

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/25/2014 10:31 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/25/2014	Time: 10:31 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH HOSPITAL (140187) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	505,270	-99,082	-47,139	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-19,050	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	486,220	-99,082	-47,139	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: 140187		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 11/25/2014 10:31 am			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 62220-		4.00 County: ST. CLAIR			
1.00 Street: 211 S 3RD STREET		2.00 State: IL		3.00 Zip Code: 62220-		4.00 County: ST. CLAIR			
2.00 City: BELLEVILLE		3.00 Zip Code: 62220-		4.00 County: ST. CLAIR			1.00		
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	
3.00 Hospital and Hospital-Based Component Identification:									
4.00 Hospital		ST. ELIZABETH HOSPITAL	140187	41180	1	07/01/1966	N	P	0
5.00 Subprovider - IPF									
6.00 Subprovider - IRF		REHABILITATION	14T187	41180	5	07/01/1987	N	P	0
7.00 Subprovider - (Other)									
8.00 Swing Beds - SNF									
9.00 Swing Beds - NF									
10.00 Hospital-Based SNF									
11.00 Hospital-Based NF									
12.00 Hospital-Based OLTC									
13.00 Hospital-Based HHA									
14.00 Separately Certified ASC									
15.00 Hospital-Based Hospice									
16.00 Hospital-Based Health Clinic - RHC									
17.00 Hospital-Based Health Clinic - FQHC									
18.00 Hospital-Based (CMHC) I									
19.00 Renal Dialysis									
19.00 Other		BELLEVILLE HHA	147506	41180		11/01/1991			
		From:		To:					
20.00 Cost Reporting Period (mm/dd/yyyy)		1.00		2.00					
21.00 Type of Control (see instructions)		07/01/2013		06/30/2014		20.00			
21.00 Inpatient PPS Information		1				21.00			
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)						22.01			
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.		3		N		23.00			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		4,529	3,742	0	65	1	0		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		441	95	0	0	1			
		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			

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		Beginning: 1.00	Ending: 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 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 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 Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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 Worksheet D, Part III & IV and D-2, Part 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, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 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

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	14.30	0.000000	64.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
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 Nonprovi der Site	Unweighted FTEs in Hospi tal	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 non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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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	
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. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0		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
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	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
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	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00

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		V 1.00		XIX 2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0			118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0			118.01
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
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

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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: HOSPITAL SISTER HEALTH SYSTEM	Contractor's Name:		Contractor's Number: 00131		141.00
142.00	Street: 4936 LAVERNA ROAD	PO Box:				142.00
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62707		143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y	145.00

		1.00	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, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 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

		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 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	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
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.75

		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012	09/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/25/2014 10:31 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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 the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
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	10/10/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/25/2014 10:31 am
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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.	1.00 N	2.00	3.00 N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP		BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LV COSTREPORTS@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/25/2014 10:31 am
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		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/09/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

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

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2014 10:31 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	206	75,190	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)		206	75,190	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		230	83,950	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		260				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: 140187

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

Worksheet S-3
Part I
Date/Time Prepared:
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,549	3,800	30,601			1.00
2.00 HMO and other (see instructions)	3,459	3,662				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	181				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)	11,549	3,800	30,601			7.00
8.00 INTENSIVE CARE UNIT	2,532	387	6,025			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		342	2,098			13.00
14.00 Total (see instructions)	14,081	4,529	38,724	13.40	1,045.22	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,025	356	5,058	0.00	24.62	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				13.40	1,069.84	27.00
28.00 Observation Bed Days		418	3,501			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	146	328			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: 140187

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

Worksheet S-3
Part I
Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,218	1,224	9,860	1.00
2.00 HMO and other (see instructions)			780	1,180		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	3,218	1,224	9,860	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	270	32	461	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

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

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2014 10:31 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	52,325,465	0	52,325,465	2,225,258.42	23.51
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		329,802	0	329,802	2,000.00	164.90
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,301,779	0	1,301,779	30,347.20	42.90
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,273,074	199,698	1,472,772	61,703.45	23.87
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,737,282	0	4,737,282	124,430.71	38.07
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		312,537	0	312,537	2,240.83	139.47
14.00	Home office salaries & wage-related costs		6,468,854	0	6,468,854	102,245.00	63.27
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,421,387	0	17,421,387		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		501,963	0	501,963		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		65,590	0	65,590		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	6,369,327	0	6,369,327	346,904.58	18.36
28.00	Administrative & General under contract (see inst.)		397,534	0	397,534	5,387.09	73.79
29.00	Maintenance & Repairs	6.00	382,641	0	382,641	10,560.50	36.23
30.00	Operation of Plant	7.00	1,590,512	0	1,590,512	77,400.30	20.55
31.00	Laundry & Linen Service	8.00	81,923	0	81,923	7,390.75	11.08
32.00	Housekeeping	9.00	1,190,132	0	1,190,132	107,498.45	11.07
33.00	Housekeeping under contract (see instructions)		182,188	0	182,188	5,200.00	35.04
34.00	Dietary	10.00	1,173,032	-886,929	286,103	22,184.96	12.90
35.00	Dietary under contract (see instructions)		349,235	0	349,235	9,360.00	37.31
36.00	Cafeteria	11.00	0	886,929	886,929	68,774.28	12.90
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,582,733	0	1,582,733	35,460.75	44.63
39.00	Central Services and Supply	14.00	332,514	0	332,514	22,929.85	14.50
40.00	Pharmacy	15.00	1,933,787	-249,570	1,684,217	52,235.75	32.24

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

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

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2014 10:31 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,130,618	0	1,130,618	67,145.25	16.84	41.00
42.00	Social Service	17.00	1,245,894	0	1,245,894	43,161.60	28.87	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

