI ON	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD	06200		62.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPI RATORY THERAPY	06500		65.00
66.00	PHYSI CAL THERAPY	06600		66.00
69.00	ELECTROCARDI OLOGY	06900		69.00
71.00	MEDI CAL SUPPLI ES CHARGED TO PAT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
75.01	RENAL DI ALYSI S (I P)	03955		75.01
76.00	CARDI AC REHAB	03956		76.00
76.01	OP PSY/CDU	03950		76.01
76.02	RI MMS	03957		76.02
76.03	GENETI C/OAK PLAZA CLI NI CS	03951		76.03
76.04	PAIN CLI NIC	03952		76.04
76.05	DI ABETES	03953		76.05
76.98	HYPERBARI C OXYGEN THERAPY	07698	HYPERBARI C OXYGEN THERAPY	76.98
OUTPATIENT SERVI CE COST CENTERS				
88.00	RURAL HEALTH CLI NIC	08800		88.00
89.00	FEDERALLY QUALI FIED HEALTH CENTER	08900		89.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATI ON BEDS (NON-DI STI NCT	09200		92.00
92.01	OBSERVATI ON BEDS (DI STI NCT PART)	09202		92.01
93.00	INFUSI ON	04951		93.00
93.01	COMMUNI TY HEALTH CENTERS	04950		93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVI CES	09500		95.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140186

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

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT FLOWER COFFEE SHOP & CAN	19000		190.00
191.00	RESEARCH	19100		191.00
191.01	SENIOR ADVAN	19101		191.01
191.02	CARE-A-VAN	19102		191.02
192.00	PHYSICIANS PRIVATE OFFICES	19200		192.00
192.01	REFERENCE LAB	19201		192.01
192.02	MEALS ON WHEELS	19202		192.02
193.00	NONPAID WORKERS	19300		193.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140186

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

Worksheet A-6

Date/Time Prepared:
5/28/2015 5:43 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - PROFESSIONAL FEES						
1.00	SOCIAL SERVICE	17.00	0	7,000	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	11,250	2.00	
3.00	OPERATING ROOM	50.00	0	192,462	3.00	
4.00	ANESTHESIOLOGY	53.00	0	355,000	4.00	
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	69,145	5.00	
6.00	LABORATORY	60.00	0	55,150	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	21,500	7.00	
8.00	OP PSY/CDU	76.01	0	78,763	8.00	
9.00	HYPERBARIC OXYGEN THERAPY	76.98	0	5,625	9.00	
10.00	EMERGENCY	91.00	0	95,150	10.00	
11.00	PHYSICIANS PRIVATE OFFICES	192.00	0	58,475	11.00	
	0		0	949,520		
B - BONUSES AND VACATION ACCRUAL						
1.00	DATA PROCESSING	5.02	52,086	0	1.00	
2.00	PURCHASING	5.03	24,063	0	2.00	
3.00	BUSINESS OFFICE	5.05	81,257	0	3.00	
4.00	OTHER ADMIN & GENERAL	5.06	1,248,142	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	51,792	0	5.00	
6.00	OPERATION OF PLANT	7.00	29,357	0	6.00	
7.00	LAUNDRY & LINEN SERVICE	8.00	7,977	0	7.00	
8.00	HOUSEKEEPING	9.00	20,599	0	8.00	
9.00	DIETARY	10.00	17,747	0	9.00	
10.00	NURSING ADMINISTRATION	13.00	127,675	0	10.00	
11.00	CENTRAL SERVICES & SUPPLY	14.00	4,172	0	11.00	
12.00	PHARMACY	15.00	47,049	0	12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	35,911	0	13.00	
14.00	SOCIAL SERVICE	17.00	46,746	0	14.00	
15.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	1,963	0	15.00	
16.00	ADULTS & PEDIATRICS	30.00	236,581	0	16.00	
17.00	INTENSIVE CARE UNIT	31.00	13,679	0	17.00	
18.00	CORONARY CARE UNIT	32.00	32,179	0	18.00	
19.00	SUBPROVIDER - IRF	41.00	27,556	0	19.00	
20.00	NURSERY	43.00	18,491	0	20.00	
21.00	OPERATING ROOM	50.00	60,286	0	21.00	
22.00	RECOVERY ROOM	51.00	33,690	0	22.00	
23.00	ANESTHESIOLOGY	53.00	894	0	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	63,119	0	24.00	
25.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	2,626	0	25.00	
26.00	ULTRASOUND	54.02	9,523	0	26.00	
27.00	RADIOLOGY-THERAPEUTIC	55.00	32,548	0	27.00	
28.00	CT SCAN	57.00	10,219	0	28.00	
29.00	MRI	58.00	6,692	0	29.00	
30.00	CARDIAC CATHETERIZATION	59.00	13,219	0	30.00	
31.00	LABORATORY	60.00	37,640	0	31.00	
32.00	INTRAVENOUS THERAPY	64.00	4,848	0	32.00	
33.00	RESPIRATORY THERAPY	65.00	20,893	0	33.00	
34.00	PHYSICAL THERAPY	66.00	61,245	0	34.00	
35.00	ELECTROCARDIOLOGY	69.00	24,163	0	35.00	
36.00	CARDIAC REHAB	76.00	3,807	0	36.00	
37.00	OP PSY/CDU	76.01	15,192	0	37.00	
38.00	RIIMS	76.02	14,810	0	38.00	
39.00	DIABETES	76.05	3,958	0	39.00	
40.00	HYPERBARIC OXYGEN THERAPY	76.98	7,292	0	40.00	
41.00	RURAL HEALTH CLINIC	88.00	1,803	0	41.00	
42.00	EMERGENCY	91.00	48,270	0	42.00	
43.00	OBSERVATION BEDS (DISTINCT PART)	92.01	8,446	0	43.00	
44.00	INFUSION	93.00	7,092	0	44.00	
45.00	COMMUNITY HEALTH CENTERS	93.01	36,165	0	45.00	
46.00	AMBULANCE SERVICES	95.00	49,666	0	46.00	
47.00	HOME HEALTH AGENCY	101.00	70,843	0	47.00	
48.00	PHYSICIANS PRIVATE OFFICES	192.00	385,764	0	48.00	
49.00	NONPAID WORKERS	193.00	4,105	0	49.00	
	0		3,163,840	0		
C - CAFETERIA						
1.00	CAFETERIA	11.00	857,767	1,490,820	1.00	
	0		857,767	1,490,820		
D - NURSING ADMINISTRATION						
1.00	CENTRAL SERVICES & SUPPLY	14.00	7,411	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	130,801	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	7,829	0	3.00	
4.00	CORONARY CARE UNIT	32.00	30,181	0	4.00	

RECLASSIFICATIONS

Provider CCN: 140186

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

Worksheet A-6
Date/Time Prepared:
5/28/2015 5:43 pm

		Increases			
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
5.00	SUBPROVIDER - IRF	41.00	55,786	0	5.00
6.00	NURSERY	43.00	19,207	0	6.00
7.00	OPERATING ROOM	50.00	75,624	0	7.00
8.00	RECOVERY ROOM	51.00	34,025	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	29,910	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	16,635	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	83,549	0	11.00
12.00	INTRAVENOUS THERAPY	64.00	3,848	0	12.00
13.00	RESPIRATORY THERAPY	65.00	13,229	0	13.00
14.00	PHYSICAL THERAPY	66.00	75,616	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	60,938	0	15.00
16.00	CARDIAC REHAB	76.00	19,050	0	16.00
17.00	OP PSY/CDU	76.01	15,094	0	17.00
18.00	HYPERBARIC OXYGEN THERAPY	76.98	6,652	0	18.00
19.00	EMERGENCY	91.00	117,206	0	19.00
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	28,990	0	20.00
21.00	AMBULANCE SERVICES	95.00	99,086	0	21.00
22.00	ANESTHESIOLOGY	53.00	1,667	0	22.00
23.00	SUBPROVIDER - IPF	40.00	67,534	0	23.00
	O		999,868	0	
E - COST OF GOODS SOLD					
1.00	INTRAVENOUS THERAPY	64.00	0	186,951	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	824,841	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,977,058	3.00
	O		0	2,988,850	
F - UTILIZATION REVIEW					
1.00	OTHER ADMIN & GENERAL	5.06	1,244,610	0	1.00
	O		1,244,610	0	
G - RECOVERY ROOM					
1.00	RECOVERY ROOM	51.00	334,514	0	1.00
	O		334,514	0	
H - IV THERAPY					
1.00	INTRAVENOUS THERAPY	64.00	628,870	0	1.00
	O		628,870	0	
I - INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,289,154	1.00
	O		0	1,289,154	
J - INTEREST					
1.00	OTHER ADMIN & GENERAL	5.06	0	873,057	1.00
	O		0	873,057	
K - RADIOLOGY					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	186,319	0	1.00
	O		186,319	0	
L - ESTABLISH OTHER CRC					
1.00	OTHER CAP REL COSTS	3.00	0	1,180,910	1.00
	O		0	1,180,910	
M - NEW LIFE GRANT					
1.00	NONPAID WORKERS	193.00	0	191,146	1.00
	O		0	191,146	
N - RX SALARIES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	2,080,990	0	1.00
	O		2,080,990	0	
O - FLOAT NURSING					
1.00	ADULTS & PEDIATRICS	30.00	431,669	0	1.00
	O		431,669	0	
P - CHC DIRECTORS					
1.00	RURAL HEALTH CLINIC	88.00	7,645	1,591	1.00
2.00	PHYSICIANS PRIVATE OFFICES	192.00	599,413	129,287	2.00
	O		607,058	130,878	
Q - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,281,591	1.00
2.00		0.00	0	0	2.00
	O		0	8,281,591	
R - IT CONTRACT LABOR					
1.00	OTHER ADMIN & GENERAL	5.06	0	91,316	1.00
	TOTALS		0	91,316	
500.00	Grand Total: Increases		10,535,505	17,467,242	500.00

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - PROFESSIONAL FEES						
1.00 OTHER ADMIN & GENERAL	5.06	0	919,180	0		1.00
2.00 SUBPROVIDER - IRF	41.00	0	30,340	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
0		0	949,520			
B - BONUSES AND VACATION ACCRUAL						
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,163,840	0		1.00
2.00	0.00	0	0	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
12.00	0.00	0	0	0		12.00
13.00	0.00	0	0	0		13.00
14.00	0.00	0	0	0		14.00
15.00	0.00	0	0	0		15.00
16.00	0.00	0	0	0		16.00
17.00	0.00	0	0	0		17.00
18.00	0.00	0	0	0		18.00
19.00	0.00	0	0	0		19.00
20.00	0.00	0	0	0		20.00
21.00	0.00	0	0	0		21.00
22.00	0.00	0	0	0		22.00
23.00	0.00	0	0	0		23.00
24.00	0.00	0	0	0		24.00
25.00	0.00	0	0	0		25.00
26.00	0.00	0	0	0		26.00
27.00	0.00	0	0	0		27.00
28.00	0.00	0	0	0		28.00
29.00	0.00	0	0	0		29.00
30.00	0.00	0	0	0		30.00
31.00	0.00	0	0	0		31.00
32.00	0.00	0	0	0		32.00
33.00	0.00	0	0	0		33.00
34.00	0.00	0	0	0		34.00
35.00	0.00	0	0	0		35.00
36.00	0.00	0	0	0		36.00
37.00	0.00	0	0	0		37.00
38.00	0.00	0	0	0		38.00
39.00	0.00	0	0	0		39.00
40.00	0.00	0	0	0		40.00
41.00	0.00	0	0	0		41.00
42.00	0.00	0	0	0		42.00
43.00	0.00	0	0	0		43.00
44.00	0.00	0	0	0		44.00
45.00	0.00	0	0	0		45.00
46.00	0.00	0	0	0		46.00
47.00	0.00	0	0	0		47.00
48.00	0.00	0	0	0		48.00
49.00	0.00	0	0	0		49.00
0		0	3,163,840			
C - CAFETERIA						
1.00 DIETARY	10.00	857,767	1,490,820	0		1.00
0		857,767	1,490,820			
D - NURSING ADMINISTRATION						
1.00 NURSING ADMINISTRATION	13.00	999,868	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
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
7.00	0.00	0	0	0	0	7.00	
8.00	0.00	0	0	0	0	8.00	
9.00	0.00	0	0	0	0	9.00	
10.00	0.00	0	0	0	0	10.00	
11.00	0.00	0	0	0	0	11.00	
12.00	0.00	0	0	0	0	12.00	
13.00	0.00	0	0	0	0	13.00	
14.00	0.00	0	0	0	0	14.00	
15.00	0.00	0	0	0	0	15.00	
16.00	0.00	0	0	0	0	16.00	
17.00	0.00	0	0	0	0	17.00	
18.00	0.00	0	0	0	0	18.00	
19.00	0.00	0	0	0	0	19.00	
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
0		999,868	0				
E - COST OF GOODS SOLD							
1.00	5.03	0	836,419	0		1.00	
2.00	15.00	0	2,152,431	0		2.00	
3.00	0.00	0	0	0		3.00	
0		0	2,988,850				
F - UTILIZATION REVIEW							
1.00	17.00	1,244,610	0	0		1.00	
0		1,244,610	0				
G - RECOVERY ROOM							
1.00	30.00	334,514	0	0		1.00	
0		334,514	0				
H - IV THERAPY							
1.00	30.00	628,870	0	0		1.00	
0		628,870	0				
I - INSURANCE							
1.00	5.06	0	1,289,154	0		1.00	
0		0	1,289,154				
J - INTEREST							
1.00	113.00	0	873,057	0		1.00	
0		0	873,057				
K - RADIOLOGY							
1.00	192.00	186,319	0	0		1.00	
0		186,319	0				
L - ESTABLISH OTHER CRC							
1.00	5.06	0	1,180,910	0		1.00	
0		0	1,180,910				
M - NEW LIFE GRANT							
1.00	193.00	191,146	0	0		1.00	
0		191,146	0				
N - RX SALARIES							
1.00	15.00	2,080,990	0	0		1.00	
0		2,080,990	0				
O - FLOAT NURSING							
1.00	13.00	431,669	0	0		1.00	
0		431,669	0				
P - CHC DIRECTORS							
1.00	93.01	7,645	1,591	0		1.00	
2.00	93.01	599,413	129,287	0		2.00	
0		607,058	130,878				
Q - BILLABLE DRUGS							
1.00	55.00	0	6,011,238	0		1.00	
2.00	93.00	0	2,270,353	0		2.00	
0		0	8,281,591				
R - IT CONTRACT LABOR							
1.00	16.00	0	91,316	0		1.00	
TOTALS		0	91,316				
500.00	Grand Total: Decreases	7,562,811	20,439,936			500.00	

RECLASSIFICATIONS

Provider CCN: 140186

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2015 5:43 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - PROFESSIONAL FEES									
1.00	SOCIAL SERVICE	17.00	0	7,000	OTHER ADMIN & GENERAL	5.06	0	919,180	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	11,250	SUBPROVIDER - IRF	41.00	0	30,340	2.00
3.00	OPERATING ROOM	50.00	0	192,462		0.00	0	0	3.00
4.00	ANESTHESIOLOGY	53.00	0	355,000		0.00	0	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	69,145		0.00	0	0	5.00
6.00	LABORATORY	60.00	0	55,150		0.00	0	0	6.00
7.00	RESPIRATORY THERAPY	65.00	0	21,500		0.00	0	0	7.00
8.00	OP PSY/CDU	76.01	0	78,763		0.00	0	0	8.00
9.00	HYPERBARIC OXYGEN THERAPY	76.98	0	5,625		0.00	0	0	9.00
10.00	EMERGENCY	91.00	0	95,150		0.00	0	0	10.00
11.00	PHYSICIANS PRIVATE OFFICES	192.00	0	58,475		0.00	0	0	11.00
	0		0	949,520	0		0	949,520	
B - BONUSES AND VACATION ACCRUAL									
1.00	DATA PROCESSING	5.02	52,086	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,163,840	1.00
2.00	PURCHASING	5.03	24,063	0		0.00	0	0	2.00
3.00	BUSINESS OFFICE	5.05	81,257	0		0.00	0	0	3.00
4.00	OTHER ADMIN & GENERAL	5.06	1,248,142	0		0.00	0	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	51,792	0		0.00	0	0	5.00
6.00	OPERATION OF PLANT	7.00	29,357	0		0.00	0	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	7,977	0		0.00	0	0	7.00
8.00	HOUSEKEEPING	9.00	20,599	0		0.00	0	0	8.00
9.00	DIETARY	10.00	17,747	0		0.00	0	0	9.00
10.00	NURSING	13.00	127,675	0		0.00	0	0	10.00
11.00	ADMINISTRATION	14.00	4,172	0		0.00	0	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	15.00	47,049	0		0.00	0	0	12.00
13.00	PHARMACY	16.00	35,911	0		0.00	0	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	17.00	46,746	0		0.00	0	0	14.00
15.00	SOCIAL SERVICE	22.00	1,963	0		0.00	0	0	15.00
16.00	I&R SERVICES-OTHER PRGM COSTS A	30.00	236,581	0		0.00	0	0	16.00
17.00	ADULTS & PEDIATRICS	31.00	13,679	0		0.00	0	0	17.00
18.00	INTENSIVE CARE UNIT	32.00	32,179	0		0.00	0	0	18.00
19.00	CORONARY CARE UNIT	41.00	27,556	0		0.00	0	0	19.00
20.00	SUBPROVIDER - IRF	43.00	18,491	0		0.00	0	0	20.00
21.00	NURSERY	50.00	60,286	0		0.00	0	0	21.00
22.00	OPERATING ROOM	51.00	33,690	0		0.00	0	0	22.00
23.00	RECOVERY ROOM	53.00	894	0		0.00	0	0	23.00
24.00	ANESTHESIOLOGY	54.00	63,119	0		0.00	0	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.01	2,626	0		0.00	0	0	25.00
26.00	NUCLEAR	54.02	9,523	0		0.00	0	0	26.00
27.00	MEDICINE-DIAGNOSTIC	55.00	32,548	0		0.00	0	0	27.00
28.00	ULTRASOUND	57.00	10,219	0		0.00	0	0	28.00
29.00	RADIOLOGY-THERAPEUTIC	58.00	6,692	0		0.00	0	0	29.00
30.00	MRI	59.00	13,219	0		0.00	0	0	30.00
31.00	CARDIAC	60.00	37,640	0		0.00	0	0	31.00
32.00	CATHETERIZATION	64.00	4,848	0		0.00	0	0	32.00
33.00	LABORATORY	65.00	20,893	0		0.00	0	0	33.00
34.00	INTRAVENOUS THERAPY	66.00	61,245	0		0.00	0	0	34.00
35.00	RESPIRATORY THERAPY	69.00	24,163	0		0.00	0	0	35.00
36.00	PHYSICAL THERAPY	76.00	3,807	0		0.00	0	0	36.00
37.00	ELECTROCARDIOLOGY	76.01	15,192	0		0.00	0	0	37.00
38.00	CARDIAC REHAB	76.02	14,810	0		0.00	0	0	38.00
39.00	OP PSY/CDU	76.05	3,958	0		0.00	0	0	39.00
40.00	RIIMS	76.98	7,292	0		0.00	0	0	40.00
41.00	DIABETES	88.00	1,803	0		0.00	0	0	41.00
42.00	HYPERBARIC OXYGEN THERAPY	91.00	48,270	0		0.00	0	0	42.00
43.00	RURAL HEALTH CLINIC	92.01	8,446	0		0.00	0	0	43.00
44.00	EMERGENCY	93.00	7,092	0		0.00	0	0	44.00
45.00	OBSERVATION BEDS (DISTINCT PART)	93.01	36,165	0		0.00	0	0	45.00
46.00	INFUSION	95.00	49,666	0		0.00	0	0	46.00
47.00	COMMUNITY HEALTH CENTERS	101.00	70,843	0		0.00	0	0	47.00
	AMBULANCE SERVICES			0					
	HOME HEALTH AGENCY			0					

RECLASSI FI CATI ONS

Provi der CCN: 140186

Peri od:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2015 5:43 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
48.00	PHYSICIANS PRIVATE OFFICES	192.00	385,764	0		0.00			48.00
49.00	NONPAID WORKERS	193.00	4,105	0		0.00			49.00
			3,163,840	0				3,163,840	
C - CAFETERIA									
1.00	CAFETERIA	11.00	857,767	1,490,820	DIETARY	10.00	857,767	1,490,820	1.00
			857,767	1,490,820			857,767	1,490,820	
D - NURSING ADMINISTRATION									
1.00	CENTRAL SERVICES & SUPPLY	14.00	7,411	0	NURSING ADMINISTRATION	13.00	999,868	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	130,801	0		0.00	0	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	7,829	0		0.00	0	0	3.00
4.00	CORONARY CARE UNIT	32.00	30,181	0		0.00	0	0	4.00
5.00	SUBPROVIDER - I RF	41.00	55,786	0		0.00	0	0	5.00
6.00	NURSERY	43.00	19,207	0		0.00	0	0	6.00
7.00	OPERATING ROOM	50.00	75,624	0		0.00	0	0	7.00
8.00	RECOVERY ROOM	51.00	34,025	0		0.00	0	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	29,910	0		0.00	0	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	16,635	0		0.00	0	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	83,549	0		0.00	0	0	11.00
12.00	INTRAVENOUS THERAPY	64.00	3,848	0		0.00	0	0	12.00
13.00	RESPIRATORY THERAPY	65.00	13,229	0		0.00	0	0	13.00
14.00	PHYSICAL THERAPY	66.00	75,616	0		0.00	0	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	60,938	0		0.00	0	0	15.00
16.00	CARDIAC REHAB	76.00	19,050	0		0.00	0	0	16.00
17.00	OP PSY/CDU	76.01	15,094	0		0.00	0	0	17.00
18.00	HYPERBARI C OXYGEN THERAPY	76.98	6,652	0		0.00	0	0	18.00
19.00	EMERGENCY	91.00	117,206	0		0.00	0	0	19.00
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	28,990	0		0.00	0	0	20.00
21.00	AMBULANCE SERVICES	95.00	99,086	0		0.00	0	0	21.00
22.00	ANESTHESIOLOGY	53.00	1,667	0		0.00	0	0	22.00
23.00	SUBPROVIDER - I PF	40.00	67,534	0		0.00	0	0	23.00
			999,868	0			999,868	0	
E - COST OF GOODS SOLD									
1.00	INTRAVENOUS THERAPY	64.00	0	186,951	PURCHASING	5.03	0	836,419	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	824,841	PHARMACY	15.00	0	2,152,431	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,977,058		0.00	0	0	3.00
			0	2,988,850			0	2,988,850	
F - UTILIZATION REVIEW									
1.00	OTHER ADMIN & GENERAL	5.06	1,244,610	0	SOCIAL SERVICE	17.00	1,244,610	0	1.00
			1,244,610	0			1,244,610	0	
G - RECOVERY ROOM									
1.00	RECOVERY ROOM	51.00	334,514	0	ADULTS & PEDIATRICS	30.00	334,514	0	1.00
			334,514	0			334,514	0	
H - IV THERAPY									
1.00	INTRAVENOUS THERAPY	64.00	628,870	0	ADULTS & PEDIATRICS	30.00	628,870	0	1.00
			628,870	0			628,870	0	
I - INSURANCE									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,289,154	OTHER ADMIN & GENERAL	5.06	0	1,289,154	1.00
			0	1,289,154			0	1,289,154	
J - INTEREST									
1.00	OTHER ADMIN & GENERAL	5.06	0	873,057	INTEREST EXPENSE	113.00	0	873,057	1.00
			0	873,057			0	873,057	
K - RADIOLOGY									
1.00	RADIOLOGY-DIAGNOSTIC	54.00	186,319	0	PHYSICIANS PRIVATE OFFICES	192.00	186,319	0	1.00
			186,319	0			186,319	0	
L - ESTABLISH OTHER CRC									
1.00	OTHER CAP REL COSTS	3.00	0	1,180,910	OTHER ADMIN & GENERAL	5.06	0	1,180,910	1.00
			0	1,180,910			0	1,180,910	
M - NEW LIFE GRANT									
1.00	NONPAID WORKERS	193.00	0	191,146	NONPAID WORKERS	193.00	191,146	0	1.00
			0	191,146			191,146	0	
N - RX SALARIES									
1.00	DRUGS CHARGED TO PATIENTS	73.00	2,080,990	0	PHARMACY	15.00	2,080,990	0	1.00
			2,080,990	0			2,080,990	0	

RECLASSIFICATIONS

Provider CCN: 140186

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2015 5:43 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	O - FLOAT NURSING								
1.00	ADULTS & PEDIATRICS	30.00	431,669		NURSING	13.00	431,669		1.00
					ADMINISTRATION				
			431,669				431,669		
	P - CHC DIRECTORS								
1.00	RURAL HEALTH CLINIC	88.00	7,645	1,591	COMMUNITY HEALTH	93.01	7,645	1,591	1.00
2.00	PHYSICIANS PRIVATE	192.00	599,413	129,287	CENTERS		599,413	129,287	2.00
	OFFICES				COMMUNITY HEALTH				
			607,058	130,878	CENTERS		607,058	130,878	
	Q - BILLABLE DRUGS								
1.00	DRUGS CHARGED TO	73.00	0	8,281,591	RADIOLOGY-THERAPEUTIC	55.00	0	6,011,238	1.00
	PATIENTS								
2.00		0.00	0	0	INFUSION	93.00	0	2,270,353	2.00
			0	8,281,591			0	8,281,591	
	R - IT CONTRACT LABOR								
1.00	OTHER ADMIN & GENERAL	5.06	0	91,316	MEDICAL RECORDS &	16.00	0	91,316	1.00
					LIBRARY				
	TOTALS		0	91,316	TOTALS		0	91,316	
500.00	Grand Total : Increases		10,535,505	17,467,242	Grand Total : Decreases		7,562,811	20,439,936	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2015 5:43 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,974,131	0	0	0	1.00
2.00	Land Improvements	2,578,407	1,224,266	0	1,224,266	2.00
3.00	Buildings and Fixtures	160,126,982	71,704,162	0	71,704,162	3.00
4.00	Building Improvements	26,290,707	25,929,271	0	25,929,271	4.00
5.00	Fixed Equipment	3,312,534	1,506,210	0	1,506,210	5.00
6.00	Movable Equipment	135,688,886	63,514,458	0	63,514,458	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	335,971,647	163,878,367	0	163,878,367	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	335,971,647	163,878,367	0	163,878,367	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,974,131	0			1.00
2.00	Land Improvements	3,802,673	2,358,102			2.00
3.00	Buildings and Fixtures	231,831,144	29,487,629			3.00
4.00	Building Improvements	52,219,978	15,258,455			4.00
5.00	Fixed Equipment	4,818,744	2,604,273			5.00
6.00	Movable Equipment	199,203,344	138,397,082			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	499,850,014	188,105,541			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	499,850,014	188,105,541			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,415,924	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,181,515	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,597,439	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	8,415,924				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,181,515				2.00
3.00	Total (sum of lines 1-2)	0	18,597,439				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	300,646,670	0	300,646,670	0.601474	261,149	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	199,203,344	0	199,203,344	0.398526	173,033	2.00
3.00	Total (sum of lines 1-2)	499,850,014	0	499,850,014	1.000000	434,182	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	449,137	0	710,286	8,415,924	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	297,591	0	470,624	10,181,515	0	2.00
3.00	Total (sum of lines 1-2)	746,728	0	1,180,910	18,597,439	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	261,149	449,137	0	9,126,210	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	173,033	297,591	0	10,652,139	2.00
3.00	Total (sum of lines 1-2)	0	434,182	746,728	0	19,778,349	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-1,159	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	-3,469,587			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,854	RADIOLOGY-DIAGNOSTIC	54.00	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	-1,316,590	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-22,073	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	16.00
17.00 Sale of drugs to other than patients	B	-4,365	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	5,747	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	B	-14,476	DIETARY	10.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 FAMILY RESOURCE	B	-1,050	OTHER ADMIN & GENERAL	5.06		0	33.00
33.01 ACLS REVENUE	B	-12,773	AMBULANCE SERVICES	95.00		0	33.01
33.02 GOURMET COFFEE	B	-244,527	CAFETERIA	11.00		0	33.02
33.03 AMBULANCE REVENUE	B	-505,275	AMBULANCE SERVICES	95.00		0	33.03
33.04 MISCELLANEOUS INCOME	B	-69,456	OTHER ADMIN & GENERAL	5.06		0	33.04
33.05 IHA AND AHA DUES	A	-33,533	OTHER ADMIN & GENERAL	5.06		0	33.05
33.06 VOCATIONAL TRAINING	A	-45,378	ADULTS & PEDIATRICS	30.00		0	33.06
33.07 VOCATIONAL TRAINING	A	-54,029	OP PSY/CDU	76.01		0	33.07
33.08 NON-ALLOWABLE MARKETING	A	-457,981	OTHER ADMIN & GENERAL	5.06		0	33.08
33.09 NON-ALLOWABLE ADMIN	A	-347,981	OTHER ADMIN & GENERAL	5.06		0	33.09
33.10 CHARITY CARE	A	-78,928	OTHER ADMIN & GENERAL	5.06		0	33.10
33.11 NON-ALLOWABLE INTEREST	A	-6,196,006	INTEREST EXPENSE	113.00		0	33.11
33.12 MEDICAID ASSESSMENT	A	-9,098,387	OTHER ADMIN & GENERAL	5.06		0	33.12
33.13 INTEREST INCOME	B	126,895	INTEREST EXPENSE	113.00		0	33.13
33.14 REAL ESTATE TAX	A	-746,728	OTHER ADMIN & GENERAL	5.06		0	33.14
33.15 NON OPERATING INC UNRESTRICT DONOR	B	-13,917	OTHER ADMIN & GENERAL	5.06		0	33.15
33.16 NURSE PRACTITIONER PART B BENEFITS	A	-91,599	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.16
33.17 NURSE PRACTITIONER PART B SALARIES	A	-60,791	ELECTROCARDIOLOGY	69.00		0	33.17
33.18 NURSE PRACTITIONER PART B SALARIES	A	-136,723	RI MMS	76.02		0	33.18
33.19 NURSE PRACTITIONER PART B SALARIES	A	-60,880	RURAL HEALTH CLINIC	88.00		0	33.19
33.20 NURSE PRACTITIONER PART B SALARIES	A	-100,420	COMMUNITY HEALTH CENTERS	93.01		0	33.20
33.21 VOCATIONAL TRAINING	A	-98,602	SUBPROVIDER - IPF	40.00		0	33.21
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,152,426					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: 140186

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2015 5:43 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	30.00	ADULTS & PEDIATRICS	60,000	60,000	1.00
2.00	0.00	FACILITY RENT	0	0	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		60,000	60,000	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	A	RESOLVE CENTER	0.00	OAKSIDE CORP	0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140186

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2015 5:43 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	9		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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	CHEM DEPENDENCY		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			Provi der CCN: 140186		Peri od: From 01/01/2014 To 12/31/2014		Worksheet A-8-2 Date/Time Prepared: 5/28/2015 5:43 pm	
Wkst. A Line #	Cost Center/Physi ci an I denti fi er	Total Remunerati on	Professi onal Component	Provi der Component	RCE Amount	Physi ci an/Provi der Component Hours		
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	5.06 OTHER ADMIN & GENERAL	231,980	27,928	204,052	154,100	1,207	1.00	
2.00	17.00 SOCIAL SERVICE	7,000	0	7,000	154,100	35	2.00	
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS A	34,990	34,990	0	154,100	0	3.00	
4.00	30.00 ADULTS & PEDIATRICS	101,220	101,220	0	154,100	0	4.00	
5.00	41.00 SUBPROVIDER - IRF	-30,340	-30,340	0	154,100	0	5.00	
6.00	50.00 OPERATING ROOM	192,462	33,000	159,462	204,100	497	6.00	
7.00	53.00 ANESTHESIOLOGY	355,000	355,000	0	200,300	0	7.00	
8.00	55.00 RADIOLOGY-THERAPEUTIC	69,145	9,945	59,200	200,300	320	8.00	
9.00	60.00 LABORATORY	55,150	0	55,150	154,100	368	9.00	
10.00	65.00 RESPIRATORY THERAPY	21,500	0	21,500	219,500	215	10.00	
11.00	76.01 OP PSY/CDU	84,147	84,147	0	154,100	0	11.00	
12.00	76.02 RIMMS	265,424	265,424	0	154,100	0	12.00	
13.00	91.00 EMERGENCY	95,150	95,150	0	154,100	0	13.00	
14.00	93.01 COMMUNITY HEALTH CENTERS	1,524,982	1,524,982	0	154,100	0	14.00	
15.00	88.00 RURAL HEALTH CLINIC	44,304	44,304	0	154,100	0	15.00	
16.00	31.00 INTENSIVE CARE UNIT	11,250	0	11,250	154,100	113	16.00	
17.00	76.98 HYPERBARIC OXYGEN THERAPY	5,625	0	5,625	154,100	38	17.00	
18.00	69.00 ELECTROCARDIOLOGY	632,147	632,147	0	154,100	0	18.00	
200.00		3,701,136	3,177,897	523,239		2,793	200.00	
Wkst. A Line #	Cost Center/Physi ci an I denti fi er	Unadj usted RCE Li mi t	5 Percent of Unadj usted RCE Li mi t	Cost of Membershi ps & Conti nui ng Educati on	Provi der Component Share of col . 12	Physi ci an Cost of Mal practi ce I nsurance		
1.00	2.00	8.00	9.00	12.00	13.00	14.00		
1.00	5.06 OTHER ADMIN & GENERAL	89,422	4,471	0	0	0	1.00	
2.00	17.00 SOCIAL SERVICE	2,593	130	0	0	0	2.00	
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	3.00	
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	4.00	
5.00	41.00 SUBPROVIDER - IRF	0	0	0	0	0	5.00	
6.00	50.00 OPERATING ROOM	48,768	2,438	0	0	0	6.00	
7.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	7.00	
8.00	55.00 RADIOLOGY-THERAPEUTIC	30,815	1,541	0	0	0	8.00	
9.00	60.00 LABORATORY	27,264	1,363	0	0	0	9.00	
10.00	65.00 RESPIRATORY THERAPY	22,689	1,134	0	0	0	10.00	
11.00	76.01 OP PSY/CDU	0	0	0	0	0	11.00	
12.00	76.02 RIMMS	0	0	0	0	0	12.00	
13.00	91.00 EMERGENCY	0	0	0	0	0	13.00	
14.00	93.01 COMMUNITY HEALTH CENTERS	0	0	0	0	0	14.00	
15.00	88.00 RURAL HEALTH CLINIC	0	0	0	0	0	15.00	
16.00	31.00 INTENSIVE CARE UNIT	8,372	419	0	0	0	16.00	
17.00	76.98 HYPERBARIC OXYGEN THERAPY	2,815	141	0	0	0	17.00	
18.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0	18.00	
200.00		232,738	11,637	0	0	0	200.00	
Wkst. A Line #	Cost Center/Physi ci an I denti fi er	Provi der Component Share of col . 14	Adj usted RCE Li mi t	RCE Di sal lowance	Adj ustment			
1.00	2.00	15.00	16.00	17.00	18.00			
1.00	5.06 OTHER ADMIN & GENERAL	0	89,422	114,630	142,558		1.00	
2.00	17.00 SOCIAL SERVICE	0	2,593	4,407	4,407		2.00	
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	34,990		3.00	
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	101,220		4.00	
5.00	41.00 SUBPROVIDER - IRF	0	0	0	-30,340		5.00	
6.00	50.00 OPERATING ROOM	0	48,768	110,694	143,694		6.00	
7.00	53.00 ANESTHESIOLOGY	0	0	0	355,000		7.00	
8.00	55.00 RADIOLOGY-THERAPEUTIC	0	30,815	28,385	38,330		8.00	
9.00	60.00 LABORATORY	0	27,264	27,886	27,886		9.00	
10.00	65.00 RESPIRATORY THERAPY	0	22,689	0	0		10.00	
11.00	76.01 OP PSY/CDU	0	0	0	84,147		11.00	
12.00	76.02 RIMMS	0	0	0	265,424		12.00	
13.00	91.00 EMERGENCY	0	0	0	95,150		13.00	
14.00	93.01 COMMUNITY HEALTH CENTERS	0	0	0	1,524,982		14.00	
15.00	88.00 RURAL HEALTH CLINIC	0	0	0	44,304		15.00	
16.00	31.00 INTENSIVE CARE UNIT	0	8,372	2,878	2,878		16.00	
17.00	76.98 HYPERBARIC OXYGEN THERAPY	0	2,815	2,810	2,810		17.00	
18.00	69.00 ELECTROCARDIOLOGY	0	0	0	632,147		18.00	
200.00		0	232,738	291,690	3,469,587		200.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,126,210	9,126,210			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,652,139		10,652,139		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	24,245,310	41,880	3,247	24,290,437	4.00
5.01 01160	COMMUNICATIONS	1,195,324	2,497	0	0	1,197,821 5.01
5.02 00550	DATA PROCESSING	8,863,634	135,583	3,185,211	656,302	83,399 5.02
5.03 00591	PURCHASING	1,094,220	277,974	236,341	212,000	15,637 5.03
5.05 00590	BUSINESS OFFICE	4,669,671	160,447	72,795	1,221,720	47,955 5.05
5.06 00592	OTHER ADMIN & GENERAL	20,889,534	753,400	289,160	2,163,959	248,116 5.06
6.00 00600	MAINTENANCE & REPAIRS	7,718,473	218,839	538,259	394,287	40,657 6.00
7.00 00700	OPERATION OF PLANT	521,460	1,967,309	216,456	168,663	17,722 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	480,511	59,313	4,855	151,764	1,042 8.00
9.00 00900	HOUSEKEEPING	2,193,956	36,084	69,951	424,055	8,340 9.00
10.00 01000	DIETARY	1,113,810	151,827	72,942	137,433	14,595 10.00
11.00 01100	CAFETERIA	787,470	138,927	0	288,128	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,313,158	0	72,748	174,999	16,680 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	773,765	94,699	28,466	89,299	4,170 14.00
15.00 01500	PHARMACY	930,108	35,163	19,541	0	10,425 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,717,341	84,340	9,033	386,811	53,167 16.00
17.00 01700	SOCIAL SERVICE	846,749	7,892	7,805	148,643	9,382 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	1,835,943	3,864	1,097	31,095	1,042 22.00
23.00 02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,844,345	947,806	144,114	2,643,993	170,968 30.00
31.00 03100	INTENSIVE CARE UNIT	716,448	57,842	191,589	173,094	10,425 31.00
32.00 03200	CORONARY CARE UNIT	2,689,069	77,801	9,238	638,551	9,382 32.00
40.00 04000	SUBPROVIDER - I/PF	4,409,594	0	10,346	828,182	0 40.00
41.00 04100	SUBPROVIDER - I/RF	2,913,067	118,879	25,282	462,512	14,595 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,165,524	25,711	5,906	262,102	4,170 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,222,911	233,225	1,675,635	930,091	28,147 50.00
51.00 05100	RECOVERY ROOM	2,140,484	61,587	21,907	515,135	21,892 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,579,669	78,217	128,406	382,893	6,255 52.00
53.00 05300	ANESTHESIOLOGY	534,843	6,064	4,269	19,184	1,042 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,053,999	148,082	922,366	856,806	16,680 54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	509,864	7,282	14,296	43,789	2,085 54.01
54.02 05404	ULTRASOUND	588,705	6,717	88,357	105,466	4,170 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	3,787,631	0	572,426	175,384	16,680 55.00
57.00 05700	CT SCAN	793,876	8,545	98,914	113,144	6,255 57.00
58.00 05800	MRI	305,952	17,715	359,022	38,507	6,255 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,776,942	51,644	316,828	305,814	5,212 59.00
60.00 06000	LABORATORY	7,305,559	100,034	248,210	613,474	34,402 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0 62.00
64.00 06400	INTRAVENOUS THERAPY	1,585,345	0	0	202,110	2,085 64.00
65.00 06500	RESPIRATORY THERAPY	1,705,667	18,607	183,360	372,907	7,297 65.00
66.00 06600	PHYSICAL THERAPY	3,020,959	272,326	32,483	661,566	30,232 66.00
69.00 06900	ELECTROCARDIOLOGY	1,529,251	41,345	203,428	321,637	16,680 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	802,768	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,839,602	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,335,274	0	0	484,062	0 73.00
75.01 03955	RENAL DIALYSIS (IP)	327,702	0	0	0	0 75.01
76.00 03956	CARDIAC REHAB	253,769	27,227	15,460	77,450	4,170 76.00
76.01 03950	OP PSY/CDU	896,152	174,328	2,802	245,786	0 76.01
76.02 03957	RIMMS	731,285	58,719	29,623	190,509	12,510 76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04 03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05 03953	DIABETES	333,670	7,342	1,238	87,150	4,170 76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	824,109	22,411	324	66,870	0 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	174,171	86,391	3,982	38,403	4,170 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	4,242,055	129,074	90,485	700,076	55,252 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	836,684	70,667	2,400	177,598	0 92.01
93.00 04951	INFUSION	887,005	0	2,801	110,869	0 93.00
93.01 04950	COMMUNITY HEALTH CENTERS	1,283,896	439,446	15,189	378,434	2,085 93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	2,748,686	95,293	148,794	870,664	4,170	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	3,144,399	42,326	113,815	692,638	19,807	101.00
SPECIAL PURPOSE COST CENTERS							
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
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	207,809,717	7,602,691	10,511,202	21,436,008	1,093,572	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	19,082	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
191.01 19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102	CARE-A-VAN	19,991	0	0	1,592	0	191.02
192.00 19200	PHYSICIANS PRIVATE OFFICES	22,172,113	958,328	140,937	2,803,446	50,040	192.00
192.01 19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300	NONPAID WORKERS	207,431	546,109	0	49,391	54,209	193.00
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)	230,209,252	9,126,210	10,652,139	24,290,437	1,197,821	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/28/2015 5:43 pm			
Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	12,924,129				5.02
5.03	00591	PURCHASING	205,798	2,041,970			5.03
5.05	00590	BUSINESS OFFICE	1,989,383	429	8,162,400		5.05
5.06	00592	OTHER ADMIN & GENERAL	2,016,820	404	0	26,361,393	5.06
6.00	00600	MAINTENANCE & REPAIRS	288,118	1,885	0	9,200,518	6.00
7.00	00700	OPERATION OF PLANT	233,238	62	0	3,124,910	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,196	0	698,681	8.00
9.00	00900	HOUSEKEEPING	82,319	1,852	0	2,816,557	9.00
10.00	01000	DIETARY	137,199	520	0	1,628,326	10.00
11.00	01100	CAFETERIA	0	0	0	1,214,525	11.00
13.00	01300	NURSING ADMINISTRATION	150,919	170	0	1,728,674	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68,599	14,399	0	1,073,397	14.00
15.00	01500	PHARMACY	260,678	58,573	0	1,314,488	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	397,877	39	0	2,648,608	16.00
17.00	01700	SOCIAL SERVICE	288,118	5	0	1,308,594	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	19	0	1,873,060	22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,330,829	17,032	290,508	15,389,595	30.00
31.00	03100	INTENSIVE CARE UNIT	109,759	2,648	52,967	1,314,772	31.00
32.00	03200	CORONARY CARE UNIT	123,479	7,743	17,715	3,572,978	32.00
40.00	04000	SUBPROVIDER - I PF	0	1,229	133,616	5,382,967	40.00
41.00	04100	SUBPROVIDER - I RF	205,798	2,029	62,459	3,804,621	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	41,160	4,729	23,757	1,533,059	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	342,997	320,995	819,225	14,573,226	50.00
51.00	05100	RECOVERY ROOM	192,078	4,394	127,804	3,085,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,880	8,158	58,315	2,296,793	52.00
53.00	05300	ANESTHESIOLOGY	0	23,341	282,596	871,339	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	315,557	23,811	564,357	6,901,658	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	13,720	12,897	49,311	653,244	54.01
54.02	05404	ULTRASOUND	82,319	5,661	124,285	1,005,680	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	150,919	15,465	145,382	4,863,887	55.00
57.00	05700	CT SCAN	109,759	10,785	534,935	1,676,213	57.00
58.00	05800	MRI	123,479	5,422	146,559	1,002,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,440	178,925	476,511	5,139,316	59.00
60.00	06000	LABORATORY	850,633	329,406	1,052,213	10,533,931	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	41,160	15,995	64,616	1,911,311	64.00
65.00	06500	RESPIRATORY THERAPY	109,759	16,265	152,555	2,566,417	65.00
66.00	06600	PHYSICAL THERAPY	850,633	14,226	212,067	5,094,492	66.00
69.00	06900	ELECTROCARDIOLOGY	164,639	4,125	175,599	2,456,704	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	111,116	913,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	836,559	330,500	13,006,661	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,066,166	13,885,502	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	7,922	335,624	75.01
76.00	03956	CARDIAC REHAB	96,039	221	12,143	486,479	76.00
76.01	03950	OP PSY/CDU	164,639	1,140	97,361	1,582,208	76.01
76.02	03957	RI MMS	0	7,745	11,568	1,041,959	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	68,599	96	7,396	509,661	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,137	20,834	940,685	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	178	4,974	312,269	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	342,997	32,940	659,889	6,252,768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	961	84,105	1,172,415	92.01
93.00	04951	INFUSION	0	25,226	47,481	1,073,382	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	589	29,399	2,149,038	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	96,039	981	53,052	4,017,679	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	480,196	3,682	51,142	4,548,005	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