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

Worksheet S-3
Part III
Date/Time Prepared:
11/25/2014 10:31 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	51,952,643	0	51,952,643	2,214,858.31	23.46	1.00
2.00	Excluded area salaries (see instructions)	1,273,074	199,698	1,472,772	61,703.45	23.87	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,679,569	-199,698	50,479,871	2,153,154.86	23.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,518,673	0	11,518,673	228,916.54	50.32	4.00
5.00	Subtotal wage-related costs (see inst.)	17,486,977	0	17,486,977	0.00	34.64	5.00
6.00	Total (sum of lines 3 thru 5)	79,685,219	-199,698	79,485,521	2,382,071.40	33.37	6.00
7.00	Total overhead cost (see instructions)	17,942,070	-249,570	17,692,500	881,594.11	20.07	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2014 10:31 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		3,577,596	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)		8,684,678	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		90,907	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,450,332	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		4,004,701	17.00
18.00	Medicare Taxes - Employers Portion Only		43,144	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		137,682	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		17,989,040	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: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part V Date/Time Prepared: 11/25/2014 10:31 am
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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			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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 11/25/2014 10:31 am
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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)		0.225107		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		12,777,647		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		0		5.00
6.00	Medicaid charges		91,823,390		6.00
7.00	Medicaid cost (line 1 times line 6)		20,670,088		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)		7,892,441		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)		7,892,441		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	16,294,396	1,074,487	17,368,883	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,667,983	241,875	3,909,858	21.00
22.00	Partial payment by patients approved for charity care	1,652	408	2,060	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,666,331	241,467	3,907,798	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		19,361,296		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		527,797		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		18,833,499		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		4,239,552		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,147,350		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,039,791		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140187

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

Worksheet A

Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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 NEW CAP REL COSTS-BLDG & FIXT		4,028,819	4,028,819	1,474,443	5,503,262	1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		5,260,789	5,260,789	678,132	5,938,921	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	17,398,330	17,398,330	-41	17,398,289	4.00	
5.01 00540 NONPATIENT TELEPHONES	214,544	2,037	216,581	-84	216,497	5.01	
5.02 00550 DATA PROCESSING	226	2,599,121	2,599,347	-3,540	2,595,807	5.02	
5.03 00561 PURCHASING RECEIVING AND STORES	172,433	131,280	303,713	-1,580	302,133	5.03	
5.04 00570 ADMINISTRATION	1,460,905	51,048	1,511,953	-2,622	1,509,331	5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	639,818	858,132	1,497,950	-1,583	1,496,367	5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	3,881,401	27,314,988	31,196,389	-45,165	31,151,224	5.06	
6.00 00600 MAINTENANCE & REPAIRS	382,641	1,572,792	1,955,433	-971	1,954,462	6.00	
7.00 00700 OPERATION OF PLANT	1,590,512	3,355,630	4,946,142	-3,309	4,942,833	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	81,923	547,027	628,950	-359	628,591	8.00	
9.00 00900 HOUSEKEEPING	1,190,132	718,708	1,908,840	-31,785	1,877,055	9.00	
10.00 01000 DIETARY	1,173,032	613,149	1,786,181	-1,351,154	435,027	10.00	
11.00 01100 CAFETERIA	0	0	0	1,348,601	1,348,601	11.00	
13.00 01300 NURSING ADMINISTRATION	1,582,733	83,973	1,666,706	-5,411	1,661,295	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	332,514	321,426	653,940	-281,981	371,959	14.00	
15.00 01500 PHARMACY	1,933,787	4,725,131	6,658,918	-4,827,243	1,831,675	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,130,618	916,927	2,047,545	-3,918	2,043,627	16.00	
17.00 01700 SOCIAL SERVICE	1,245,894	454,351	1,700,245	-17,564	1,682,681	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,301,779	1,301,779	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	144,316	144,316	22.00	
23.00 02300 PARAMED PRGM	0	0	0	258,805	258,805	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	10,318,882	1,027,288	11,346,170	-813,995	10,532,175	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,894,930	672,479	4,567,409	-370,881	4,196,528	31.00	
41.00 04100 SUBPROVIDER - I&R	1,201,382	124,532	1,325,914	-62,303	1,263,611	41.00	
43.00 04300 NURSERY	517,939	0	517,939	0	517,939	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	3,695,564	9,991,362	13,686,926	-8,922,672	4,764,254	50.00	
51.00 05100 RECOVERY ROOM	568,650	25,921	594,571	-19,726	574,845	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,091,546	1,833	1,093,379	0	1,093,379	52.00	
53.00 05300 ANESTHESIOLOGY	80,416	350,501	430,917	-338,693	92,224	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,394,535	337,321	2,731,856	-134,990	2,596,866	54.00	
56.00 05600 RADIOISOTOPE	369,579	242,790	612,369	-4,374	607,995	56.00	
57.00 05700 CT SCAN	528,537	156,485	685,022	-67,331	617,691	57.00	
59.00 05900 CARDIAC CATHETERIZATION	1,298,738	4,523,854	5,822,592	-4,316,765	1,505,827	59.00	
60.00 06000 LABORATORY	2,223,152	3,111,788	5,334,940	-163,440	5,171,500	60.00	
64.00 06400 INTRAVENOUS THERAPY	124,975	62,904	187,879	-62,471	125,408	64.00	
65.00 06500 RESPIRATORY THERAPY	1,154,664	256,990	1,411,654	-247,885	1,163,769	65.00	
66.00 06600 PHYSICAL THERAPY	731,170	2,723,343	3,454,513	-500,669	2,953,844	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	225,704	225,704	229,087	454,791	67.00	
68.00 06800 SPEECH PATHOLOGY	0	194,673	194,673	131,431	326,104	68.00	
69.00 06900 ELECTROCARDIOLOGY	443,932	149,982	593,914	-13,968	579,946	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,634,438	7,634,438	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,657,426	8,657,426	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	4,358,670	4,358,670	73.00	
74.00 07400 RENAL DIALYSIS	0	380,261	380,261	-7,111	373,150	74.00	
76.00 03020 PAIN MANAGEMENT	251,155	198,594	449,749	-174,993	274,756	76.00	
76.01 03022 OP CARDIO VASC DIAG	107,352	484,256	591,608	-7,611	583,997	76.01	
76.02 03550 ANCILLARY PSYCH	137,054	7,337	144,391	-1,100	143,291	76.02	
76.03 03950 SLEEP LAB	226,726	39,928	266,654	-12,297	254,357	76.03	
76.04 03650 VASCULAR LAB	232,847	91,230	324,077	-4,515	319,562	76.04	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	229,810	15,776,899	16,006,709	-1,554,395	14,452,314	90.00	
91.00 09100 EMERGENCY	2,878,322	1,275,990	4,154,312	-332,349	3,821,963	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	538,803	51,345	590,148	-31,330	558,818	93.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	49,872	185	50,057	-50,057	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	52,303,645	113,439,433	165,743,078	1,422,897	167,165,975	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,742	65,786	87,528	0	87,528	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	78	2,967,413	2,967,491	-1,426,084	1,541,407	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	3,187	3,187	193.01	
200.00	TOTAL (SUM OF LINES 118-199)	52,325,465	116,472,632	168,798,097	0	168,798,097	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140187