Period:
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Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,608,572	2,021,289	8,162,400	202,850,345	22,823,374
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	19,082	2,468
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	21,583	2,791
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	18,440	0	26,143,304	3,380,818
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	315,557	2,241	0	1,174,938	151,942
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	12,924,129	2,041,970	8,162,400	230,209,252	26,361,393

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/28/2015 5:43 pm				
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00591	PURCHASING					5.03	
5.05	00590	BUSINESS OFFICE					5.05	
5.06	00592	OTHER ADMIN & GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS	10,390,320				6.00	
7.00	00700	OPERATION OF PLANT	0	3,529,020			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	52,180	841,214		8.00	
9.00	00900	HOUSEKEEPING	0	31,745	0	3,212,536	9.00	
10.00	01000	DIETARY	0	133,569	5,628	142,832	2,120,928	10.00
11.00	01100	CAFETERIA	0	122,221	0	130,696	1,443,813	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	83,311	42,583	89,088	0	14.00
15.00	01500	PHARMACY	0	30,934	0	33,079	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	74,198	0	79,343	0	16.00
17.00	01700	SOCIAL SERVICE	0	6,943	0	7,424	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	3,399	0	3,635	0	22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	501,421	833,828	340,158	891,651	407,915	30.00
31.00	03100	INTENSIVE CARE UNIT	0	50,886	44,738	54,415	27,298	31.00
32.00	03200	CORONARY CARE UNIT	464,360	68,445	59,525	73,191	8,642	32.00
40.00	04000	SUBPROVIDER - I PF	32,701	0	25,607	0	145,856	40.00
41.00	04100	SUBPROVIDER - I RF	21,801	104,583	61,300	111,835	80,672	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	244,170	22,619	0	24,187	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,449,763	205,178	39,336	219,406	0	50.00
51.00	05100	RECOVERY ROOM	115,545	54,181	35,570	57,938	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	204,929	68,811	0	73,583	0	52.00
53.00	05300	ANESTHESIOLOGY	893,838	5,334	1,857	5,704	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	874,217	97,732	48,284	104,509	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	54,502	6,407	0	6,851	0	54.01
54.02	05404	ULTRASOUND	111,185	5,910	0	6,319	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	279,052	0	0	0	0	55.00
57.00	05700	CT SCAN	54,502	7,518	0	8,039	0	57.00
58.00	05800	MRI	10,900	15,585	0	16,666	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	545,023	45,434	14,176	48,585	0	59.00
60.00	06000	LABORATORY	414,218	88,005	0	94,107	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	882,937	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	909,098	16,369	2,422	17,504	0	65.00
66.00	06600	PHYSICAL THERAPY	353,175	239,577	16,813	256,191	0	66.00
69.00	06900	ELECTROCARDIOLOGY	442,559	36,373	5,054	38,896	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	63,223	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	191,848	23,953	0	25,613	0	76.00
76.01	03950	OP PSY/CDU	0	153,364	0	163,999	0	76.01
76.02	03957	RI MMS	26,161	51,657	1,626	55,240	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	4,360	6,459	0	6,907	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,720	19,716	929	21,084	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	76,002	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	407,677	113,552	70,550	121,426	6,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	95,924	62,169	0	66,480	0	92.01
93.00	04951	INFUSION	156,967	0	4,346	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	8,720	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	159,147	83,834	5,269	89,647	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	37,236	0	39,818	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
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
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,982,643	3,139,217	825,771	3,185,888	2,120,928	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	16,788	0	17,952	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	403,317	364,883	15,443	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	4,360	8,132	0	8,696	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	10,390,320	3,529,020	841,214	3,212,536	2,120,928	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/28/2015 5:43 pm		
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00591	PURCHASING					5.03	
5.05	00590	BUSINESS OFFICE					5.05	
5.06	00592	OTHER ADMIN & GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA	3,068,316				11.00	
13.00	01300	NURSING ADMINISTRATION	135,808	2,088,032			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	39,079	31,255	1,497,524		14.00	
15.00	01500	PHARMACY	99,581	0	0	1,648,070	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	98,481	0	0	0	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	51,562	41,239	0	0	22.00	
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	530,597	497,389	0	0	111,924	30.00
31.00	03100	INTENSIVE CARE UNIT	25,182	20,140	0	0	20,407	31.00
32.00	03200	CORONARY CARE UNIT	108,590	86,850	0	0	6,825	32.00
40.00	04000	SUBPROVIDER - I/PF	294,759	235,747	0	0	51,478	40.00
41.00	04100	SUBPROVIDER - I/RF	130,401	104,294	0	0	24,064	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	46,189	36,942	0	0	9,153	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	193,979	155,144	0	0	315,624	50.00
51.00	05100	RECOVERY ROOM	88,815	71,034	0	0	49,239	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	84,643	67,697	0	0	22,467	52.00
53.00	05300	ANESTHESIOLOGY	11,438	9,148	0	0	108,876	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	112,411	0	0	0	217,430	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	7,916	0	0	0	18,998	54.01
54.02	05404	ULTRASOUND	23,358	0	0	0	47,883	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	35,927	0	0	0	56,012	55.00
57.00	05700	CT SCAN	34,430	0	0	0	206,095	57.00
58.00	05800	MRI	10,200	0	0	0	56,465	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,468	44,363	0	0	183,586	59.00
60.00	06000	LABORATORY	165,925	0	0	0	405,387	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	8,353	6,681	0	0	24,895	64.00
65.00	06500	RESPIRATORY THERAPY	71,460	57,154	0	0	58,775	65.00
66.00	06600	PHYSICAL THERAPY	75,395	113,987	0	0	81,703	66.00
69.00	06900	ELECTROCARDIOLOGY	65,789	52,618	0	0	67,653	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	1,497,524	0	42,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	127,332	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,648,070	410,691	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	3,052	75.01
76.00	03956	CARDIAC REHAB	12,273	9,816	0	0	4,678	76.00
76.01	03950	OP PSY/CDU	0	51,207	0	0	37,510	76.01
76.02	03957	RIMMS	0	0	0	0	4,457	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	2,850	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,100	0	0	0	8,027	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	1,917	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	202,002	165,071	0	0	254,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	45,506	36,395	0	0	32,403	92.01
93.00	04951	INFUSION	25,044	0	0	0	18,293	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	32,931	0	0	0	11,327	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	193,861	0	0	20,439	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	19,703	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,932,592	2,088,032	1,497,524	1,648,070	3,144,664
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	117,161	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	18,563	0	0	0	193.00
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)	3,068,316	2,088,032	1,497,524	1,648,070	3,144,664

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS				PARAMEDICAL EDUCATION PRGM	Subtotal
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
		17.00	21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 01160	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00591	PURCHASING					5.03
5.05 00590	BUSINESS OFFICE					5.05
5.06 00592	OTHER ADMIN & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	1,590,668				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	2,215,117		22.00
23.00 02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	945,915	0	1,200,946	0	30.00
31.00 03100	INTENSIVE CARE UNIT	35,773	0	113,631	0	31.00
32.00 03200	CORONARY CARE UNIT	27,121	0	83,352	0	32.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	546,418	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
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,785	0	72,805	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	10,547	0	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	41,506	0	54.01
54.02 05404	ULTRASOUND	0	0	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	72,125	0	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	135,404	0	59.00
60.00 06000	LABORATORY	0	0	10,206	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
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
69.00 06900	ELECTROCARDIOLOGY	0	0	51,372	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01 03955	RENAL DIALYSIS (1P)	0	0	0	0	75.01
76.00 03956	CARDIAC REHAB	0	0	0	0	76.00
76.01 03950	OP PSY/CDU	0	0	0	0	76.01
76.02 03957	RIMMS	0	0	0	0	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	0	76.04
76.05 03953	DIABETES	0	0	0	0	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
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
91.00 09100	EMERGENCY	0	0	30,619	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04951	INFUSION	0	0	0	0	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
		17.00	21.00			
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	5,232,905	101.00
SPECIAL PURPOSE COST CENTERS						
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
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,584,012	0	1,822,513	0	197,937,771	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	56,290	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102 CARE-A-VAN	0	0	0	0	24,374	191.02
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	392,604	0	30,817,530	192.00
192.01 19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	6,656	0	0	0	1,373,287	193.00
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)	1,590,668	0	2,215,117	0	230,209,252	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/28/2015 5:43 pm
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING		5.03
5.05	00590	BUSINESS OFFICE		5.05
5.06	00592	OTHER ADMIN & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,200,946	22,440,560
31.00	03100	INTENSIVE CARE UNIT	-113,631	1,763,636
32.00	03200	CORONARY CARE UNIT	-83,352	4,938,581
40.00	04000	SUBPROVIDER - I PF	0	6,865,235
41.00	04100	SUBPROVIDER - I RF	0	5,481,999
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	2,114,573
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-72,805	19,065,036
51.00	05100	RECOVERY ROOM	0	3,956,588
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,115,942
53.00	05300	ANESTHESIOLOGY	0	2,020,215
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,547	9,248,757
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	-41,506	832,395
54.02	05404	ULTRASOUND	0	1,330,389
55.00	05500	RADIOLOGY-THERAPEUTIC	-72,125	5,863,871
57.00	05700	CT SCAN	0	2,203,563
58.00	05800	MRI	0	1,242,422
59.00	05900	CARDIAC CATHETERIZATION	-135,404	6,740,562
60.00	06000	LABORATORY	-10,206	13,063,810
60.01	06001	BLOOD LABORATORY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0
64.00	06400	INTRAVENOUS THERAPY	0	3,081,346
65.00	06500	RESPIRATORY THERAPY	0	4,031,085
66.00	06600	PHYSICAL THERAPY	0	6,890,148
69.00	06900	ELECTROCARDIOLOGY	-51,372	3,483,345
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	2,572,401
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,816,001
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,739,922
75.01	03955	RENAL DIALYSIS (IP)	0	445,302
76.00	03956	CARDIAC REHAB	0	817,571
76.01	03950	OP PSY/CDU	0	2,192,898
76.02	03957	RIMMS	0	1,315,845
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0
76.04	03952	PAIN CLINIC	0	0
76.05	03953	DIABETES	0	596,146
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,129,909
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	430,570
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
91.00	09100	EMERGENCY	-30,619	8,402,616
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	1,662,908
93.00	04951	INFUSION	0	1,416,841
93.01	04950	COMMUNITY HEALTH CENTERS	0	2,479,927
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	5,089,438

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

Period:
From 01/01/2014
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	5,232,905	101.00
SPECIAL PURPOSE COST CENTERS					
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
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,822,513	196,115,258	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	56,290	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	24,374	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	-392,604	30,424,926	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,373,287	193.00
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)	-2,215,117	227,994,135	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140186