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

Worksheet A
Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-881,249	4,622,013	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	5,938,921	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,934,308	15,463,981	4.00
5.01	00540	NONPATIENT TELEPHONES	0	216,497	5.01
5.02	00550	DATA PROCESSING	-2,552,778	43,029	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	0	302,133	5.03
5.04	00570	ADMINISTRATIVE	0	1,509,331	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-16,300	1,480,067	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-11,999,052	19,152,172	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,954,462	6.00
7.00	00700	OPERATION OF PLANT	-13,803	4,929,030	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-31,668	596,923	8.00
9.00	00900	HOUSEKEEPING	-250	1,876,805	9.00
10.00	01000	DIETARY	-20,767	414,260	10.00
11.00	01100	CAFETERIA	-15,995	1,332,606	11.00
13.00	01300	NURSING ADMINISTRATION	-1,267	1,660,028	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	371,959	14.00
15.00	01500	PHARMACY	-228	1,831,447	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-182,605	1,861,022	16.00
17.00	01700	SOCIAL SERVICE	-4,661	1,678,020	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,301,779	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	144,316	22.00
23.00	02300	PARAMEDICAL PRGM	0	258,805	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-21,645	10,510,530	30.00
31.00	03100	INTENSIVE CARE UNIT	-15,178	4,181,350	31.00
41.00	04100	SUBPROVIDER - I&R	-23,548	1,240,063	41.00
43.00	04300	NURSERY	0	517,939	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,462	4,756,792	50.00
51.00	05100	RECOVERY ROOM	0	574,845	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,093,379	52.00
53.00	05300	ANESTHESIOLOGY	0	92,224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,404	2,588,462	54.00
56.00	05600	RADIOISOTOPE	0	607,995	56.00
57.00	05700	CT SCAN	-1,350	616,341	57.00
59.00	05900	CARDIAC CATHETERIZATION	-18,468	1,487,359	59.00
60.00	06000	LABORATORY	-73,964	5,097,536	60.00
64.00	06400	INTRAVENOUS THERAPY	0	125,408	64.00
65.00	06500	RESPIRATORY THERAPY	-203,991	959,778	65.00
66.00	06600	PHYSICAL THERAPY	0	2,953,844	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	454,791	67.00
68.00	06800	SPEECH PATHOLOGY	0	326,104	68.00
69.00	06900	ELECTROCARDIOLOGY	-107,822	472,124	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,634,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,657,426	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-110,384	4,248,286	73.00
74.00	07400	RENAL DIALYSIS	0	373,150	74.00
76.00	03020	PAIN MANAGEMENT	0	274,756	76.00
76.01	03022	OP CARDIO VASC DIAG	-17,231	566,766	76.01
76.02	03550	ANCILLARY PSYCH	0	143,291	76.02
76.03	03950	SLEEP LAB	-22,373	231,984	76.03
76.04	03650	VASCULAR LAB	-48,379	271,183	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-13,612,764	839,550	90.00
91.00	09100	EMERGENCY	-805,558	3,016,405	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	558,818	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-32,753,452	134,412,523	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	87,528	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,541,407	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	3,187	193.01
200.00		TOTAL (SUM OF LINES 118-199)	-32,753,452	136,044,645	200.00

RECLASSIFICATIONS

Provider CCN: 140187

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - SUPPLIES & IMPLANTS					
1.00	PURCHASING RECEIVING AND STORES	5.03	0	4	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,634,438	2.00
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,657,426	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	51,700	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
	TOTALS		0	16,343,568	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,358,670	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	TOTALS		0	4,358,670	
C - COMMUNITY RELATIONS					
1.00	WELLNESS/SENIOR VIP	193.01	0	3,187	1.00
	TOTALS		0	3,187	
D - RENT EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,474,443	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	678,132	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	TOTALS		0	2,152,575		
F - CAFETERIA						
1.00	CAFETERIA	11.00	886,929	461,672		1.00
	TOTALS		886,929	461,672		
G - THERAPY						
1.00	OCCUPATIONAL THERAPY	67.00	0	230,405		1.00
2.00	SPEECH PATHOLOGY	68.00	0	134,782		2.00
	TOTALS		0	365,187		
H - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,301,779		1.00
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	144,316		2.00
	TOTALS		0	1,446,095		
I - AMBULANCE						
1.00	EMERGENCY	91.00	49,872	101		1.00
	TOTALS		49,872	101		
J - PHARMACY RESIDENCY						
1.00	PARAMED ED PRGM	23.00	249,570	9,713		1.00
	TOTALS		249,570	9,713		
500.00	Grand Total: Increases		1,186,371	25,140,768		500.00

RECLASSIFICATIONS

Provider CCN: 140187

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - SUPPLIES & IMPLANTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41	0		1.00
2.00	DATA PROCESSING	5.02	0	36	0		2.00
3.00	ADMINISTRATIVE	5.04	0	318	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	11	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,485	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	587	0		6.00
7.00	OPERATION OF PLANT	7.00	0	613	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	359	0		8.00
9.00	HOUSEKEEPING	9.00	0	28,837	0		9.00
10.00	DIETARY	10.00	0	556	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	514	0		11.00
12.00	PHARMACY	15.00	0	125,472	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	110	0		13.00
14.00	SOCIAL SERVICE	17.00	0	13,755	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	803,241	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	368,905	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	61,111	0		17.00
18.00	OPERATING ROOM	50.00	0	8,877,411	0		18.00
19.00	RECOVERY ROOM	51.00	0	18,576	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	302,075	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	131,043	0		21.00
22.00	RADIOISOTOPE	56.00	0	4,130	0		22.00
23.00	CT SCAN	57.00	0	66,886	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	4,300,376	0		24.00
25.00	LABORATORY	60.00	0	149,675	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	0	62,387	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	241,614	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	74,885	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	1,318	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	3,021	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	11,978	0		31.00
32.00	RENAL DIALYSIS	74.00	0	7,111	0		32.00
33.00	PAIN MANAGEMENT	76.00	0	173,753	0		33.00
34.00	OP CARDIO VASC DIAG	76.01	0	7,527	0		34.00
35.00	SLEEP LAB	76.03	0	10,261	0		35.00
36.00	VASCULAR LAB	76.04	0	3,323	0		36.00
37.00	CLINIC	90.00	0	101,847	0		37.00
38.00	EMERGENCY	91.00	0	354,482	0		38.00
39.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0	29,931	0		39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7	0		40.00
TOTALS			0	16,343,568			
B - DRUGS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9	0		1.00
2.00	HOUSEKEEPING	9.00	0	9	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	73,738	0		3.00
4.00	PHARMACY	15.00	0	4,197,373	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	2,637	0		5.00
6.00	OPERATING ROOM	50.00	0	36,733	0		6.00
7.00	RECOVERY ROOM	51.00	0	706	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	36,212	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	441	0		9.00
10.00	CT SCAN	57.00	0	41	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	8,773	0		11.00
12.00	LABORATORY	60.00	0	815	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	1,183	0		13.00
TOTALS			0	4,358,670			
C - COMMUNITY RELATIONS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,187	0		1.00
TOTALS			0	3,187			
D - RENT EXPENSE							
1.00	NONPATIENT TELEPHONES	5.01	0	84	11		1.00
2.00	DATA PROCESSING	5.02	0	3,504	11		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	1,584	0		3.00
4.00	ADMINISTRATIVE	5.04	0	2,304	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,572	0		5.00

RECLASSIFICATIONS

Provider CCN: 140187

Period:
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Worksheet A-6
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		Decreases			Wkst. A-7 Ref.		
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36,484	0	6.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	384	0	7.00	
8.00	OPERATION OF PLANT	7.00	0	2,696	0	8.00	
9.00	HOUSEKEEPING	9.00	0	2,939	0	9.00	
10.00	DIETARY	10.00	0	1,997	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	4,897	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	259,943	0	12.00	
13.00	PHARMACY	15.00	0	245,115	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,808	0	14.00	
15.00	SOCIAL SERVICE	17.00	0	3,809	0	15.00	
16.00	PARAMEDICAL PRGM	23.00	0	478	0	16.00	
17.00	ADULTS & PEDIATRICS	30.00	0	8,117	0	17.00	
18.00	INTENSIVE CARE UNIT	31.00	0	1,976	0	18.00	
19.00	SUBPROVIDER - IRF	41.00	0	1,192	0	19.00	
20.00	OPERATING ROOM	50.00	0	8,528	0	20.00	
21.00	RECOVERY ROOM	51.00	0	444	0	21.00	
22.00	ANESTHESIOLOGY	53.00	0	406	0	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,506	0	23.00	
24.00	RADIOISOTOPE	56.00	0	244	0	24.00	
25.00	CT SCAN	57.00	0	404	0	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	7,616	0	26.00	
27.00	LABORATORY	60.00	0	12,950	0	27.00	
28.00	INTRAVENOUS THERAPY	64.00	0	84	0	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	5,088	0	29.00	
30.00	PHYSICAL THERAPY	66.00	0	60,597	0	30.00	
31.00	SPEECH PATHOLOGY	68.00	0	330	0	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	1,990	0	32.00	
33.00	PAIN MANAGEMENT	76.00	0	1,240	0	33.00	
34.00	OP CARDIOVASC DIAG	76.01	0	84	0	34.00	
35.00	ANCILLARY PSYCH	76.02	0	1,100	0	35.00	
36.00	SLEEP LAB	76.03	0	2,036	0	36.00	
37.00	VASCULAR LAB	76.04	0	1,192	0	37.00	
38.00	CLINIC	90.00	0	6,453	0	38.00	
39.00	EMERGENCY	91.00	0	27,840	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0	1,399	0	40.00	
41.00	AMBULANCE SERVICES	95.00	0	84	0	41.00	
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,426,077	0	42.00	
	TOTALS		0	2,152,575			
F - CAFETERIA							
1.00	DIETARY	10.00	886,929	461,672	0	1.00	
	TOTALS		886,929	461,672			
G - THERAPY							
1.00	PHYSICAL THERAPY	66.00	0	365,187	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		0	365,187			
H - INTERNS AND RESIDENTS							
1.00	CLINIC	90.00	0	1,446,095	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		0	1,446,095			
I - AMBULANCE							
1.00	AMBULANCE SERVICES	95.00	49,872	101	0	1.00	
	TOTALS		49,872	101			
J - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	249,570	9,713	0	1.00	
	TOTALS		249,570	9,713			
500.00	Grand Total: Decreases		1,186,371	25,140,768		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,630,755	0	0	0	0	1.00
2.00	Land Improvements	5,947,914	36,875	0	36,875	0	2.00
3.00	Buildings and Fixtures	122,109,645	5,943,486	0	5,943,486	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	74,073,359	2,625,915	0	2,625,915	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	205,761,673	8,606,276	0	8,606,276	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	205,761,673	8,606,276	0	8,606,276	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,630,755	0				1.00
2.00	Land Improvements	5,984,789	0				2.00
3.00	Buildings and Fixtures	128,053,131	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	76,699,274	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	214,367,949	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	214,367,949	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