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

Worksheet Non-CMS W

Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	ACTUAL BENEFITS	4.00
5.01	COMMUNICATIONS	5	PHONES	5.01
5.02	DATA PROCESSING	6	DEVICES	5.02
5.03	PURCHASING	7	REOS	5.03
5.05	BUSINESS OFFICE	C	GROSS CHARGES	5.05
5.06	OTHER ADMIN & GENERAL	-1	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	9	WORK ORDER	6.00
7.00	OPERATION OF PLANT	10	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	12	SQUARE FEET	9.00
10.00	DIETARY	13	MEALS SERVED	10.00
11.00	CAFETERIA	14	HOURS	11.00
13.00	NURSING ADMINISTRATION	15	DIRECT NRSING	13.00
14.00	CENTRAL SERVICES & SUPPLY	16	COSTED REQUIS.	14.00
15.00	PHARMACY	17	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	19	TIME SPENT	17.00
21.00	I&R SERVICES-SALARY & FRINGES A	20	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS A	22	ASSIGNED TIME	22.00
23.00	PARAMEDICAL EDUCATION PRGM	21	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 5:43 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	41,880	3,247	45,127	45,127	4.00
5.01	01160	COMMUNICATIONS	0	2,497	0	2,497	0	5.01
5.02	00550	DATA PROCESSING	0	135,583	3,185,211	3,320,794	1,219	5.02
5.03	00591	PURCHASING	0	277,974	236,341	514,315	394	5.03
5.05	00590	BUSINESS OFFICE	0	160,447	72,795	233,242	2,270	5.05
5.06	00592	OTHER ADMIN & GENERAL	0	753,400	289,160	1,042,560	4,020	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	218,839	538,259	757,098	732	6.00
7.00	00700	OPERATION OF PLANT	0	1,967,309	216,456	2,183,765	313	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	59,313	4,855	64,168	282	8.00
9.00	00900	HOUSEKEEPING	0	36,084	69,951	106,035	788	9.00
10.00	01000	DIETARY	0	151,827	72,942	224,769	255	10.00
11.00	01100	CAFETERIA	0	138,927	0	138,927	535	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	72,748	72,748	325	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	94,699	28,466	123,165	166	14.00
15.00	01500	PHARMACY	0	35,163	19,541	54,704	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	84,340	9,033	93,373	719	16.00
17.00	01700	SOCIAL SERVICE	0	7,892	7,805	15,697	276	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	3,864	1,097	4,961	58	22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	947,806	144,114	1,091,920	4,912	30.00
31.00	03100	INTENSIVE CARE UNIT	0	57,842	191,589	249,431	322	31.00
32.00	03200	CORONARY CARE UNIT	0	77,801	9,238	87,039	1,186	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	10,346	10,346	1,539	40.00
41.00	04100	SUBPROVIDER - I RF	0	118,879	25,282	144,161	859	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	25,711	5,906	31,617	487	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	233,225	1,675,635	1,908,860	1,728	50.00
51.00	05100	RECOVERY ROOM	0	61,587	21,907	83,494	957	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	78,217	128,406	206,623	711	52.00
53.00	05300	ANESTHESIOLOGY	0	6,064	4,269	10,333	36	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	148,082	922,366	1,070,448	1,592	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	7,282	14,296	21,578	81	54.01
54.02	05404	ULTRASOUND	0	6,717	88,357	95,074	196	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	572,426	572,426	326	55.00
57.00	05700	CT SCAN	0	8,545	98,914	107,459	210	57.00
58.00	05800	MRI	0	17,715	359,022	376,737	72	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	51,644	316,828	368,472	568	59.00
60.00	06000	LABORATORY	0	100,034	248,210	348,244	1,140	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	375	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,607	183,360	201,967	693	65.00
66.00	06600	PHYSICAL THERAPY	0	272,326	32,483	304,809	1,229	66.00
69.00	06900	ELECTROCARDIOLOGY	0	41,345	203,428	244,773	598	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	899	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	27,227	15,460	42,687	144	76.00
76.01	03950	OP PSY/CDU	0	174,328	2,802	177,130	457	76.01
76.02	03957	RI MMS	0	58,719	29,623	88,342	354	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	7,342	1,238	8,580	162	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	22,411	324	22,735	124	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	86,391	3,982	90,373	71	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	129,074	90,485	219,559	1,301	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	70,667	2,400	73,067	330	92.01
93.00	04951	INFUSION	0	0	2,801	2,801	206	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	439,446	15,189	454,635	703	93.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	2.00				2A	4.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	95,293	148,794	244,087	1,617	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	42,326	113,815	156,141	1,287	101.00
SPECIAL PURPOSE COST CENTERS								
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
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,602,691	10,511,202	18,113,893	39,824	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	19,082	0	19,082	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	3	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	958,328	140,937	1,099,265	5,208	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	546,109	0	546,109	92	193.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	9,126,210	10,652,139	19,778,349	45,127	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 5:43 pm		
Cost Center	Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
		5.01	5.02	5.03	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS	2,497				5.01
5.02	00550	DATA PROCESSING	174	3,322,187			5.02
5.03	00591	PURCHASING	33	52,901	567,643		5.03
5.05	00590	BUSINESS OFFICE	100	511,377	119	747,108	5.05
5.06	00592	OTHER ADMIN & GENERAL	515	518,432	112	0	1,565,639
6.00	00600	MAINTENANCE & REPAIRS	85	74,061	524	0	70,660
7.00	00700	OPERATION OF PLANT	37	59,955	17	0	23,999
8.00	00800	LAUNDRY & LINEN SERVICE	2	0	332	0	5,366
9.00	00900	HOUSEKEEPING	17	21,160	515	0	21,631
10.00	01000	DIETARY	30	35,267	144	0	12,506
11.00	01100	CAFETERIA	0	0	0	0	9,328
13.00	01300	NURSING ADMINISTRATION	35	38,794	47	0	13,276
14.00	01400	CENTRAL SERVICES & SUPPLY	9	17,634	4,003	0	8,244
15.00	01500	PHARMACY	22	67,008	16,283	0	10,095
16.00	01600	MEDICAL RECORDS & LIBRARY	111	102,275	11	0	20,341
17.00	01700	SOCIAL SERVICE	20	74,061	1	0	10,050
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	2	0	5	0	14,385
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	356	342,094	4,735	26,577	118,192
31.00	03100	INTENSIVE CARE UNIT	22	28,214	736	4,846	10,097
32.00	03200	CORONARY CARE UNIT	20	31,741	2,152	1,621	27,440
40.00	04000	SUBPROVIDER - I/PF	0	0	342	12,224	41,341
41.00	04100	SUBPROVIDER - I/RF	30	52,901	564	5,714	29,219
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	9	10,580	1,315	2,173	11,774
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	59	88,168	89,232	74,947	111,922
51.00	05100	RECOVERY ROOM	46	49,374	1,222	11,692	23,695
52.00	05200	DELIVERY ROOM & LABOR ROOM	13	14,107	2,268	5,335	17,639
53.00	05300	ANESTHESIOLOGY	2	0	6,488	25,854	6,692
54.00	05400	RADIOLOGY-DIAGNOSTIC	35	81,115	6,619	51,631	53,005
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	4	3,527	3,585	4,511	5,017
54.02	05404	ULTRASOUND	9	21,160	1,574	11,370	7,724
55.00	05500	RADIOLOGY-THERAPEUTIC	35	38,794	4,299	13,300	37,355
57.00	05700	CT SCAN	13	28,214	2,998	48,939	12,873
58.00	05800	MRI	13	31,741	1,507	13,408	7,702
59.00	05900	CARDIAC CATHETERIZATION	11	7,053	49,739	43,594	39,470
60.00	06000	LABORATORY	72	218,658	91,571	96,263	80,901
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	4	10,580	4,447	5,911	14,679
65.00	06500	RESPIRATORY THERAPY	15	28,214	4,521	13,957	19,710
66.00	06600	PHYSICAL THERAPY	63	218,658	3,955	19,401	39,126
69.00	06900	ELECTROCARDIOLOGY	35	42,321	1,147	16,065	18,867
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	10,166	7,019
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	232,554	30,236	99,891
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	97,903	106,641
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	725	2,578
76.00	03956	CARDIAC REHAB	9	24,687	62	1,111	3,736
76.01	03950	OP PSY/CDU	0	42,321	317	8,907	12,151
76.02	03957	RIMMS	26	0	2,153	1,058	8,002
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04	03952	PAIN CLINIC	0	0	0	0	0
76.05	03953	DIABETES	9	17,634	27	677	3,914
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,706	1,906	7,224
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	9	0	50	455	2,398
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	115	88,168	9,157	60,370	48,021
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	267	7,694	9,004
93.00	04951	INFUSION	0	0	7,012	4,344	8,244
93.01	04950	COMMUNITY HEALTH CENTERS	4	0	164	2,690	16,505
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	9	24,687	273	4,854	30,856
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	41	123,436	1,023	4,679	34,929

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

Period:
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Cost Center Description		COMMUNICATI ONS	DATA PROCESSI NG	PURCHASI NG	BUSI NESS OFFI CE	OTHER ADMI N & GENERAL	
		5.01	5.02	5.03	5.05	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,280	3,241,072	561,894	747,108	1,355,434
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	147	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	166	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	104	0	5,126	200,868	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	113	81,115	623	9,024	193.00
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)	2,497	3,322,187	567,643	747,108	1,565,639

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 5:43 pm		
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			6.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	903,160				6.00
7.00	00700	OPERATION OF PLANT	0	2,268,086			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	33,536	103,686		8.00
9.00	00900	HOUSEKEEPING	0	20,402	0	170,548	9.00
10.00	01000	DIETARY	0	85,844	694	7,583	367,092
11.00	01100	CAFETERIA	0	78,551	0	6,938	249,896
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	53,543	5,249	4,730	0
15.00	01500	PHARMACY	0	19,881	0	1,756	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47,687	0	4,212	0
17.00	01700	SOCIAL SERVICE	0	4,462	0	394	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	2,185	0	193	0
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,585	535,900	41,930	47,336	70,602
31.00	03100	INTENSIVE CARE UNIT	0	32,704	5,514	2,889	4,725
32.00	03200	CORONARY CARE UNIT	40,364	43,989	7,337	3,886	1,496
40.00	04000	SUBPROVIDER - I PF	2,843	0	3,156	0	25,245
41.00	04100	SUBPROVIDER - I RF	1,895	67,215	7,556	5,937	13,963
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	21,224	14,537	0	1,284	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	126,013	131,867	4,848	11,648	0
51.00	05100	RECOVERY ROOM	10,044	34,822	4,384	3,076	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,813	44,225	0	3,906	0
53.00	05300	ANESTHESIOLOGY	77,695	3,428	229	303	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,990	62,812	5,951	5,548	0
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	4,738	4,117	0	364	0
54.02	05404	ULTRASOUND	9,665	3,798	0	335	0
55.00	05500	RADIOLOGY-THERAPEUTIC	24,256	0	0	0	0
57.00	05700	CT SCAN	4,738	4,832	0	427	0
58.00	05800	MRI	948	10,016	0	885	0
59.00	05900	CARDIAC CATHETERIZATION	47,375	29,200	1,747	2,579	0
60.00	06000	LABORATORY	36,005	56,560	0	4,996	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	76,748	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	79,022	10,520	298	929	0
66.00	06600	PHYSICAL THERAPY	30,699	153,975	2,072	13,601	0
69.00	06900	ELECTROCARDIOLOGY	38,469	23,377	623	2,065	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.01	03955	RENAL DIALYSIS (IP)	5,496	0	0	0	0
76.00	03956	CARDIAC REHAB	16,676	15,394	0	1,360	0
76.01	03950	OP PSY/CDU	0	98,566	0	8,706	0
76.02	03957	RI MMS	2,274	33,200	200	2,933	0
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04	03952	PAIN CLINIC	0	0	0	0	0
76.05	03953	DIABETES	379	4,151	0	367	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	758	12,672	114	1,119	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	48,846	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	35,437	72,979	8,696	6,446	1,165
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	8,338	39,956	0	3,529	0
93.00	04951	INFUSION	13,644	0	536	0	0
93.01	04950	COMMUNITY HEALTH CENTERS	758	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	13,834	53,880	649	4,759	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	23,932	0	2,114	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

Period:
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
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
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	867,723	2,017,561	101,783	169,133	367,092	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	10,789	0	953	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	35,058	234,509	1,903	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	379	5,227	0	462	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	903,160	2,268,086	103,686	170,548	367,092	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 5:43 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00591						5.03
5.05	00590						5.05
5.06	00592						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	484,175					11.00
13.00	01300	21,430	146,655				13.00
14.00	01400	6,167	2,195	225,105			14.00
15.00	01500	15,714	0	0	185,463		15.00
16.00	01600	0	0	0	0	268,729	16.00
17.00	01700	15,540	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	8,136	2,896	0	0	0	22.00
23.00	02301	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	83,727	34,934	0	0	9,560	30.00
31.00	03100	3,974	1,415	0	0	1,743	31.00
32.00	03200	17,135	6,100	0	0	583	32.00
40.00	04000	46,512	16,558	0	0	4,397	40.00
41.00	04100	20,577	7,325	0	0	2,055	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	7,289	2,595	0	0	782	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	30,610	10,897	0	0	26,958	50.00
51.00	05100	14,015	4,989	0	0	4,206	51.00
52.00	05200	13,357	4,755	0	0	1,919	52.00
53.00	05300	1,805	643	0	0	9,299	53.00
54.00	05400	17,738	0	0	0	18,571	54.00
54.01	05401	1,249	0	0	0	1,623	54.01
54.02	05404	3,686	0	0	0	4,090	54.02
55.00	05500	5,669	0	0	0	4,784	55.00
57.00	05700	5,433	0	0	0	17,603	57.00
58.00	05800	1,609	0	0	0	4,823	58.00
59.00	05900	8,753	3,116	0	0	15,681	59.00
60.00	06000	26,183	0	0	0	34,625	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	1,318	469	0	0	2,126	64.00
65.00	06500	11,276	4,014	0	0	5,020	65.00
66.00	06600	11,897	8,006	0	0	6,978	66.00
69.00	06900	10,381	3,696	0	0	5,778	69.00
71.00	07100	0	0	225,105	0	3,657	71.00
72.00	07200	0	0	0	0	10,876	72.00
73.00	07300	0	0	0	185,463	35,212	73.00
75.01	03955	0	0	0	0	261	75.01
76.00	03956	1,937	689	0	0	400	76.00
76.01	03950	0	3,597	0	0	3,204	76.01
76.02	03957	0	0	0	0	381	76.02
76.03	03951	0	0	0	0	0	76.03
76.04	03952	0	0	0	0	0	76.04
76.05	03953	0	0	0	0	243	76.05
76.98	07698	1,436	0	0	0	686	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	164	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	31,876	11,594	0	0	21,715	91.00
92.00	09200						92.00
92.01	09202	7,181	2,556	0	0	2,768	92.01
93.00	04951	3,952	0	0	0	1,562	93.00
93.01	04950	5,196	0	0	0	967	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	13,616	0	0	1,746	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	1,683	101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	462,758	146,655	225,105	185,463	268,729
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	18,488	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	2,929	0	0	0	193.00
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)	484,175	146,655	225,105	185,463	268,729

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

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Cost Center Description	INTERNS & RESIDENTS				PARAMEDICAL EDUCATION PRGM	Subtotal	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A				
		17.00	21.00	22.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	120,501				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		32,821		22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	71,657			2,528,017	30.00
31.00	03100	INTENSIVE CARE UNIT	2,710			349,342	31.00
32.00	03200	CORONARY CARE UNIT	2,055			274,144	32.00
40.00	04000	SUBPROVIDER - I PF	0			164,503	40.00
41.00	04100	SUBPROVIDER - I RF	41,394			401,365	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	0			105,666	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,181			2,619,938	50.00
51.00	05100	RECOVERY ROOM	0			246,016	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			332,671	52.00
53.00	05300	ANESTHESIOLOGY	0			142,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			1,451,055	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0			50,394	54.01
54.02	05404	ULTRASOUND	0			158,681	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0			701,244	55.00
57.00	05700	CT SCAN	0			233,739	57.00
58.00	05800	MRI	0			449,461	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			617,358	59.00
60.00	06000	LABORATORY	0			995,218	60.00
60.01	06001	BLOOD LABORATORY	0			0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0			0	62.00
64.00	06400	INTRAVENOUS THERAPY	0			116,657	64.00
65.00	06500	RESPIRATORY THERAPY	0			380,156	65.00
66.00	06600	PHYSICAL THERAPY	0			814,469	66.00
69.00	06900	ELECTROCARDIOLOGY	0			408,195	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0			245,947	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			373,557	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			426,118	73.00
75.01	03955	RENAL DIALYSIS (IP)	0			9,060	75.01
76.00	03956	CARDIAC REHAB	0			108,892	76.00
76.01	03950	OP PSY/CDU	0			355,356	76.01
76.02	03957	RIMMS	0			138,923	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0			0	76.03
76.04	03952	PAIN CLINIC	0			0	76.04
76.05	03953	DIABETES	0			36,143	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0			50,480	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			142,366	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
91.00	09100	EMERGENCY	0			616,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0			0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0			154,690	92.01
93.00	04951	INFUSION	0			42,301	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0			481,622	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0			394,867	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provi der CCN: 140186

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

Worksheet B
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Cost Center Description			INTERNS & RESIDENTS				Subtotal	
			SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	PARAMEDICAL EDUCATION PRGM		
				17.00	21.00			
99.10	09910	CORF	0				0	99.10
101.00	10100	HOME HEALTH AGENCY	0				349,265	101.00
SPECIAL PURPOSE COST CENTERS								
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
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	119,997	0	0	0	17,467,282	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0				30,971	190.00
191.00	19100	RESEARCH	0				0	191.00
191.01	19101	SENIOR ADVAN	0				0	191.01
191.02	19102	CARE-A-VAN	0				169	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0				1,600,529	192.00
192.01	19201	REFERENCE LAB	0				0	192.01
192.02	19202	MEALS ON WHEELS	0				0	192.02
193.00	19300	NONPAID WORKERS	504				646,577	193.00
200.00		Cross Foot Adjustments		0	32,821		32,821	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	120,501	0	32,821	0	19,778,349	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 5:43 pm
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNI CATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING		5.03
5.05	00590	BUSINESS OFFICE		5.05
5.06	00592	OTHER ADMIN & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,528,017	30.00
31.00	03100	INTENSIVE CARE UNIT	349,342	31.00
32.00	03200	CORONARY CARE UNIT	274,144	32.00
40.00	04000	SUBPROVIDER - I PF	164,503	40.00
41.00	04100	SUBPROVIDER - I RF	401,365	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	105,666	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,619,938	50.00
51.00	05100	RECOVERY ROOM	246,016	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	332,671	52.00
53.00	05300	ANESTHESIOLOGY	142,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,451,055	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	50,394	54.01
54.02	05404	ULTRASOUND	158,681	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	701,244	55.00
57.00	05700	CT SCAN	233,739	57.00
58.00	05800	MRI	449,461	58.00
59.00	05900	CARDIAC CATHETERIZATION	617,358	59.00
60.00	06000	LABORATORY	995,218	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	62.00
64.00	06400	INTRAVENOUS THERAPY	116,657	64.00
65.00	06500	RESPIRATORY THERAPY	380,156	65.00
66.00	06600	PHYSICAL THERAPY	814,469	66.00
69.00	06900	ELECTROCARDIOLOGY	408,195	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	245,947	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	373,557	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	426,118	73.00
75.01	03955	RENAL DIALYSIS (IP)	9,060	75.01
76.00	03956	CARDIAC REHAB	108,892	76.00
76.01	03950	OP PSY/CDU	355,356	76.01
76.02	03957	RIMMS	138,923	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	76.03
76.04	03952	PAIN CLINIC	0	76.04
76.05	03953	DIABETES	36,143	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	50,480	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	142,366	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100	EMERGENCY	616,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	154,690	92.01
93.00	04951	INFUSION	42,301	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	481,622	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	394,867	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B
Part II
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	349,265	101.00
SPECIAL PURPOSE COST CENTERS					
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
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	17,467,282	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	30,971	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	169	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,600,529	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	646,577	193.00
200.00		Cross Foot Adjustments	0	32,821	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	19,778,349	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	614,075				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,302,375			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,818	3,140	24,862,664		4.00
5.01	01160	COMMUNICATIONS	168	0	0	1,149	5.01
5.02	00550	DATA PROCESSING	9,123	3,080,629	671,763	80	942 5.02
5.03	00591	PURCHASING	18,704	228,581	216,994	15	15 5.03
5.05	00590	BUSINESS OFFICE	10,796	70,405	1,250,502	46	145 5.05
5.06	00592	OTHER ADMIN & GENERAL	50,694	279,665	2,214,938	238	147 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,725	520,585	403,576	39	21 6.00
7.00	00700	OPERATION OF PLANT	132,374	209,349	172,636	17	17 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,991	4,696	155,339	1	0 8.00
9.00	00900	HOUSEKEEPING	2,428	67,654	434,045	8	6 9.00
10.00	01000	DIETARY	10,216	70,547	140,671	14	10 10.00
11.00	01100	CAFETERIA	9,348	0	294,916	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	70,359	179,122	16	11 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	27,531	91,403	4	5 14.00
15.00	01500	PHARMACY	2,366	18,899	0	10	19 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	8,736	395,924	51	29 16.00
17.00	01700	SOCIAL SERVICE	531	7,549	152,145	9	21 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	260	1,061	31,828	1	0 22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,775	139,382	2,706,281	164	97 30.00
31.00	03100	INTENSIVE CARE UNIT	3,892	185,298	177,172	10	8 31.00
32.00	03200	CORONARY CARE UNIT	5,235	8,935	653,594	9	9 32.00
40.00	04000	SUBPROVIDER - I/PF	0	10,006	847,693	0	0 40.00
41.00	04100	SUBPROVIDER - I/RF	7,999	24,452	473,408	14	15 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,730	5,712	268,277	4	3 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,693	1,620,615	952,002	27	25 50.00
51.00	05100	RECOVERY ROOM	4,144	21,188	527,271	21	14 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	124,190	391,913	6	4 52.00
53.00	05300	ANESTHESIOLOGY	408	4,129	19,636	1	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,964	892,080	876,991	16	23 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	13,827	44,821	2	1 54.01
54.02	05404	ULTRASOUND	452	85,456	107,951	4	6 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	553,630	179,516	16	11 55.00
57.00	05700	CT SCAN	575	95,666	115,809	6	8 57.00
58.00	05800	MRI	1,192	347,233	39,414	6	9 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	306,425	313,018	5	2 59.00
60.00	06000	LABORATORY	6,731	240,060	627,926	33	62 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	206,871	2	3 64.00
65.00	06500	RESPIRATORY THERAPY	1,252	177,339	381,692	7	8 65.00
66.00	06600	PHYSICAL THERAPY	18,324	31,416	677,151	29	62 66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	196,748	329,214	16	12 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	495,466	0	0 73.00
75.01	03955	RENAL DIALYSIS (I/P)	0	0	0	0	0 75.01
76.00	03956	CARDIAC REHAB	1,832	14,952	79,275	4	7 76.00
76.01	03950	OP PSY/CDU	11,730	2,710	251,576	0	12 76.01
76.02	03957	RI MMS	3,951	28,650	194,997	12	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05	03953	DIABETES	494	1,197	89,203	4	5 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	313	68,445	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	5,813	3,851	39,308	4	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00	09100	EMERGENCY	8,685	87,514	716,569	53	25 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4,755	2,321	181,782	0	0 92.01
93.00	04951	INFUSION	0	2,709	113,481	0	0 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	29,569	14,690	387,349	2	0 93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,412	143,908	891,175	4	7	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,848	110,078	708,955	19	35	101.00
SPECIAL PURPOSE COST CENTERS								
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
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	511,562	10,166,066	21,941,004	1,049	919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,284	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	1,629	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	64,483	136,309	2,869,476	48	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	36,746	0	50,555	52	23	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,126,210	10,652,139	24,290,437	1,197,821	12,924,129	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.861719	1.033950	0.976984	1,042.489991	13,719.882166	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			45,127	2,497	3,322,187	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001815	2.173194	3,526.737792	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet B-1	
Date/Time Prepared: 5/28/2015 5:43 pm							
Cost Center	Description	PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
		5.03	5.05	5A.06	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00591	28,899,388					5.03
5.05	00590	6,070	809,073,412				5.05
5.06	00592	5,717	0	-26,361,393	203,847,859		5.06
6.00	00600	26,683	0	0	9,200,518	4,766	6.00
7.00	00700	873	0	0	3,124,910	0	7.00
8.00	00800	16,922	0	0	698,681	0	8.00
9.00	00900	26,216	0	0	2,816,557	0	9.00
10.00	01000	7,356	0	0	1,628,326	0	10.00
11.00	01100	0	0	0	1,214,525	0	11.00
13.00	01300	2,412	0	0	1,728,674	0	13.00
14.00	01400	203,785	0	0	1,073,397	0	14.00
15.00	01500	828,964	0	0	1,314,488	0	15.00
16.00	01600	556	0	0	2,648,608	0	16.00
17.00	01700	72	0	0	1,308,594	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	274	0	0	1,873,060	0	22.00
23.00	02301	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	241,043	28,794,523	0	15,389,595	230	30.00
31.00	03100	37,475	5,250,016	0	1,314,772	0	31.00
32.00	03200	109,578	1,755,920	0	3,572,978	213	32.00
40.00	04000	17,400	13,243,736	0	5,382,967	15	40.00
41.00	04100	28,711	6,190,800	0	3,804,621	10	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	66,923	2,354,741	0	1,533,059	112	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,542,934	81,199,865	0	14,573,226	665	50.00
51.00	05100	62,192	12,667,698	0	3,085,281	53	51.00
52.00	05200	115,457	5,780,064	0	2,296,793	94	52.00
53.00	05300	330,333	28,010,346	0	871,339	410	53.00
54.00	05400	336,992	55,937,815	0	6,901,658	401	54.00
54.01	05401	182,526	4,887,624	0	653,244	25	54.01
54.02	05404	80,119	12,318,839	0	1,005,680	51	54.02
55.00	05500	218,878	14,409,993	0	4,863,887	128	55.00
57.00	05700	152,636	53,021,567	0	1,676,213	25	57.00
58.00	05800	76,730	14,526,647	0	1,002,911	5	58.00
59.00	05900	2,532,264	47,230,703	0	5,139,316	250	59.00
60.00	06000	4,661,984	104,293,083	0	10,533,931	190	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	226,379	6,404,627	0	1,911,311	405	64.00
65.00	06500	230,190	15,120,970	0	2,566,417	417	65.00
66.00	06600	201,339	21,019,576	0	5,094,492	162	66.00
69.00	06900	58,381	17,404,946	0	2,456,704	203	69.00
71.00	07100	0	11,013,618	0	913,884	0	71.00
72.00	07200	11,839,602	32,758,447	0	13,006,661	0	72.00
73.00	07300	0	105,709,689	0	13,885,502	0	73.00
75.01	03955	0	785,250	0	335,624	29	75.01
76.00	03956	3,134	1,203,599	0	486,479	88	76.00
76.01	03950	16,131	9,650,186	0	1,582,208	0	76.01
76.02	03957	109,614	1,146,623	0	1,041,959	12	76.02
76.03	03951	0	0	0	0	0	76.03
76.04	03952	0	0	0	0	0	76.04
76.05	03953	1,353	733,086	0	509,661	2	76.05
76.98	07698	86,857	2,065,010	0	940,685	4	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	2,522	493,061	0	312,269	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	466,183	65,406,736	0	6,252,768	187	91.00
92.00	09200						92.00
92.01	09202	13,594	8,336,318	0	1,172,415	44	92.01
93.00	04951	357,013	4,706,228	0	1,073,382	72	93.00
93.01	04950	8,333	2,914,005	0	2,149,038	4	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	13,890	5,258,415	0	4,017,679	73	95.00
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description		PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
101.00	10100 HOME HEALTH AGENCY	52,106	5,069,042	0	4,548,005	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	28,606,696	809,073,412	-26,361,393	176,488,952	4,579	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	19,082	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	21,583	0	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	260,974	0	0	26,143,304	185	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	31,718	0	0	1,174,938	2	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,041,970	8,162,400		26,361,393	10,390,320	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.070658	0.010089		0.129319	2,180.092321	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	567,643	747,108		1,565,639	903,160	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.019642	0.000923		0.007680	189.500629	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00591						5.03
5.05	00590						5.05
5.06	00592						5.06
6.00	00600						6.00
7.00	00700	269,916					7.00
8.00	00800	3,991	163,962				8.00
9.00	00900	2,428	0	229,776			9.00
10.00	01000	10,216	1,097	10,216	1,077,417		10.00
11.00	01100	9,348	0	9,348	733,447	1,719,515	11.00
13.00	01300	0	0	0	0	76,108	13.00
14.00	01400	6,372	8,300	6,372	0	21,900	14.00
15.00	01500	2,366	0	2,366	0	55,806	15.00
16.00	01600	5,675	0	5,675	0	0	16.00
17.00	01700	531	0	531	0	55,190	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	260	0	260	0	28,896	22.00
23.00	02301	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	63,775	66,301	63,775	207,218	297,351	30.00
31.00	03100	3,892	8,720	3,892	13,867	14,112	31.00
32.00	03200	5,235	11,602	5,235	4,390	60,855	32.00
40.00	04000	0	4,991	0	74,094	165,186	40.00
41.00	04100	7,999	11,948	7,999	40,981	73,078	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,730	0	1,730	0	25,885	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15,693	7,667	15,693	0	108,708	50.00
51.00	05100	4,144	6,933	4,144	0	49,773	51.00
52.00	05200	5,263	0	5,263	0	47,435	52.00
53.00	05300	408	362	408	0	6,410	53.00
54.00	05400	7,475	9,411	7,475	0	62,996	54.00
54.01	05401	490	0	490	0	4,436	54.01
54.02	05404	452	0	452	0	13,090	54.02
55.00	05500	0	0	0	0	20,134	55.00
57.00	05700	575	0	575	0	19,295	57.00
58.00	05800	1,192	0	1,192	0	5,716	58.00
59.00	05900	3,475	2,763	3,475	0	31,085	59.00
60.00	06000	6,731	0	6,731	0	92,986	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	0	0	0	0	4,681	64.00
65.00	06500	1,252	472	1,252	0	40,047	65.00
66.00	06600	18,324	3,277	18,324	0	42,252	66.00
69.00	06900	2,782	985	2,782	0	36,869	69.00
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
75.01	03955	0	0	0	0	0	75.01
76.00	03956	1,832	0	1,832	0	6,878	76.00
76.01	03950	11,730	0	11,730	0	0	76.01
76.02	03957	3,951	317	3,951	0	0	76.02
76.03	03951	0	0	0	0	0	76.03
76.04	03952	0	0	0	0	0	76.04
76.05	03953	494	0	494	0	0	76.05
76.98	07698	1,508	181	1,508	0	5,100	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	5,813	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	8,685	13,751	8,685	3,420	113,204	91.00
92.00	09200						92.00
92.01	09202	4,755	0	4,755	0	25,502	92.01
93.00	04951	0	847	0	0	14,035	93.00
93.01	04950	0	0	0	0	18,455	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	6,412	1,027	6,412	0	0	95.00
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
101.00	10100 HOME HEALTH AGENCY	2,848	0	2,848	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	240,102	160,952	227,870	1,077,417	1,643,454	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	1,284	0	1,284	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	27,908	3,010	0	0	65,658	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	622	0	622	0	10,403	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,529,020	841,214	3,212,536	2,120,928	3,068,316	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.074512	5.130542	13.981164	1.968530	1.784408	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,268,086	103,686	170,548	367,092	484,175	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.402933	0.632378	0.742236	0.340715	0.281576	205.00