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

Worksheet A-7
Part II
Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,028,819	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5,053,077	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,081,896	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	4,028,819				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	207,712	5,260,789				2.00
3.00	Total (sum of lines 1-2)	207,712	9,289,608				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet A-7 Part III Date/Time Prepared: 11/25/2014 10:31 am
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	137,668,675	0	137,668,675	0.642207	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	76,699,274	0	76,699,274	0.357793	0	2.00
3.00	Total (sum of lines 1-2)	214,367,949	0	214,367,949	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,028,819	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,053,077	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,081,896	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	593,194	0	0	0	4,622,013	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	678,132	0	0	207,712	5,938,921	2.00
3.00	Total (sum of lines 1-2)	1,271,326	0	0	207,712	10,560,934	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140187

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

Worksheet A-8

Date/Time Prepared:
11/25/2014 10:31 am

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		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-881,249	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-379,130	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-16,218,848			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	109,749			0	12.00
13.00 Laundry and linen service	B	-31,668	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-15,995	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-110,384	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-182,605	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	-20,178	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	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

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	
33.00 MI SCCELLANEOUS A&P	B	-17,743	ADULTS & PEDIATRICS	30.00	0 33.00
33.01 MI SCCELLANEOUS RESPIRATORY THERAPY	B	-203,528	RESPIRATORY THERAPY	65.00	0 33.01
33.02 MI SCCELLANEOUS LAB	B	-26,949	LABORATORY	60.00	0 33.02
33.03 MI SCCELLANEOUS RADIOLOGY	B	-1,051	RADIOLOGY-DIAGNOSTIC	54.00	0 33.03
33.04 MI SCCELLANEOUS VASCULAR LAB	B	-400	VASCULAR LAB	76.04	0 33.04
33.05 MI SCCELLANEOUS INTERN & RESIDENT	B	-3,262	CLINIC	90.00	0 33.05
33.06 MI SCCELLANEOUS DIETARY CONSULTANT	B	-589	DIETARY	10.00	0 33.06
33.07 MI SCCELLANEOUS PLANT OPERATIONS	B	-13,803	OPERATION OF PLANT	7.00	0 33.07
33.08 MI SCCELLANEOUS HOUSEKEEPING	B	-250	HOUSEKEEPING	9.00	0 33.08
33.09 MI SCCELLANEOUS PATIENT ACCOUNTING	B	-16,300	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.09
33.10 MI SCCELLANEOUS OPERATING ROOM	B	-1,520	OPERATING ROOM	50.00	0 33.10
33.11 MI SCCELLANEOUS OTHER ADMIN & GENERAL	B	-1,708,113	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.11
33.12 MI SCCELLANEOUS NURSING ADMINISTRATION	B	-1,267	NURSING ADMINISTRATION	13.00	0 33.12
33.13 IHA DUES	A	-30,084	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.13
33.14 CHA DUES	A	-1,058	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.14
33.15 AHA DUES	A	-6,843	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.15
33.16 ADVERTISING	A	-44,324	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.16
33.17 RECRUITMENT EXPENSE	A	-7,080	CLINIC	90.00	0 33.17
33.18 RECRUITMENT EXPENSE	A	-158,369	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.18
33.19 LIABILITY INSURANCE	A	-177,148	CLINIC	90.00	0 33.19
33.20 LIABILITY INSURANCE	A	-9,943	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.20
33.21 DONATIONS	A	-22,168	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.21
33.22 SEASON TICKETS	A	-15,101	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.22
33.23 PROVIDER TAX ADJUSTMENT	A	-10,780,939	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.23
33.24 SELF INSURANCE	A	-1,775,312	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,753,452			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: 140187

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2014 10:31 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN	SEB HOSPITAL ADMINISTRATION	10,077,269	9,661,095 1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE CAPITAL ME	2,849,823	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE TRUST FUND	11,468,843	11,627,839 3.00
3.01	5.02	DATA PROCESSING	SEB IT - MANAGEMENT SERVICES	0	2,552,778 3.01
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	SEB DIVISIONAL IT - MANAGEME	0	444,474 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			24,395,935	24,286,186 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	HSHA/CCC	100.00	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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140187