COST ALLOCATION - STATI STI CAL BASI S

Provi der CCN: 140186

Peri od:
From 01/01/2014
To 12/31/2014

Worksheet B-1

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Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,463,066					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,900	100				14.00
15.00	01500	PHARMACY	0	0	12,713,164			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	809,073,412		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	9,560	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	28,896	0	0	0	0	22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	348,515	0	0	28,794,523	5,685	30.00
31.00	03100	INTENSIVE CARE UNIT	14,112	0	0	5,250,016	215	31.00
32.00	03200	CORONARY CARE UNIT	60,855	0	0	1,755,920	163	32.00
40.00	04000	SUBPROVIDER - I/PF	165,186	0	0	13,243,736	0	40.00
41.00	04100	SUBPROVIDER - I/RF	73,078	0	0	6,190,800	3,284	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	25,885	0	0	2,354,741	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108,708	0	0	81,199,865	173	50.00
51.00	05100	RECOVERY ROOM	49,773	0	0	12,667,698	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,435	0	0	5,780,064	0	52.00
53.00	05300	ANESTHESIOLOGY	6,410	0	0	28,010,346	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	55,937,815	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	4,887,624	0	54.01
54.02	05404	ULTRASOUND	0	0	0	12,318,839	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,409,993	0	55.00
57.00	05700	CT SCAN	0	0	0	53,021,567	0	57.00
58.00	05800	MRI	0	0	0	14,526,647	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,085	0	0	47,230,703	0	59.00
60.00	06000	LABORATORY	0	0	0	104,293,083	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	4,681	0	0	6,404,627	0	64.00
65.00	06500	RESPIRATORY THERAPY	40,047	0	0	15,120,970	0	65.00
66.00	06600	PHYSICAL THERAPY	79,870	0	0	21,019,576	0	66.00
69.00	06900	ELECTROCARDIOLOGY	36,869	0	0	17,404,946	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	100	0	11,013,618	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,758,447	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	12,713,164	105,709,689	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	785,250	0	75.01
76.00	03956	CARDIAC REHAB	6,878	0	0	1,203,599	0	76.00
76.01	03950	OP PSY/CDU	35,880	0	0	9,650,186	0	76.01
76.02	03957	RIMMS	0	0	0	1,146,623	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	733,086	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,065,010	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	493,061	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	115,664	0	0	65,406,736	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	25,502	0	0	8,336,318	0	92.01
93.00	04951	INFUSION	0	0	0	4,706,228	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	2,914,005	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	135,837	0	0	5,258,415	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,069,042	0	101.00
SPECIAL PURPOSE COST CENTERS								
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
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,463,066	100	12,713,164	809,073,412	9,520	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	40	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,088,032	1,497,524	1,648,070	3,144,664	1,590,668	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.427162	14,975.240000	0.129635	0.003887	166.387866	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	146,655	225,105	185,463	268,729	120,501	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.100238	2,251.050000	0.014588	0.000332	12.604707	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 01160	COMMUNICATIONS				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00591	PURCHASING				5.03
5.05 00590	BUSINESS OFFICE				5.05
5.06 00592	OTHER ADMIN & GENERAL				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		6,511		22.00
23.00 02301	PARAMEDICAL EDUCATION PRGM			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	3,530	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	334	0	31.00
32.00 03200	CORONARY CARE UNIT	0	245	0	32.00
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	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	214	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	31	0	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	122	0	54.01
54.02 05404	ULTRASOUND	0	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	212	0	55.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	398	0	59.00
60.00 06000	LABORATORY	0	30	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
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
69.00 06900	ELECTROCARDIOLOGY	0	151	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	75.01
76.00 03956	CARDIAC REHAB	0	0	0	76.00
76.01 03950	OP PSY/CDU	0	0	0	76.01
76.02 03957	RIMMS	0	0	0	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	76.04
76.05 03953	DIABETES	0	0	0	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 09100	EMERGENCY	0	90	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04951	INFUSION	0	0	0	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)				
	21.00	22.00	23.00			
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
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
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,357	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,154	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,215,117	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	340.211488	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	32,821	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	5.040854	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 5:43 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	22,440,560	22,440,560	0	22,440,560	30.00	
31.00	03100 INTENSIVE CARE UNIT	1,763,636	1,763,636	2,878	1,766,514	31.00	
32.00	03200 CORONARY CARE UNIT	4,938,581	4,938,581	0	4,938,581	32.00	
40.00	04000 SUBPROVIDER - IPF	6,865,235	6,865,235	0	6,865,235	40.00	
41.00	04100 SUBPROVIDER - IRF	5,481,999	5,481,999	0	5,481,999	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	2,114,573	2,114,573	0	2,114,573	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,065,036	19,065,036	110,694	19,175,730	50.00	
51.00	05100 RECOVERY ROOM	3,956,588	3,956,588	0	3,956,588	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,115,942	3,115,942	0	3,115,942	52.00	
53.00	05300 ANESTHESIOLOGY	2,020,215	2,020,215	0	2,020,215	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,248,757	9,248,757	0	9,248,757	54.00	
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	832,395	832,395	0	832,395	54.01	
54.02	05404 ULTRASOUND	1,330,389	1,330,389	0	1,330,389	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	5,863,871	5,863,871	28,385	5,892,256	55.00	
57.00	05700 CT SCAN	2,203,563	2,203,563	0	2,203,563	57.00	
58.00	05800 MRI	1,242,422	1,242,422	0	1,242,422	58.00	
59.00	05900 CARDIAC CATHETERIZATION	6,740,562	6,740,562	0	6,740,562	59.00	
60.00	06000 LABORATORY	13,063,810	13,063,810	27,886	13,091,696	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00	
64.00	06400 INTRAVENOUS THERAPY	3,081,346	3,081,346	0	3,081,346	64.00	
65.00	06500 RESPIRATORY THERAPY	4,031,085	4,031,085	0	4,031,085	65.00	
66.00	06600 PHYSICAL THERAPY	6,890,148	6,890,148	0	6,890,148	66.00	
69.00	06900 ELECTROCARDIOLOGY	3,483,345	3,483,345	0	3,483,345	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	2,572,401	2,572,401	0	2,572,401	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,816,001	14,816,001	0	14,816,001	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	17,739,922	17,739,922	0	17,739,922	73.00	
75.01	03955 RENAL DIALYSIS (IP)	445,302	445,302	0	445,302	75.01	
76.00	03956 CARDIAC REHAB	817,571	817,571	0	817,571	76.00	
76.01	03950 OP PSY/CDU	2,192,898	2,192,898	0	2,192,898	76.01	
76.02	03957 RIMMS	1,315,845	1,315,845	0	1,315,845	76.02	
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03	
76.04	03952 PAIN CLINIC	0	0	0	0	76.04	
76.05	03953 DIABETES	596,146	596,146	0	596,146	76.05	
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,129,909	1,129,909	2,810	1,132,719	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	430,570	430,570	0	430,570	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
91.00	09100 EMERGENCY	8,402,616	8,402,616	0	8,402,616	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	281,124	281,124	0	281,124	92.00	
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	1,662,908	1,662,908	0	1,662,908	92.01	
93.00	04951 INFUSION	1,416,841	1,416,841	0	1,416,841	93.00	
93.01	04950 COMMUNITY HEALTH CENTERS	2,479,927	2,479,927	0	2,479,927	93.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,089,438	5,089,438	0	5,089,438	95.00	
99.10	09910 CORF	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	5,232,905	5,232,905	0	5,232,905	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00	
200.00	Subtotal (see instructions)	196,396,382	196,396,382	172,653	196,569,035	200.00	
201.00	Less Observation Beds	281,124	281,124	0	281,124	201.00	
202.00	Total (see instructions)	196,115,258	196,115,258	172,653	196,287,911	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 5:43 pm
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,432,998		23,432,998		30.00
31.00	03100	INTENSIVE CARE UNIT	5,250,016		5,250,016		31.00
32.00	03200	CORONARY CARE UNIT	1,755,920		1,755,920		32.00
40.00	04000	SUBPROVIDER - IPF	13,243,736		13,243,736		40.00
41.00	04100	SUBPROVIDER - IRF	6,190,800		6,190,800		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,354,741		2,354,741		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,777,665	43,422,200	81,199,865	0.234791	50.00
51.00	05100	RECOVERY ROOM	5,147,230	7,520,468	12,667,698	0.312337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,303,997	1,476,067	5,780,064	0.539084	52.00
53.00	05300	ANESTHESIOLOGY	16,389,232	11,621,114	28,010,346	0.072124	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,823,178	49,114,637	55,937,815	0.165340	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,190,488	3,697,136	4,887,624	0.170307	54.01
54.02	05402	ULTRASOUND	2,885,254	9,433,585	12,318,839	0.107996	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	110,935	14,299,058	14,409,993	0.406931	55.00
57.00	05700	CT SCAN	18,112,657	34,908,910	53,021,567	0.041560	57.00
58.00	05800	MRI	3,522,473	11,004,174	14,526,647	0.085527	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,789,287	31,441,416	47,230,703	0.142716	59.00
60.00	06000	LABORATORY	35,084,832	69,208,251	104,293,083	0.125261	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	5,479,980	924,647	6,404,627	0.481112	64.00
65.00	06500	RESPIRATORY THERAPY	9,626,419	5,494,551	15,120,970	0.266589	65.00
66.00	06600	PHYSICAL THERAPY	12,324,635	8,694,941	21,019,576	0.327797	66.00
69.00	06900	ELECTROCARDIOLOGY	5,998,751	11,406,195	17,404,946	0.200135	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,098,729	4,914,889	11,013,618	0.233565	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,911,366	12,847,081	32,758,447	0.452280	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,239,604	74,470,085	105,709,689	0.167817	73.00
75.01	03955	RENAL DIALYSIS (IP)	755,250	30,000	785,250	0.567083	75.01
76.00	03956	CARDIAC REHAB	211,854	991,745	1,203,599	0.679272	76.00
76.01	03950	OP PSY/CDU	5,137	9,645,049	9,650,186	0.227239	76.01
76.02	03957	RIMMS	0	1,146,623	1,146,623	1.147583	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	76.04
76.05	03953	DIABETES	3,760	729,326	733,086	0.813201	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	403,147	1,661,863	2,065,010	0.547169	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	493,061	493,061		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	09100	EMERGENCY	16,989,973	48,416,763	65,406,736	0.128467	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	2,900,089	2,461,436	5,361,525	0.052434	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	2,176,719	6,159,599	8,336,318	0.199478	92.01
93.00	04951	INFUSION	0	4,706,228	4,706,228	0.301057	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	2,914,005	2,914,005	0.851037	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	313,393	4,945,022	5,258,415	0.967865	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	5,069,042	5,069,042		101.00
SPECIAL PURPOSE COST CENTERS							
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
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	313,804,245	495,269,167	809,073,412		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	313,804,245	495,269,167	809,073,412		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 5:43 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII	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
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
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.236155		50.00
51.00	05100 RECOVERY ROOM	0.312337		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.539084		52.00
53.00	05300 ANESTHESIOLOGY	0.072124		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165340		54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.170307		54.01
54.02	05404 ULTRASOUND	0.107996		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.408901		55.00
57.00	05700 CT SCAN	0.041560		57.00
58.00	05800 MRI	0.085527		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142716		59.00
60.00	06000 LABORATORY	0.125528		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.481112		64.00
65.00	06500 RESPIRATORY THERAPY	0.266589		65.00
66.00	06600 PHYSICAL THERAPY	0.327797		66.00
69.00	06900 ELECTROCARDIOLOGY	0.200135		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.233565		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452280		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.167817		73.00
75.01	03955 RENAL DIALYSIS (IP)	0.567083		75.01
76.00	03956 CARDIAC REHAB	0.679272		76.00
76.01	03950 OP PSY/CDU	0.227239		76.01
76.02	03957 RIMMS	1.147583		76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03952 PAIN CLINIC	0.000000		76.04
76.05	03953 DIABETES	0.813201		76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.548530		76.98
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100 EMERGENCY	0.128467		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.052434		92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.199478		92.01
93.00	04951 INFUSION	0.301057		93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.851037		93.01
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.967865		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 5:43 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	22,440,560	22,440,560	0	22,440,560	30.00	
31.00	03100 INTENSIVE CARE UNIT	1,763,636	1,763,636	2,878	1,766,514	31.00	
32.00	03200 CORONARY CARE UNIT	4,938,581	4,938,581	0	4,938,581	32.00	
40.00	04000 SUBPROVIDER - IPF	6,865,235	6,865,235	0	6,865,235	40.00	
41.00	04100 SUBPROVIDER - IRF	5,481,999	5,481,999	0	5,481,999	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	2,114,573	2,114,573	0	2,114,573	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,065,036	19,065,036	110,694	19,175,730	50.00	
51.00	05100 RECOVERY ROOM	3,956,588	3,956,588	0	3,956,588	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,115,942	3,115,942	0	3,115,942	52.00	
53.00	05300 ANESTHESIOLOGY	2,020,215	2,020,215	0	2,020,215	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,248,757	9,248,757	0	9,248,757	54.00	
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	832,395	832,395	0	832,395	54.01	
54.02	05404 ULTRASOUND	1,330,389	1,330,389	0	1,330,389	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	5,863,871	5,863,871	28,385	5,892,256	55.00	
57.00	05700 CT SCAN	2,203,563	2,203,563	0	2,203,563	57.00	
58.00	05800 MRI	1,242,422	1,242,422	0	1,242,422	58.00	
59.00	05900 CARDIAC CATHETERIZATION	6,740,562	6,740,562	0	6,740,562	59.00	
60.00	06000 LABORATORY	13,063,810	13,063,810	27,886	13,091,696	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00	
64.00	06400 INTRAVENOUS THERAPY	3,081,346	3,081,346	0	3,081,346	64.00	
65.00	06500 RESPIRATORY THERAPY	4,031,085	4,031,085	0	4,031,085	65.00	
66.00	06600 PHYSICAL THERAPY	6,890,148	6,890,148	0	6,890,148	66.00	
69.00	06900 ELECTROCARDIOLOGY	3,483,345	3,483,345	0	3,483,345	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	2,572,401	2,572,401	0	2,572,401	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,816,001	14,816,001	0	14,816,001	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	17,739,922	17,739,922	0	17,739,922	73.00	
75.01	03955 RENAL DIALYSIS (IP)	445,302	445,302	0	445,302	75.01	
76.00	03956 CARDIAC REHAB	817,571	817,571	0	817,571	76.00	
76.01	03950 OP PSY/CDU	2,192,898	2,192,898	0	2,192,898	76.01	
76.02	03957 RIMMS	1,315,845	1,315,845	0	1,315,845	76.02	
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03	
76.04	03952 PAIN CLINIC	0	0	0	0	76.04	
76.05	03953 DIABETES	596,146	596,146	0	596,146	76.05	
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,129,909	1,129,909	2,810	1,132,719	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	430,570	430,570	0	430,570	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
91.00	09100 EMERGENCY	8,402,616	8,402,616	0	8,402,616	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	281,124	281,124	0	281,124	92.00	
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	1,662,908	1,662,908	0	1,662,908	92.01	
93.00	04951 INFUSION	1,416,841	1,416,841	0	1,416,841	93.00	
93.01	04950 COMMUNITY HEALTH CENTERS	2,479,927	2,479,927	0	2,479,927	93.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,089,438	5,089,438	0	5,089,438	95.00	
99.10	09910 CORF	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	5,232,905	5,232,905	0	5,232,905	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00	
200.00	Subtotal (see instructions)	196,396,382	196,396,382	172,653	196,569,035	200.00	
201.00	Less Observation Beds	281,124	281,124	0	281,124	201.00	
202.00	Total (see instructions)	196,115,258	196,115,258	172,653	196,287,911	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 5:43 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,432,998		23,432,998			30.00
31.00	03100	INTENSIVE CARE UNIT	5,250,016		5,250,016			31.00
32.00	03200	CORONARY CARE UNIT	1,755,920		1,755,920			32.00
40.00	04000	SUBPROVIDER - IPF	13,243,736		13,243,736			40.00
41.00	04100	SUBPROVIDER - IRF	6,190,800		6,190,800			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,354,741		2,354,741			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,777,665	43,422,200	81,199,865	0.234791	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,147,230	7,520,468	12,667,698	0.312337	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,303,997	1,476,067	5,780,064	0.539084	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,389,232	11,621,114	28,010,346	0.072124	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,823,178	49,114,637	55,937,815	0.165340	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,190,488	3,697,136	4,887,624	0.170307	0.000000	54.01
54.02	05402	ULTRASOUND	2,885,254	9,433,585	12,318,839	0.107996	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	110,935	14,299,058	14,409,993	0.406931	0.000000	55.00
57.00	05700	CT SCAN	18,112,657	34,908,910	53,021,567	0.041560	0.000000	57.00
58.00	05800	MRI	3,522,473	11,004,174	14,526,647	0.085527	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,789,287	31,441,416	47,230,703	0.142716	0.000000	59.00
60.00	06000	LABORATORY	35,084,832	69,208,251	104,293,083	0.125261	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	5,479,980	924,647	6,404,627	0.481112	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	9,626,419	5,494,551	15,120,970	0.266589	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,324,635	8,694,941	21,019,576	0.327797	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	5,998,751	11,406,195	17,404,946	0.200135	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,098,729	4,914,889	11,013,618	0.233565	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,911,366	12,847,081	32,758,447	0.452280	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,239,604	74,470,085	105,709,689	0.167817	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)	755,250	30,000	785,250	0.567083	0.000000	75.01
76.00	03956	CARDIAC REHAB	211,854	991,745	1,203,599	0.679272	0.000000	76.00
76.01	03950	OP PSY/CDU	5,137	9,645,049	9,650,186	0.227239	0.000000	76.01
76.02	03957	RIMMS	0	1,146,623	1,146,623	1.147583	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	0.000000	76.04
76.05	03953	DIABETES	3,760	729,326	733,086	0.813201	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	403,147	1,661,863	2,065,010	0.547169	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	493,061	493,061	0.873259	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
91.00	09100	EMERGENCY	16,989,973	48,416,763	65,406,736	0.128467	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	2,900,089	2,461,436	5,361,525	0.052434	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	2,176,719	6,159,599	8,336,318	0.199478	0.000000	92.01
93.00	04951	INFUSION	0	4,706,228	4,706,228	0.301057	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	2,914,005	2,914,005	0.851037	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	313,393	4,945,022	5,258,415	0.967865	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	5,069,042	5,069,042			101.00
SPECIAL PURPOSE COST CENTERS								
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
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	313,804,245	495,269,167	809,073,412			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	313,804,245	495,269,167	809,073,412			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 5:43 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
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
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		54.01
54.02	05404 ULTRASOUND	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
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
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.01	03955 RENAL DIALYSIS (IP)	0.000000		75.01
76.00	03956 CARDIAC REHAB	0.000000		76.00
76.01	03950 OP PSY/CDU	0.000000		76.01
76.02	03957 RIMMS	0.000000		76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03952 PAIN CLINIC	0.000000		76.04
76.05	03953 DIABETES	0.000000		76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951 INFUSION	0.000000		93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.000000		93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,528,017	0	2,528,017	36,480	69.30	30.00	
31.00	INTENSIVE CARE UNIT	349,342		349,342	3,684	94.83	31.00	
32.00	CORONARY CARE UNIT	274,144		274,144	1,228	223.24	32.00	
40.00	SUBPROVIDER - IPF	164,503	0	164,503	8,949	18.38	40.00	
41.00	SUBPROVIDER - IRF	401,365	0	401,365	7,370	54.46	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	105,666		105,666	2,314	45.66	43.00	
200.00	Total (lines 30-199)	3,823,037		3,823,037	60,025		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	13,831	958,488					30.00
31.00	INTENSIVE CARE UNIT	2,080	197,246					31.00
32.00	CORONARY CARE UNIT	750	167,430					32.00
40.00	SUBPROVIDER - IPF	1,834	33,709					40.00
41.00	SUBPROVIDER - IRF	5,713	311,130					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	24,208	1,668,003					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 5:43 pm	
Cost Center Description			Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,619,938	81,199,865	0.032265	17,016,627	549,041	50.00
51.00	05100	RECOVERY ROOM	246,016	12,667,698	0.019421	2,165,022	42,047	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	332,671	5,780,064	0.057555	16,035	923	52.00
53.00	05300	ANESTHESIOLOGY	142,807	28,010,346	0.005098	6,812,963	34,732	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,451,055	55,937,815	0.025941	3,754,418	97,393	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	50,394	4,887,624	0.010311	779,321	8,036	54.01
54.02	05404	ULTRASOUND	158,681	12,318,839	0.012881	1,541,606	19,857	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	701,244	14,409,993	0.048664	75,270	3,663	55.00
57.00	05700	CT SCAN	233,739	53,021,567	0.004408	8,566,721	37,762	57.00
58.00	05800	MRI	449,461	14,526,647	0.030940	1,709,947	52,906	58.00
59.00	05900	CARDIAC CATHETERIZATION	617,358	47,230,703	0.013071	8,810,899	115,167	59.00
60.00	06000	LABORATORY	995,218	104,293,083	0.009543	17,623,168	168,178	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	116,657	6,404,627	0.018214	290,829	5,297	64.00
65.00	06500	RESPIRATORY THERAPY	380,156	15,120,970	0.025141	5,253,546	132,079	65.00
66.00	06600	PHYSICAL THERAPY	814,469	21,019,576	0.038748	2,328,202	90,213	66.00
69.00	06900	ELECTROCARDIOLOGY	408,195	17,404,946	0.023453	3,501,745	82,126	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	245,947	11,013,618	0.022331	3,498,976	78,136	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	373,557	32,758,447	0.011403	10,456,463	119,235	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	426,118	105,709,689	0.004031	19,142,361	77,163	73.00
75.01	03955	RENAL DIALYSIS (IP)	9,060	785,250	0.011538	415,539	4,794	75.01
76.00	03956	CARDIAC REHAB	108,892	1,203,599	0.090472	118,866	10,754	76.00
76.01	03950	OP PSY/CDU	355,356	9,650,186	0.036824	2,593	95	76.01
76.02	03957	RIMMS	138,923	1,146,623	0.121158	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	36,143	733,086	0.049303	702	35	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	50,480	2,065,010	0.024445	225,838	5,521	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	142,366	493,061	0.288739	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	616,599	65,406,736	0.009427	8,621,392	81,274	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	31,670	5,361,525	0.005907	1,224,217	7,231	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	154,690	8,336,318	0.018556	1,622,429	30,106	92.01
93.00	04951	INFUSION	42,301	4,706,228	0.008988	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	481,622	2,914,005	0.165278	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,931,783	746,517,744		125,575,695	1,853,764	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/28/2015 5:43 pm
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	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
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
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)	PSA Adj. Nursing School
			6.00	7.00	8.00	9.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,480	0.00	13,831	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,684	0.00	2,080	0	31.00
32.00	03200	CORONARY CARE UNIT	1,228	0.00	750	0	32.00
40.00	04000	SUBPROVIDER - IPF	8,949	0.00	1,834	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,370	0.00	5,713	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	2,314	0.00	0	0	43.00
200.00		Total (lines 30-199)	60,025		24,208	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost			
			12.00	13.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140186

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01	
54.02	05404	ULTRASOUND	0	0	0	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00	
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	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0	75.01	
76.00	03956	CARDIAC REHAB	0	0	0	0	0	76.00	
76.01	03950	OP PSY/CDU	0	0	0	0	0	76.01	
76.02	03957	RI MMS	0	0	0	0	0	76.02	
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03	
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04	
76.05	03953	DIABETES	0	0	0	0	0	76.05	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
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	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
93.00	04951	INFUSION	0	0	0	0	0	93.00	
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
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: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 5:43 pm
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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)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	81,199,865	0.000000	0.000000	17,016,627	50.00
51.00	05100 RECOVERY ROOM	0	12,667,698	0.000000	0.000000	2,165,022	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,780,064	0.000000	0.000000	16,035	52.00
53.00	05300 ANESTHESIOLOGY	0	28,010,346	0.000000	0.000000	6,812,963	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	55,937,815	0.000000	0.000000	3,754,418	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	4,887,624	0.000000	0.000000	779,321	54.01
54.02	05404 ULTRASOUND	0	12,318,839	0.000000	0.000000	1,541,606	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	14,409,993	0.000000	0.000000	75,270	55.00
57.00	05700 CT SCAN	0	53,021,567	0.000000	0.000000	8,566,721	57.00
58.00	05800 MRI	0	14,526,647	0.000000	0.000000	1,709,947	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	47,230,703	0.000000	0.000000	8,810,899	59.00
60.00	06000 LABORATORY	0	104,293,083	0.000000	0.000000	17,623,168	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	6,404,627	0.000000	0.000000	290,829	64.00
65.00	06500 RESPIRATORY THERAPY	0	15,120,970	0.000000	0.000000	5,253,546	65.00
66.00	06600 PHYSICAL THERAPY	0	21,019,576	0.000000	0.000000	2,328,202	66.00
69.00	06900 ELECTROCARDIOLOGY	0	17,404,946	0.000000	0.000000	3,501,745	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	11,013,618	0.000000	0.000000	3,498,976	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	32,758,447	0.000000	0.000000	10,456,463	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	105,709,689	0.000000	0.000000	19,142,361	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	785,250	0.000000	0.000000	415,539	75.01
76.00	03956 CARDIAC REHAB	0	1,203,599	0.000000	0.000000	118,866	76.00
76.01	03950 OP PSY/CDU	0	9,650,186	0.000000	0.000000	2,593	76.01
76.02	03957 RIMMS	0	1,146,623	0.000000	0.000000	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04	03952 PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05	03953 DIABETES	0	733,086	0.000000	0.000000	702	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,065,010	0.000000	0.000000	225,838	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	493,061	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100 EMERGENCY	0	65,406,736	0.000000	0.000000	8,621,392	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	5,361,525	0.000000	0.000000	1,224,217	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	8,336,318	0.000000	0.000000	1,622,429	92.01
93.00	04951 INFUSION	0	4,706,228	0.000000	0.000000	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	2,914,005	0.000000	0.000000	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	746,517,744			125,575,695	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 5:43 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	14,970,108	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	2,148,662	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	603	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,359,192	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	19,164,392	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	1,830,527	0	0	0	54.01
54.02	05404 ULTRASOUND	0	2,234,848	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,171,162	0	0	0	55.00
57.00	05700 CT SCAN	0	11,596,684	0	0	0	57.00
58.00	05800 MRI	0	3,156,009	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	19,459,078	0	0	0	59.00
60.00	06000 LABORATORY	0	10,406,211	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	551,119	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,013,661	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	74,677	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	4,588,885	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	2,569,631	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,647,591	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	42,901,326	0	0	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	22,920	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	538,709	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	413,286	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 DIABETES	0	133,981	0	0	0	76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	855,650	0	0	0	76.98
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
91.00	09100 EMERGENCY	0	10,087,096	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	471,883	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	3,260,117	0	0	0	92.01
93.00	04951 INFUSION	0	2,325,452	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	172,953,460	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 5:43 pm
	Title XVIII	Hospital	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02	05404 ULTRASOUND	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
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
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	76.01
76.02	03957 RIMMS	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	76.04
76.05	03953 DIABETES	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951 INFUSION	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.234791	14,970,108	1	362	3,514,847	50.00
51.00	05100 RECOVERY ROOM	0.312337	2,148,662	0	0	671,107	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.539084	603	0	0	325	52.00
53.00	05300 ANESTHESIOLOGY	0.072124	3,359,192	0	132	242,278	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165340	19,164,392	60	1,218	3,168,641	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.170307	1,830,527	0	0	311,752	54.01
54.02	05404 ULTRASOUND	0.107996	2,234,848	0	0	241,355	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.406931	6,171,162	196	0	2,511,237	55.00
57.00	05700 CT SCAN	0.041560	11,596,684	4	2,408	481,958	57.00
58.00	05800 MRI	0.085527	3,156,009	0	0	269,924	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142716	19,459,078	4	1,879	2,777,122	59.00
60.00	06000 LABORATORY	0.125261	10,406,211	2,526	0	1,303,492	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.481112	551,119	1	1,817	265,150	64.00
65.00	06500 RESPIRATORY THERAPY	0.266589	2,013,661	0	0	536,820	65.00
66.00	06600 PHYSICAL THERAPY	0.327797	74,677	0	0	24,479	66.00
69.00	06900 ELECTROCARDIOLOGY	0.200135	4,588,885	0	0	918,396	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.233565	2,569,631	0	0	600,176	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452280	7,647,591	0	0	3,458,852	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.167817	42,901,326	111	41,466	7,199,572	73.00
75.01	03955 RENAL DIALYSIS (IP)	0.567083	22,920	0	0	12,998	75.01
76.00	03956 CARDIAC REHAB	0.679272	538,709	0	0	365,930	76.00
76.01	03950 OP PSY/CDU	0.227239	413,286	0	0	93,915	76.01
76.02	03957 RI MMS	1.147583	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05	03953 DIABETES	0.813201	133,981	0	0	108,953	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.547169	855,650	0	0	468,185	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
91.00	09100 EMERGENCY	0.128467	10,087,096	0	132	1,295,859	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.052434	471,883	0	0	24,743	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.199478	3,260,117	0	0	650,322	92.01
93.00	04951 INFUSION	0.301057	2,325,452	28	0	700,094	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.851037	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.967865		0			95.00
200.00	Subtotal (see instructions)		172,953,460	2,931	49,414	32,218,482	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		172,953,460	2,931	49,414	32,218,482	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVII I	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	85		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	10		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10	201		54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	80	0		55.00
57.00 05700 CT SCAN	0	100		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	1	268		59.00
60.00 06000 LABORATORY	316	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	874		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	19	6,959		73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0		75.01
76.00 03956 CARDIAC REHAB	0	0		76.00
76.01 03950 OP PSY/CDU	0	0		76.01
76.02 03957 RIMMS	0	0		76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04 03952 PAIN CLINIC	0	0		76.04
76.05 03953 DIABETES	0	0		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00 09100 EMERGENCY	0	17		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 INFUSION	8	0		93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0		93.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	434	8,514		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	434	8,514		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140186 Component CCN: 14T186		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 5:43 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,619,938	81,199,865	0.032265	197,196	6,363	50.00
51.00	05100	RECOVERY ROOM	246,016	12,667,698	0.019421	33,881	658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	332,671	5,780,064	0.057555	0	0	52.00
53.00	05300	ANESTHESIOLOGY	142,807	28,010,346	0.005098	75,354	384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,451,055	55,937,815	0.025941	194,052	5,034	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	50,394	4,887,624	0.010311	12,005	124	54.01
54.02	05404	ULTRASOUND	158,681	12,318,839	0.012881	123,625	1,592	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	701,244	14,409,993	0.048664	176	9	55.00
57.00	05700	CT SCAN	233,739	53,021,567	0.004408	308,298	1,359	57.00
58.00	05800	MRI	449,461	14,526,647	0.030940	66,752	2,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	617,358	47,230,703	0.013071	7,602	99	59.00
60.00	06000	LABORATORY	995,218	104,293,083	0.009543	904,447	8,631	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	116,657	6,404,627	0.018214	69,758	1,271	64.00
65.00	06500	RESPIRATORY THERAPY	380,156	15,120,970	0.025141	542,081	13,628	65.00
66.00	06600	PHYSICAL THERAPY	814,469	21,019,576	0.038748	6,808,210	263,805	66.00
69.00	06900	ELECTROCARDIOLOGY	408,195	17,404,946	0.023453	48,880	1,146	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	245,947	11,013,618	0.022331	280,490	6,264	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	373,557	32,758,447	0.011403	84,384	962	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	426,118	105,709,689	0.004031	1,552,870	6,260	73.00
75.01	03955	RENAL DIALYSIS (IP)	9,060	785,250	0.011538	104,709	1,208	75.01
76.00	03956	CARDIAC REHAB	108,892	1,203,599	0.090472	564	51	76.00
76.01	03950	OP PSY/CDU	355,356	9,650,186	0.036824	0	0	76.01
76.02	03957	RI MMS	138,923	1,146,623	0.121158	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	36,143	733,086	0.049303	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	50,480	2,065,010	0.024445	42,277	1,033	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	142,366	493,061	0.288739	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	616,599	65,406,736	0.009427	51,853	489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	5,361,525	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	154,690	8,336,318	0.018556	251,891	4,674	92.01
93.00	04951	INFUSION	42,301	4,706,228	0.008988	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	481,622	2,914,005	0.165278	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,900,113	746,517,744		11,761,355	327,109	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 5:43 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02 05404 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00 03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02 03957 RIMMS	0	0	0	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05 03953 DIABETES	0	0	0	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
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
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951 INFUSION	0	0	0	0	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
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: 140186 Component CCN: 14T186	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 5:43 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 ÷ col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	81,199,865	0.000000	0.000000	197,196	50.00
51.00 05100 RECOVERY ROOM	0	12,667,698	0.000000	0.000000	33,881	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,780,064	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	28,010,346	0.000000	0.000000	75,354	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	55,937,815	0.000000	0.000000	194,052	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	4,887,624	0.000000	0.000000	12,005	54.01
54.02 05404 ULTRASOUND	0	12,318,839	0.000000	0.000000	123,625	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	14,409,993	0.000000	0.000000	176	55.00
57.00 05700 CT SCAN	0	53,021,567	0.000000	0.000000	308,298	57.00
58.00 05800 MRI	0	14,526,647	0.000000	0.000000	66,752	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	47,230,703	0.000000	0.000000	7,602	59.00
60.00 06000 LABORATORY	0	104,293,083	0.000000	0.000000	904,447	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	6,404,627	0.000000	0.000000	69,758	64.00
65.00 06500 RESPIRATORY THERAPY	0	15,120,970	0.000000	0.000000	542,081	65.00
66.00 06600 PHYSICAL THERAPY	0	21,019,576	0.000000	0.000000	6,808,210	66.00
69.00 06900 ELECTROCARDIOLOGY	0	17,404,946	0.000000	0.000000	48,880	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	11,013,618	0.000000	0.000000	280,490	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	32,758,447	0.000000	0.000000	84,384	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	105,709,689	0.000000	0.000000	1,552,870	73.00
75.01 03955 RENAL DIALYSIS (IP)	0	785,250	0.000000	0.000000	104,709	75.01
76.00 03956 CARDIAC REHAB	0	1,203,599	0.000000	0.000000	564	76.00
76.01 03950 OP PSY/CDU	0	9,650,186	0.000000	0.000000	0	76.01
76.02 03957 RIMMS	0	1,146,623	0.000000	0.000000	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04 03952 PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05 03953 DIABETES	0	733,086	0.000000	0.000000	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	2,065,010	0.000000	0.000000	42,277	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	493,061	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00 09100 EMERGENCY	0	65,406,736	0.000000	0.000000	51,853	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	5,361,525	0.000000	0.000000	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	8,336,318	0.000000	0.000000	251,891	92.01
93.00 04951 INFUSION	0	4,706,228	0.000000	0.000000	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	2,914,005	0.000000	0.000000	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	746,517,744			11,761,355	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 5:43 pm
Title XVIIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02 05404 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00 03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02 03957 RIMMS	0	0	0	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05 03953 DIABETES	0	0	0	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
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
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951 INFUSION	0	0	0	0	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
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: 140186 Component CCN: 14T186	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 5:43 pm
Title XVII I		Subprovider - IRF	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02	05404 ULTRASOUND	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
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
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	76.01
76.02	03957 RIMMS	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	76.04
76.05	03953 DIABETES	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951 INFUSION	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2015 5:43 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		36,480	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,480	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		36,023	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)		13,831	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		22,440,560	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		22,440,560	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		22,440,560	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		615.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,508,140	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		8,508,140	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 5:43 pm	
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	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	1,766,514	3,684	479.51	2,080	43.00
44.00	CORONARY CARE UNIT	4,938,581	1,228	4,021.65	750	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)				23,817,661	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				36,339,420	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)				1,323,164	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,853,764	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				3,176,928	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				33,162,492	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)				457	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				615.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				281,124	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 5:43 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,528,017	22,440,560	0.112654	281,124	31,670	90.00
91.00	Nursing School cost	0	22,440,560	0.000000	281,124	0	91.00
92.00	Allied health cost	0	22,440,560	0.000000	281,124	0	92.00
93.00	All other Medical Education	0	22,440,560	0.000000	281,124	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T186		Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,370	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,370	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,370	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,713	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,481,999	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,481,999	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,481,999	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		743.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,249,501	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)		4,249,501	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T186				Date/Time Prepared: 5/28/2015 5:43 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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)					3,166,983		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,416,484		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)					311,130		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					327,109		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					638,239		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					6,778,245		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: 140186 Component CCN: 14T186		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 5:43 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	401,365	5,481,999	0.073215	0	0	90.00
91.00	Nursing School cost	0	5,481,999	0.000000	0	0	91.00
92.00	Allied health cost	0	5,481,999	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,481,999	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 5:43 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,191,355	30.00
31.00	03100	INTENSIVE CARE UNIT		3,007,271	31.00
32.00	03200	CORONARY CARE UNIT		1,056,609	32.00
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			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.236155	17,016,627	50.00
51.00	05100	RECOVERY ROOM	0.312337	2,165,022	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.539084	16,035	52.00
53.00	05300	ANESTHESIOLOGY	0.072124	6,812,963	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165340	3,754,418	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.170307	779,321	54.01
54.02	05404	ULTRASOUND	0.107996	1,541,606	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.408901	75,270	55.00
57.00	05700	CT SCAN	0.041560	8,566,721	57.00
58.00	05800	MRI	0.085527	1,709,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142716	8,810,899	59.00
60.00	06000	LABORATORY	0.125528	17,623,168	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.481112	290,829	64.00
65.00	06500	RESPIRATORY THERAPY	0.266589	5,253,546	65.00
66.00	06600	PHYSICAL THERAPY	0.327797	2,328,202	66.00
69.00	06900	ELECTROCARDIOLOGY	0.200135	3,501,745	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.233565	3,498,976	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.452280	10,456,463	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167817	19,142,361	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.567083	415,539	75.01
76.00	03956	CARDIAC REHAB	0.679272	118,866	76.00
76.01	03950	OP PSY/CDU	0.227239	2,593	76.01
76.02	03957	RIMMS	1.147583	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	76.04
76.05	03953	DIABETES	0.813201	702	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.548530	225,838	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100	EMERGENCY	0.128467	8,621,392	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.052434	1,224,217	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.199478	1,622,429	92.01
93.00	04951	INFUSION	0.301057	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.851037	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		125,575,695	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)		125,575,695	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T186		Date/Time Prepared: 5/28/2015 5:43 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,793,040	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.236155	197,196	50.00
51.00	05100	RECOVERY ROOM	0.312337	33,881	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.539084	0	52.00
53.00	05300	ANESTHESIOLOGY	0.072124	75,354	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165340	194,052	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.170307	12,005	54.01
54.02	05404	ULTRASOUND	0.107996	123,625	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.408901	176	55.00
57.00	05700	CT SCAN	0.041560	308,298	57.00
58.00	05800	MRI	0.085527	66,752	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142716	7,602	59.00
60.00	06000	LABORATORY	0.125528	904,447	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.481112	69,758	64.00
65.00	06500	RESPIRATORY THERAPY	0.266589	542,081	65.00
66.00	06600	PHYSICAL THERAPY	0.327797	6,808,210	66.00
69.00	06900	ELECTROCARDIOLOGY	0.200135	48,880	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.233565	280,490	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.452280	84,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167817	1,552,870	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.567083	104,709	75.01
76.00	03956	CARDIAC REHAB	0.679272	564	76.00
76.01	03950	OP PSY/CDU	0.227239	0	76.01
76.02	03957	RI MMS	1.147583	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	76.04
76.05	03953	DIABETES	0.813201	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.548530	42,277	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	09100	EMERGENCY	0.128467	51,853	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.052434	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.199478	251,891	92.01
93.00	04951	INFUSION	0.301057	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.851037	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		11,761,355	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)		11,761,355	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		26,402,820	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,982,729	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)		144,796	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		3,838,009	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		239.75	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		17.83	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)		17.83	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		17.83	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)		17.83	12.00
13.00	Total allowable FTE count for the prior year.		13.33	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.		12.85	14.00
15.00	Sum of lines 12 through 14 divided by 3.		14.67	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		14.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.061189	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.043885	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.043885	21.00
22.00	IME payment adjustment (see instructions)		929,128	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		929,128	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		40.17	31.00
32.00	Sum of lines 30 and 31		44.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.85	33.00
34.00	Disproportionate share adjustment (see instructions)		1,844,472	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 5:43 pm	
		Title XVII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	0	35.00
35.01	Factor 3 (see instructions)		0.000495337	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,481,007	3,830,046	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,351,547	965,382	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,316,929		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		42,620,874		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)		42,620,874		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,261,243		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).		136,128		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		2,198		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)		46,020,443		59.00
60.00	Primary payer payments		26,217		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,994,226		61.00
62.00	Deductibles billed to program beneficiaries		3,589,696		62.00
63.00	Coinurance billed to program beneficiaries		96,016		63.00
64.00	Allowable bad debts (see instructions)		908,283		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		590,384		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		721,928		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,898,898		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		62,549		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 5:43 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		42,961,447		71.00
71.01	Sequestration adjustment (see instructions)		859,229		71.01
72.00	Interim payments		41,223,166		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)		879,052		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)		2,254,543		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 1.00	On/After 10/1 2.00	
100.00	HSP Bonus Payment Amount HSP bonus amount (see instructions)		0		100.00
101.00	HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)		0		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
103.00	HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVII	Hospital	PPS

	Original mcx Values	Adjusted mcx Values	HFS Look Up	Override Value	Revised Value	
	1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	3.83	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	40.17	0.00		40.17	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	44.00	0.00		40.17	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban			Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	239.75	0.00		239.75	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	20.85	0.00		22.36	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes			Yes	7.00
8.00	S-2, Line 22	Yes			Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes			No	9.00
10.00	S-2, Line 45	Yes			Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes			Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	3.83	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes			Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	4.06	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	11,527	0		11,527	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	5,615	0		5,615	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0		0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0		0	18.00
18.01	N/A	0	0		0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	229	0		229	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0		0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	17,371	0		17,371	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	43,249	0		43,249	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0		0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0		0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0		0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	43,249	0		43,249	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	40.17	0.00		40.17	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVII I	Hospital	PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	25.51		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		25.51		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		25.51		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, Line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVII	Hospital	PPS
		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	22.36		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	22.36		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	22.36		31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2015 5:43 pm	
			Title XVIII	Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,402,820	0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,982,729		35,385,549	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	144,796	0	144,796	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00
4.00	Managed care simulated payments	3.00	3,838,009	0	3,838,009	4.00
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.043885	0.043885	0.043885	5.00
6.00	IME payment adjustment (see instructions)	22.00	929,128	0	929,128	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	929,128	0	929,128	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2085	0.2085	0.2085	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,844,472	0	1,844,472	11.00
11.01	Uncompensated care payments	36.00	4,316,929	3,351,547	965,382	11.01
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,620,874	3,351,547	39,269,327	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,620,874	3,351,547	39,269,327	15.00
16.00	Payment for inpatient program capital	50.00	3,261,243	0	3,261,243	16.00
17.00	Special add-on payments for new technologies	54.00	2,198	0	2,198	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00
19.00	SUBTOTAL			3,351,547	42,532,768	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,828,166	0	2,828,166	2,828,166	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	63,436	0	63,436	63,436	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0376	0.0376	0.0376		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	106,339	0	106,339	106,339	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0931	0.0931	0.0931		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	263,302	0	263,302	263,302	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,261,243	0	3,261,243	3,261,243	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	62,549	0	62,549	62,549	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,948	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		32,218,482	2.00
3.00	PPS payments		30,897,445	3.00
4.00	Outlier payment (see instructions)		88,182	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,948	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		52,345	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)		52,345	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		52,345	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		43,397	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)		8,948	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)		30,985,627	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,992,375	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)		25,002,200	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		100,450	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)		25,102,650	30.00
31.00	Primary payer payments		4,075	31.00
32.00	Subtotal (line 30 minus line 31)		25,098,575	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		726,664	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		472,332	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		653,253	36.00
37.00	Subtotal (see instructions)		25,570,907	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)		25,570,907	40.00
40.01	Sequestration adjustment (see instructions)		511,418	40.01
41.00	Interim payments		25,266,568	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-207,079	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		563,655	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
112.00	Override of Ancillary service charges (line 12)			0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2015 5:43 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		41,184,298		25,266,568	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	09/29/2014	38,868		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)		38,868		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)		41,223,166		25,266,568	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		879,052		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		207,079	6.02	
7.00	Total Medicare program liability (see instructions)		42,102,218		25,059,489	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: 140186 Component CCN: 14T186		Period: From 01/01/2014 To 12/31/2014		Worksheet E-1 Part I Date/Time Prepared: 5/28/2015 5:43 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		8,793,818			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		8,793,818			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		107,931			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		8,901,749			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			9,362 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			16,661 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,125 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			40,935 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			809,073,412 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			3,167,031 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)			839,073 8.00
9.00	Sequestration adjustment amount (see instructions)			16,781 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			822,292 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			894,460 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)			-72,168 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			8,788,075 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0406 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			268,036 3.00
4.00	Outlier Payments			153,842 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			20.191781 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			9,209,953 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			9,209,953 17.00
18.00	Primary payer payments			5,000 18.00
19.00	Subtotal (line 17 less line 18).			9,204,953 19.00
20.00	Deductibles			110,592 20.00
21.00	Subtotal (line 19 minus line 20)			9,094,361 21.00
22.00	Coinurance			10,944 22.00
23.00	Subtotal (line 21 minus line 22)			9,083,417 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			9,083,417 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			9,083,417 32.00
32.01	Sequestration adjustment (see instructions)			181,668 32.01
33.00	Interim payments			8,793,818 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			107,931 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			153,842 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/28/2015 5:43 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			17.83	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			17.83	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			17.83	6.00
7.00	Enter the lesser of line 5 or line 6			17.83	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	11.75	4.04	15.79	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	11.75	4.04	15.79	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	11.75	4.04		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	3.92	1.35		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	3.92	1.35		17.00
18.00	Per resident amount	98,525.31	98,525.31		18.00
19.00	Approved amount for resident costs	386,219	133,009	519,228	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			98,525.31	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			519,228	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	24,208	2,188		26.00
27.00	Total Inpatient Days (see instructions)	57,254	57,254		27.00
28.00	Ratio of inpatient days to total inpatient days	0.422818	0.038216		28.00
29.00	Program direct GME amount	219,539	19,843		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		2,804		30.00
31.00	Net Program direct GME amount			236,578	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		43,755,904	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		31,217	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		43,724,687	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		32,271,051	42.00
43.00	Primary payer payments (see instructions)		6,370	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,264,681	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		75,989,368	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.575405	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.424595	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		236,578	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		136,128	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		100,450	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140186 Period: From 01/01/2014 To 12/31/2014 Worksheet G
 Date/Time Prepared: 5/28/2015 5:43 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	34,499,724	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	36,817,796	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,471,730	0	0	0	7.00
8.00	Prepaid expenses	5,327,953	0	0	0	8.00
9.00	Other current assets	19,056,484	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)	102,173,687	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,979,046	0	0	0	12.00
13.00	Land improvements	3,542,928	0	0	0	13.00
14.00	Accumulated depreciation	-2,679,448	0	0	0	14.00
15.00	Buildings	232,621,983	0	0	0	15.00
16.00	Accumulated depreciation	-110,681,101	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	265,779,872	0	0	0	23.00
24.00	Accumulated depreciation	-196,113,316	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)	200,449,964	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	255,733,789	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	6,650,445	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	262,384,234	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	565,007,885	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,240,523	0	0	0	37.00
38.00	Salaries, wages, and fees payable	18,773,383	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,800,839	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	27,464,049	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	56,278,794	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	133,286,540	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	35,530,729	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	168,817,269	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	225,096,063	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	339,911,822				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)	339,911,822	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	565,007,885	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140186