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

Worksheet A-8-2

Date/Time Prepared:
11/25/2014 10:31 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,870,101	1,358,134	511,967	171,400	2,495	1.00
2.00	15.00	PHARMACY	228	228	0	171,400	0	2.00
3.00	17.00	SOCIAL SERVICE	7,380	3,382	3,998	171,400	33	3.00
4.00	30.00	ADULTS & PEDIATRICS	10,000	3,531	6,469	171,400	74	4.00
5.00	31.00	INTENSIVE CARE UNIT	15,178	15,178	0	171,400	0	5.00
6.00	41.00	SUBPROVIDER - IRF	36,733	3,400	33,333	171,400	160	6.00
7.00	50.00	OPERATING ROOM	9,769	3,919	5,850	204,100	39	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	22,241	5,272	16,969	231,100	134	8.00
9.00	57.00	CT SCAN	1,350	1,350	0	171,400	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	36,350	0	36,350	171,400	217	10.00
11.00	60.00	LABORATORY	131,438	31,438	100,000	219,500	800	11.00
12.00	65.00	RESPIRATORY THERAPY	875	87	788	171,400	5	12.00
13.00	69.00	ELECTROCARDIOLOGY	107,822	107,822	0	171,400	0	13.00
14.00	76.01	OP CARDIO VASC DIAG	19,950	13,400	6,550	171,400	33	14.00
15.00	76.03	SLEEP LAB	22,785	21,997	788	171,400	5	15.00
16.00	76.04	VASCULAR LAB	81,600	0	81,600	171,400	408	16.00
17.00	90.00	CLINIC	13,425,274	13,425,274	0	171,400	0	17.00
18.00	91.00	EMERGENCY	805,558	805,558	0	171,400	0	18.00
200.00			16,604,632	15,799,970	804,662		4,403	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	205,598	10,280	0	0	0	1.00
2.00	15.00	PHARMACY	0	0	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	2,719	136	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	6,098	305	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	13,185	659	0	0	0	6.00
7.00	50.00	OPERATING ROOM	3,827	191	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	14,888	744	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	17,882	894	0	0	0	10.00
11.00	60.00	LABORATORY	84,423	4,221	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	412	21	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	76.01	OP CARDIO VASC DIAG	2,719	136	0	0	0	14.00
15.00	76.03	SLEEP LAB	412	21	0	0	0	15.00
16.00	76.04	VASCULAR LAB	33,621	1,681	0	0	0	16.00
17.00	90.00	CLINIC	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	0	0	0	0	0	18.00
200.00			385,784	19,289	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	205,598	306,369	1,664,503	1.00
2.00	15.00	PHARMACY	0	0	0	228	2.00
3.00	17.00	SOCIAL SERVICE	0	2,719	1,279	4,661	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	6,098	371	3,902	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	15,178	5.00
6.00	41.00	SUBPROVIDER - IRF	0	13,185	20,148	23,548	6.00
7.00	50.00	OPERATING ROOM	0	3,827	2,023	5,942	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	14,888	2,081	7,353	8.00
9.00	57.00	CT SCAN	0	0	0	1,350	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	17,882	18,468	18,468	10.00
11.00	60.00	LABORATORY	0	84,423	15,577	47,015	11.00
12.00	65.00	RESPIRATORY THERAPY	0	412	376	463	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	107,822	13.00
14.00	76.01	OP CARDIO VASC DIAG	0	2,719	3,831	17,231	14.00
15.00	76.03	SLEEP LAB	0	412	376	22,373	15.00
16.00	76.04	VASCULAR LAB	0	33,621	47,979	47,979	16.00
17.00	90.00	CLINIC	0	0	0	13,425,274	17.00
18.00	91.00	EMERGENCY	0	0	0	805,558	18.00
200.00			0	385,784	418,878	16,218,848	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	4,622,013	4,622,013				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	5,938,921		5,938,921			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	15,463,981	0	0	15,463,981		4.00
5.01 00540 NONPATIENT TELEPHONES	216,497	1,774	4,490	63,405	286,166	5.01
5.02 00550 DATA PROCESSING	43,029	70,492	1,598,370	67	5,965	5.02
5.03 00561 PURCHASING RECEIVING AND STORES	302,133	5,871	7,781	50,960	1,846	5.03
5.04 00570 ADMINITTING	1,509,331	12,250	9,732	431,749	3,550	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,480,067	0	15,391	189,089	5,681	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	19,152,172	994,759	87,647	1,147,090	11,219	5.06
6.00 00600 MAINTENANCE & REPAIRS	1,954,462	13,557	20,529	113,084	2,982	6.00
7.00 00700 OPERATION OF PLANT	4,929,030	334,469	105,999	470,052	994	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	596,923	82,322	7,238	24,211	710	8.00
9.00 00900 HOUSEKEEPING	1,876,805	28,461	1,060	351,726	568	9.00
10.00 01000 DIETARY	414,260	122,464	6,227	84,553	3,692	10.00
11.00 01100 CAFETERIA	1,332,606	0	19,304	262,119	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,660,028	15,548	43,973	467,753	2,130	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	371,959	62,197	139,180	98,270	2,272	14.00
15.00 01500 PHARMACY	1,831,447	30,851	13,210	497,745	3,124	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,861,022	28,989	22,817	334,137	6,249	16.00
17.00 01700 SOCIAL SERVICE	1,678,020	8,898	3,308	368,205	4,261	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,301,779	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	144,316	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	258,805	0	0	73,757	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,510,530	476,178	509,155	3,049,565	27,693	30.00
31.00 03100 INTENSIVE CARE UNIT	4,181,350	68,955	178,684	1,151,088	5,823	31.00
41.00 04100 SUBPROVIDER - IIRF	1,240,063	67,668	7,766	355,050	3,977	41.00
43.00 04300 NURSERY	517,939	0	0	153,069	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,756,792	264,044	810,298	1,092,169	21,871	50.00
51.00 05100 RECOVERY ROOM	574,845	21,161	37,630	168,056	1,562	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,093,379	0	0	322,590	0	52.00
53.00 05300 ANESTHESIOLOGY	92,224	5,756	119,139	23,766	1,562	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,588,462	86,148	851,859	707,669	10,651	54.00
56.00 05600 RADIOISOTOPE	607,995	18,879	65,263	109,224	994	56.00
57.00 05700 CT SCAN	616,341	22,177	87,890	156,201	1,278	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,487,359	99,982	415,299	383,823	5,397	59.00
60.00 06000 LABORATORY	5,097,536	84,083	127,200	657,019	4,403	60.00
64.00 06400 INTRAVENOUS THERAPY	125,408	0	5,113	36,934	0	64.00
65.00 06500 RESPIRATORY THERAPY	959,778	34,183	90,113	341,244	1,420	65.00
66.00 06600 PHYSICAL THERAPY	2,953,844	138,872	33,959	216,086	5,539	66.00
67.00 06700 OCCUPATIONAL THERAPY	454,791	0	3,217	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	326,104	4,456	4,960	0	568	68.00
69.00 06900 ELECTROCARDIOLOGY	472,124	20,085	96,365	131,197	1,278	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,634,438	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	8,657,426	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,248,286	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	373,150	7,456	0	0	426	74.00
76.00 03020 PAIN MANAGEMENT	274,756	21,317	22,920	74,225	0	76.00
76.01 03022 OP CARDIO VASC DIAG	566,766	14,938	81,508	31,726	0	76.01
76.02 03550 ANCILLARY PSYCH	143,291	13,293	0	40,504	0	76.02
76.03 03950 SLEEP LAB	231,984	23,030	48,178	67,005	2,414	76.03
76.04 03650 VASCULAR LAB	271,183	7,503	51,254	68,814	710	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	839,550	123,135	85,488	67,917	35,504	90.00
91.00 09100 EMERGENCY	3,016,405	77,359	82,348	865,384	6,817	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	558,818	0	2,338	159,235	1,846	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	134,412,523	3,513,560	5,924,200	15,457,532	196,976	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	87,528	5,803	988	6,426	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,541,407	1,102,650	13,733	23	89,190	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 WELLNESS/SENIOR VIP	3,187	0	0	0	0	193.01
200.00 Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	136,044,645	4,622,013	5,938,921	15,463,981	286,166	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part I Date/Time Prepared: 11/25/2014 10:31 am			
Cost Center Description		DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMINITTING 5.04	CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	00540	NONPATIENT TELEPHONES				5.01	
5.02	00550	DATA PROCESSING	1,717,923			5.02	
5.03	00561	PURCHASING RECEIVING AND STORES	0	368,591		5.03	
5.04	00570	ADMINITTING	0	36,869	2,003,481	5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,701	0	5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,717,923	24,936	0	23,135,746	
6.00	00600	MAINTENANCE & REPAIRS	0	180	0	2,104,794	
7.00	00700	OPERATION OF PLANT	0	66,574	0	5,907,118	
8.00	00800	LAUNDRY & LINEN SERVICE	0	831	0	712,235	
9.00	00900	HOUSEKEEPING	0	901	0	2,259,521	
10.00	01000	DIETARY	0	932	0	632,128	
11.00	01100	CAFETERIA	0	2,891	0	1,616,920	
13.00	01300	NURSING ADMINISTRATION	0	1,170	0	2,190,602	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,517	0	676,395	
15.00	01500	PHARMACY	0	6,406	0	2,382,783	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,853	0	2,258,067	
17.00	01700	SOCIAL SERVICE	0	2,075	0	2,064,767	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,301,779	
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	144,316	
23.00	02300	PARAMED ED PRGM	0	0	0	332,562	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	16,707	168,972	14,901,464	
31.00	03100	INTENSIVE CARE UNIT	0	2,909	46,218	5,674,049	
41.00	04100	SUBPROVIDER - I&R	0	3,311	19,405	1,713,624	
43.00	04300	NURSERY	0	0	7,277	684,429	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	69,779	191,214	7,367,610	
51.00	05100	RECOVERY ROOM	0	2,564	19,794	842,324	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	21,561	1,455,734	
53.00	05300	ANESTHESIOLOGY	0	3,013	45,173	328,773	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,118	169,343	4,573,227	
56.00	05600	RADIOISOTOPE	0	518	19,299	838,466	
57.00	05700	CT SCAN	0	8,271	166,919	1,200,008	
59.00	05900	CARDIAC CATHETERIZATION	0	6,387	103,703	2,589,507	
60.00	06000	LABORATORY	0	8,343	251,982	6,443,695	
64.00	06400	INTRAVENOUS THERAPY	0	102	7,638	181,644	
65.00	06500	RESPIRATORY THERAPY	0	2,485	58,851	1,537,763	
66.00	06600	PHYSICAL THERAPY	0	6,302	56,014	3,457,909	
67.00	06700	OCCUPATIONAL THERAPY	0	371	14,409	484,953	
68.00	06800	SPEECH PATHOLOGY	0	383	9,691	354,344	
69.00	06900	ELECTROCARDIOLOGY	0	4,157	46,536	811,032	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	64,160	7,752,768	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	76,436	8,798,398	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	129,490	4,487,105	
74.00	07400	RENAL DIALYSIS	0	0	7,844	395,499	
76.00	03020	PAIN MANAGEMENT	0	2,012	27,775	446,456	
76.01	03022	OP CARDIO VASC DIAG	0	721	36,081	762,204	
76.02	03550	ANCILLARY PSYCH	0	10	8,541	212,850	
76.03	03950	SLEEP LAB	0	523	8,501	388,812	
76.04	03650	VASCULAR LAB	0	1,207	13,347	425,287	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	4,535	10,549	1,175,584	
91.00	09100	EMERGENCY	0	5,389	173,692	4,374,043	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	1,180	23,066	765,958	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,717,923	320,133	2,003,481	1,691,929	133,145,252
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,234	0	148,979	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	183	0	2,747,186	
193.00	19300	NONPAID WORKERS	0	0	0	0	
193.01	19301	WELLNESS/SENIOR VIP	0	41	0	3,228	
200.00		Cross Foot Adjustments	0	0	0	0	
201.00		Negative Cost Centers	0	0	0	0	
202.00		TOTAL (sum lines 118-201)	1,717,923	368,591	2,003,481	1,691,929	136,044,645