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

Worksheet G-1

Date/Time Prepared:
5/28/2015 5:43 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		317,977,139			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		20,165,729				2.00
3.00	Total (sum of line 1 and line 2)		338,142,868			0	3.00
4.00	INCREASE IN UNRESTRICTED NET ASSETS	1,291,083		0		0	4.00
5.00	INCREASE IN TEMPORARILY RESTRICTED N	478,811		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,769,894			0	10.00
11.00	Subtotal (line 3 plus line 10)		339,912,762			0	11.00
12.00	ROUNDING	940		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		940			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		339,911,822			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	INCREASE IN UNRESTRICTED NET ASSETS		0				4.00
5.00	INCREASE IN TEMPORARILY RESTRICTED N		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	ROUNDING		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: 140186

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2015 5:43 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	36,869,734		36,869,734	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,190,800		6,190,800	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,060,534		43,060,534	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,250,016		5,250,016	11.00
12.00	CORONARY CARE UNIT	1,755,920		1,755,920	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,005,936		7,005,936	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	50,066,470		50,066,470	17.00
18.00	Ancillary services	241,570,473	423,256,756	664,827,229	18.00
19.00	Outpatient services	22,066,781	64,658,031	86,724,812	19.00
20.00	RURAL HEALTH CLINIC	0	493,061	493,061	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		5,069,042	5,069,042	22.00
23.00	AMBULANCE SERVICES	313,393	4,945,022	5,258,415	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	44,939,688	44,939,688	27.00
27.01	JOINT VENTURE REVENUE	0	11,916,826	11,916,826	27.01
28.00	Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. G-3, line 1)	314,017,117	555,278,426	869,295,543	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		253,361,678		29.00
30.00	MISCELLANEOUS	1,730,452			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)		1,730,452		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)		255,092,130		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140186

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

Worksheet G-3

Date/Time Prepared:
5/28/2015 5:43 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	869,295,543	1.00
2.00	Less contractual allowances and discounts on patients' accounts	611,170,787	2.00
3.00	Net patient revenues (line 1 minus line 2)	258,124,756	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	255,092,130	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,032,626	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	6,651,302	24.00
24.01	NON OPERATING INCOME	10,422,330	24.01
24.02	MISCELLANEOUS EXPENSE	59,471	24.02
25.00	Total other income (sum of lines 6-24)	17,133,103	25.00
26.00	Total (line 5 plus line 25)	20,165,729	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)	20,165,729	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140186

Period: From 01/01/2014

Worksheet H

HHA CCN: 147400

To 12/31/2014

Date/Time Prepared: 5/28/2015 5:43 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
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	877,201	0	0	193,756	1,070,957	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	912,300	0	0	0	912,300	6.00
7.00	Physical Therapy	859,632	0	0	0	859,632	7.00
8.00	Occupational Therapy	148,588	0	0	0	148,588	8.00
9.00	Speech Pathology	14,938	0	0	0	14,938	9.00
10.00	Medical Social Services	1,203	0	0	0	1,203	10.00
11.00	Home Health Aide	22,649	0	0	0	22,649	11.00
12.00	Supplies (see instructions)	0	0	0	41,987	41,987	12.00
13.00	Drugs	0	0	0	1,302	1,302	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
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)	2,836,511	0	0	237,045	3,073,556	24.00
	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			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	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	21,908	1,092,865	0	1,092,865	1,114,778	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	22,785	935,085	0	935,085	957,870	6.00
7.00	Physical Therapy	21,470	881,102	0	881,102	902,572	7.00
8.00	Occupational Therapy	3,711	152,299	0	152,299	156,010	8.00
9.00	Speech Pathology	373	15,311	0	15,311	15,684	9.00
10.00	Medical Social Services	30	1,233	0	1,233	1,263	10.00
11.00	Home Health Aide	566	23,215	0	23,215	23,781	11.00
12.00	Supplies (see instructions)	0	41,987	0	41,987	41,987	12.00
13.00	Drugs	0	1,302	0	1,302	1,302	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
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)	70,843	3,144,399	0	3,144,399	3,215,242	24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/28/2015 5:43 pm
		HHA CCN: 147400	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)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
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	1,092,865	0	0	0	1,092,865	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	935,085	0	0	0	935,085	6.00
7.00	Physical Therapy	881,102	0	0	0	881,102	7.00
8.00	Occupational Therapy	152,299	0	0	0	152,299	8.00
9.00	Speech Pathology	15,311	0	0	0	15,311	9.00
10.00	Medical Social Services	1,233	0	0	0	1,233	10.00
11.00	Home Health Aide	23,215	0	0	0	23,215	11.00
12.00	Supplies (see instructions)	41,987	0	0	0	41,987	12.00
13.00	Drugs	1,302	0	0	0	1,302	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
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)	3,144,399	0	0	0	3,144,399	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
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	1,092,865					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	498,125	1,433,210				6.00
7.00	Physical Therapy	469,368	1,350,470				7.00
8.00	Occupational Therapy	81,131	233,430				8.00
9.00	Speech Pathology	8,156	23,467				9.00
10.00	Medical Social Services	657	1,890				10.00
11.00	Home Health Aide	12,367	35,582				11.00
12.00	Supplies (see instructions)	22,367	64,354				12.00
13.00	Drugs	694	1,996				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
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)		3,144,399				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part II Date/Time Prepared: 5/28/2015 5:43 pm
		HHA CCN: 147400	Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
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	-1,092,865	2,051,534
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	935,085
7.00	Physical Therapy	0	0	0	0	0	881,102
8.00	Occupational Therapy	0	0	0	0	0	152,299
9.00	Speech Pathology	0	0	0	0	0	15,311
10.00	Medical Social Services	0	0	0	0	0	1,233
11.00	Home Health Aide	0	0	0	0	0	23,215
12.00	Supplies (see instructions)	0	0	0	0	0	41,987
13.00	Drugs	0	0	0	0	0	1,302
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
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	-1,092,865	2,051,534
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,092,865
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.532706

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140186

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 147400

To 12/31/2014

Part I
Date/Time Prepared:
5/28/2015 5:43 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	42,326	113,815	692,638	19,807	480,196	1.00
2.00 Skilled Nursing Care	1,433,210	0	0	0	0	0	2.00
3.00 Physical Therapy	1,350,470	0	0	0	0	0	3.00
4.00 Occupational Therapy	233,430	0	0	0	0	0	4.00
5.00 Speech Pathology	23,467	0	0	0	0	0	5.00
6.00 Medical Social Services	1,890	0	0	0	0	0	6.00
7.00 Home Health Aide	35,582	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	64,354	0	0	0	0	0	8.00
9.00 Drugs	1,996	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)	3,144,399	42,326	113,815	692,638	19,807	480,196	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	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	5.03	5.05	5A.05	5.06	6.00	7.00	
1.00 Administrative and General	3,682	51,142	1,403,606	181,513	0	37,236	1.00
2.00 Skilled Nursing Care	0	0	1,433,210	185,342	0	0	2.00
3.00 Physical Therapy	0	0	1,350,470	174,641	0	0	3.00
4.00 Occupational Therapy	0	0	233,430	30,187	0	0	4.00
5.00 Speech Pathology	0	0	23,467	3,035	0	0	5.00
6.00 Medical Social Services	0	0	1,890	244	0	0	6.00
7.00 Home Health Aide	0	0	35,582	4,601	0	0	7.00
8.00 Supplies (see instructions)	0	0	64,354	8,322	0	0	8.00
9.00 Drugs	0	0	1,996	258	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)	3,682	51,142	4,548,005	588,143	0	37,236	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: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part I Date/Time Prepared: 5/28/2015 5:43 pm
		HHA CCN: 147400	Home Health Agency I	PPS

Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	39,818	0	0	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) (2)	0	39,818	0	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	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS			
	15.00	16.00	17.00	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	PARAMEDICAL EDUCATION PRGM	23.00
1.00	Administrative and General	0	19,703	0	0	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) (2)	0	19,703	0	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

(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: 140186

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 147400

To 12/31/2014

Part I
Date/Time Prepared:
5/28/2015 5:43 pm

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	1,681,876	0	1,681,876				1.00
2.00 Skilled Nursing Care	1,618,552	0	1,618,552	766,594	2,385,146		2.00
3.00 Physical Therapy	1,525,111	0	1,525,111	722,340	2,247,451		3.00
4.00 Occupational Therapy	263,617	0	263,617	124,857	388,474		4.00
5.00 Speech Pathology	26,502	0	26,502	12,552	39,054		5.00
6.00 Medical Social Services	2,134	0	2,134	1,011	3,145		6.00
7.00 Home Health Aide	40,183	0	40,183	19,032	59,215		7.00
8.00 Supplies (see instructions)	72,676	0	72,676	34,422	107,098		8.00
9.00 Drugs	2,254	0	2,254	1,068	3,322		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)	5,232,905	0	5,232,905	1,681,876	5,232,905		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.				0.473631			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: 140186 HHA CCN: 147400	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Prepared: 5/28/2015 5:43 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	PURCHASING (REQS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	2,848	110,078	708,955	19	35	52,106	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)	2,848	110,078	708,955	19	35	52,106	20.00
21.00 Total cost to be allocated	42,326	113,815	692,638	19,807	480,196	3,682	21.00
22.00 Unit cost multiplier	14.861657	1.033949	0.976984	1,042.473684	13,719.885714	0.070664	22.00
Cost Center Description	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.05	5A.06	5.06	6.00	7.00	8.00	
1.00 Administrative and General	5,069,042	0	1,403,606	0	2,848	0	1.00
2.00 Skilled Nursing Care	0	0	1,433,210	0	0	0	2.00
3.00 Physical Therapy	0	0	1,350,470	0	0	0	3.00
4.00 Occupational Therapy	0	0	233,430	0	0	0	4.00
5.00 Speech Pathology	0	0	23,467	0	0	0	5.00
6.00 Medical Social Services	0	0	1,890	0	0	0	6.00
7.00 Home Health Aide	0	0	35,582	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	64,354	0	0	0	8.00
9.00 Drugs	0	0	1,996	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)	5,069,042	0	4,548,005	0	2,848	0	20.00
21.00 Total cost to be allocated	51,142	0	588,143	0	37,236	0	21.00
22.00 Unit cost multiplier	0.010089	0	0.129319	0.000000	13.074438	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Prepared: 5/28/2015 5:43 pm
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Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	9.00	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	2,848	0	0	0	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)	2,848	0	0	0	0	0	20.00
21.00 Total cost to be allocated	39,818	0	0	0	0	0	21.00
22.00 Unit cost multiplier	13.981039	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
			21.00	22.00		
1.00 Administrative and General	5,069,042	0	0	0	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)	5,069,042	0	0	0	0	20.00
21.00 Total cost to be allocated	19,703	0	0	0	0	21.00
22.00 Unit cost multiplier	0.003887	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/28/2015 5:43 pm	
					Title XVII I	Home Health Agency I	PPS	
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	2,385,146		2,385,146	11,809	201.98	1.00
2.00	Physical Therapy	3.00	2,247,451	0	2,247,451	8,709	258.06	2.00
3.00	Occupational Therapy	4.00	388,474	0	388,474	1,330	292.09	3.00
4.00	Speech Pathology	5.00	39,054	0	39,054	232	168.34	4.00
5.00	Medical Social Services	6.00	3,145		3,145	37	85.00	5.00
6.00	Home Health Aide	7.00	59,215		59,215	932	63.54	6.00
7.00	Total (sum of lines 1-6)		5,122,485	0	5,122,485	23,049		7.00
					Program Visits			
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Part B				
				Not Subject to Deductibles & Coi nsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		16580	0	30			8.00
8.01	Skilled Nursing Care		16974	0	1,064			8.01
8.02	Skilled Nursing Care		28100	0	7,167			8.02
8.03	Skilled Nursing Care		99914	0	847			8.03
9.00	Physical Therapy		16580	0	25			9.00
9.01	Physical Therapy		16974	0	686			9.01
9.02	Physical Therapy		28100	0	5,536			9.02
9.03	Physical Therapy		99914	0	619			9.03
10.00	Occupational Therapy		16580	0	0			10.00
10.01	Occupational Therapy		16974	0	92			10.01
10.02	Occupational Therapy		28100	0	880			10.02
10.03	Occupational Therapy		99914	0	88			10.03
11.00	Speech Pathology		16580	0	3			11.00
11.01	Speech Pathology		16974	0	19			11.01
11.02	Speech Pathology		28100	0	176			11.02
11.03	Speech Pathology		99914	0	9			11.03
12.00	Medical Social Services		16580	0	0			12.00
12.01	Medical Social Services		16974	0	1			12.01
12.02	Medical Social Services		28100	0	24			12.02
12.03	Medical Social Services		99914	0	2			12.03
13.00	Home Health Aide		16580	0	0			13.00
13.01	Home Health Aide		16974	0	160			13.01
13.02	Home Health Aide		28100	0	578			13.02
13.03	Home Health Aide		99914	0	63			13.03
14.00	Total (sum of lines 8-13)			0	18,069			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	107,098	0	107,098	0	0.000000	15.00
16.00	Cost of Drugs	9.00	3,322	0	3,322	962	3.453222	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/28/2015 5:43 pm	
				HHA CCN: 147400	Title XVII I	Home Health Agency I PPS	
Cost Center Description	Program Visits			Cost of Services			
	Part A	Part B			Part A	Part B	
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance
	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	9,108		0	1,839,634	1.00
2.00	Physical Therapy	0	6,866		0	1,771,840	2.00
3.00	Occupational Therapy	0	1,060		0	309,615	3.00
4.00	Speech Pathology	0	207		0	34,846	4.00
5.00	Medical Social Services	0	27		0	2,295	5.00
6.00	Home Health Aide	0	801		0	50,896	6.00
7.00	Total (sum of lines 1-6)	0	18,069		0	4,009,126	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
14.00	Total (sum of lines 8-13)						14.00
Program Covered Charges							
Cost Center Description	Part A	Part B		Cost of Services			
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Part A	Part B	
		6.00	7.00			8.00	9.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0			15.00
16.00	Cost of Drugs		962	0		3,322	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/28/2015 5:43 pm
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Cost Center Description	Total Program Cost (sum of cols. 9-10)		
	12.00		
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	1,839,634	1.00
2.00	Physical Therapy	1,771,840	2.00
3.00	Occupational Therapy	309,615	3.00
4.00	Speech Pathology	34,846	4.00
5.00	Medical Social Services	2,295	5.00
6.00	Home Health Aide	50,896	6.00
7.00	Total (sum of lines 1-6)	4,009,126	7.00
Cost Center Description			
		12.00	
Limitation Cost Computation			
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
8.03	Skilled Nursing Care		8.03
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
9.03	Physical Therapy		9.03
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
10.03	Occupational Therapy		10.03
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
11.03	Speech Pathology		11.03
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
12.03	Medical Social Services		12.03
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
13.03	Home Health Aide		13.03
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 5/28/2015 5:43 pm
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	0.327797	0	0	col. 2, line 2.00
2.00	Occupational Therapy					
3.00	Speech Pathology					
4.00	Cost of Medical Supplies	71.00	0.233565	0	0	col. 2, line 15.00
5.00	Cost of Drugs	73.00	0.167817	0	0	col. 2, line 16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2015 5:43 pm
		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
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	3,322	0
2.00	Total charges	0	962	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	962	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	2,360	0
9.00	Primary payer amounts	0	2,295	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	1,027	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	3,343,442	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	11,458	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	59,416	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	29,899	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	3,078	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	93	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	3,448,413	22.00
23.00	Excess reasonable cost (from line 8)	0	2,360	23.00
24.00	Subtotal (line 22 minus line 23)	0	3,446,053	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	3,446,053	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	3,446,053	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	3,446,053	31.00
31.01	Sequestration adjustment (see instructions)	0	68,921	31.01
32.00	Interim payments (see instructions)	0	3,377,132	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2014 To 12/31/2014	Worksheet H-5 Date/Time Prepared: 5/28/2015 5:43 pm PPS
		Home Health Agency I	

		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		3,377,132	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		3,377,132	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		3,377,132	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: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,828,166	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		63,436	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)		112.15	3.00
4.00	Number of interns & residents (see instructions)		14.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.76	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		106,339	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.83	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		40.17	8.00
9.00	Sum of lines 7 and 8		44.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.31	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		263,302	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,261,243	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2014 To 12/31/2014	Worksheet M-1 Date/Time Prepared: 5/28/2015 5:43 pm
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		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	105,184	0	105,184	0	105,184	1.00
2.00	Physician Assistant	18,213	0	18,213	0	18,213	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	93,557	0	93,557	1,803	95,360	9.00
10.00	Subtotal (sum of lines 1 through 9)	216,954	0	216,954	1,803	218,757	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	975	975	0	975	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	3,773	3,773	0	3,773	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	4,748	4,748	0	4,748	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	216,954	4,748	221,702	1,803	223,505	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	0	46,615	46,615	9,235	55,850	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	46,615	46,615	9,235	55,850	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	216,954	51,363	268,317	11,038	279,355	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet M-1
	Component CCN: 143976	Rural Health Clinic (RHC) I	Date/Time Prepared: 5/28/2015 5:43 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	-105,184	0	1.00
2.00	Physician Assistant	0	18,213	2.00
3.00	Nurse Practitioner	0	0	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	95,360	9.00
10.00	Subtotal (sum of lines 1 through 9)	-105,184	113,573	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	975	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	3,773	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	4,748	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-105,184	118,321	22.00
COSTS OTHER THAN RHC/FOHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	0	29.00
30.00	Administrative Costs	0	55,850	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	55,850	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-105,184	174,171	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2014 To 12/31/2014	Worksheet M-2 Date/Time Prepared: 5/28/2015 5:43 pm
			Rural Health Clinic (RHC) I	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Posi tions						
1.00	Physician	0.19	1,082	4,200	798	1.00
2.00	Physician Assistant	0.20	717	2,100	420	2.00
3.00	Nurse Practitioner	0.59	1,726	2,100	1,239	3.00
4.00	Subtotal (sum of lines 1 through 3)	0.98	3,525		2,457	3,525 4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FOHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FOHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.98	3,525			3,525 8.00
9.00	Physician Services Under Agreements		0			0 9.00
					1.00	

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES			
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)		118,321 10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)		0 11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)		118,321 12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)		1.000000 13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)		55,850 14.00
15.00	Parent provider overhead allocated to facility (see instructions)		256,399 15.00
16.00	Total overhead (sum of lines 14 and 15)		312,249 16.00
17.00	Allowable GME overhead (see instructions)		0 17.00
18.00	Subtotal (see instructions)		312,249 18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)		312,249 19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)		430,570 20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140186	Period: From 01/01/2014 To 12/31/2014	Worksheet M-3
		Component CCN: 143976		Date/Time Prepared: 5/28/2015 5:43 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		430,570	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		430,570	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		3,525	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		3,525	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		122.15	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	79.17	79.80	8.00
9.00	Rate for Program covered visits (see instructions)	79.17	79.80	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	505	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	40,299	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		40,299	16.00
16.01	Total program charges (see instructions)(from contractor's records)		77,093	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		26,042	16.04
16.05	Total program cost (see instructions)		26,042	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		7,746	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		13,869	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		26,042	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		26,042	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
26.00	Net reimbursable amount (see instructions)		26,042	26.00
26.01	Sequestration adjustment (see instructions)		521	26.01
27.00	Interim payments		24,922	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)		599	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0	30.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2014 To 12/31/2014	Worksheet M-5 Date/Time Prepared: 5/28/2015 5:43 pm
		Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		24,922	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		24,922	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	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		599	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		25,521	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

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