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:
From 07/01/2013
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00561	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	23,135,746				5.06	
6.00	00600	MAINTENANCE & REPAIRS	431,285	2,536,079			6.00	
7.00	00700	OPERATION OF PLANT	1,210,404	240,751	7,358,273		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	145,941	59,256	189,959	1,107,391	8.00	
9.00	00900	HOUSEKEEPING	462,989	20,486	65,674	48,871	2,857,541	9.00
10.00	01000	DIETARY	129,527	88,150	282,587	7,841	5,946	10.00
11.00	01100	CAFETERIA	331,317	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	448,867	11,191	35,876	0	20,811	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	138,597	44,769	143,520	189	21,236	14.00
15.00	01500	PHARMACY	488,247	22,207	71,190	10	12,317	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	462,691	20,866	66,893	0	2,548	16.00
17.00	01700	SOCIAL SERVICE	423,083	6,405	20,532	0	1,274	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	266,742	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	29,571	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	68,144	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,053,433	342,753	1,098,784	499,711	1,073,280	30.00
31.00	03100	INTENSIVE CARE UNIT	1,162,647	49,634	159,114	93,872	190,276	31.00
41.00	04100	SUBPROVIDER - I&R	351,132	48,708	156,145	52,115	190,276	41.00
43.00	04300	NURSERY	140,244	0	0	8,244	35,677	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,509,667	190,059	609,284	101,982	369,510	50.00
51.00	05100	RECOVERY ROOM	172,597	15,232	48,830	7,994	33,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	298,289	0	0	0	71,354	52.00
53.00	05300	ANESTHESIOLOGY	67,368	4,143	13,282	90	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	937,082	62,009	198,787	29,197	107,030	54.00
56.00	05600	RADIOISOTOPE	171,807	13,589	43,564	3,388	5,946	56.00
57.00	05700	CT SCAN	245,889	15,963	51,173	12,966	11,892	57.00
59.00	05900	CARDIAC CATHETERIZATION	530,606	71,967	230,710	29,074	190,276	59.00
60.00	06000	LABORATORY	1,320,352	60,523	194,022	969	95,138	60.00
64.00	06400	INTRAVENOUS THERAPY	37,220	0	0	2,445	0	64.00
65.00	06500	RESPIRATORY THERAPY	315,097	24,605	78,877	0	0	65.00
66.00	06600	PHYSICAL THERAPY	708,546	99,960	320,447	2,870	17,838	66.00
67.00	06700	OCCUPATIONAL THERAPY	99,370	0	0	0	29,306	67.00
68.00	06800	SPEECH PATHOLOGY	72,607	3,207	10,282	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	166,185	14,457	46,345	0	8,919	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,588,589	0	0	0	10,618	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,802,845	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	919,435	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	81,040	5,366	17,204	1,114	17,838	74.00
76.00	03020	PAIN MANAGEMENT	91,482	15,344	49,189	10,038	17,838	76.00
76.01	03022	OP CARDIO VASC DIAG	156,180	10,752	34,470	6,908	0	76.01
76.02	03550	ANCILLARY PSYCH	43,614	9,568	30,673	0	0	76.02
76.03	03950	SLEEP LAB	79,670	16,577	53,142	6,099	20,387	76.03
76.04	03650	VASCULAR LAB	87,144	5,401	17,313	4,464	10,618	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	240,884	88,632	284,134	15,299	0	90.00
91.00	09100	EMERGENCY	896,268	55,683	178,505	137,155	285,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	156,949	0	0	24,486	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,541,643	1,738,213	4,800,507	1,107,391	2,857,541	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,527	4,177	13,391	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	562,915	793,689	2,544,375	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	661	0	0	0	0	193.01
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)	23,135,746	2,536,079	7,358,273	1,107,391	2,857,541	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00561						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						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	1,146,179					10.00
11.00	01100	0	1,948,237				11.00
13.00	01300	0	43,606	2,750,953			13.00
14.00	01400	0	28,184	0	1,052,890		14.00
15.00	01500	0	64,219	0	0	3,040,973	15.00
16.00	01600	0	82,557	0	0	0	16.00
17.00	01700	0	53,068	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	4,501	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	873,031	517,434	1,255,342	0	0	30.00
31.00	03100	98,765	152,709	370,460	0	0	31.00
41.00	04100	136,789	62,966	152,745	0	0	41.00
43.00	04300	0	21,509	52,180	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	167,875	407,304	0	0	50.00
51.00	05100	4,877	20,869	50,634	0	0	51.00
52.00	05200	0	53,503	129,835	0	0	52.00
53.00	05300	0	7,698	0	0	0	53.00
54.00	05400	0	114,244	0	0	0	54.00
56.00	05600	0	10,384	0	0	0	56.00
57.00	05700	0	23,887	0	0	0	57.00
59.00	05900	11,427	48,132	0	0	0	59.00
60.00	06000	0	127,850	0	0	0	60.00
64.00	06400	0	6,368	0	0	0	64.00
65.00	06500	0	58,286	0	0	0	65.00
66.00	06600	0	36,675	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	19,949	0	0	0	69.00
71.00	07100	0	0	0	493,391	0	71.00
72.00	07200	0	0	0	559,499	0	72.00
73.00	07300	0	0	0	0	3,040,973	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	14,578	0	0	0	76.00
76.01	03022	0	3,760	0	0	0	76.01
76.02	03550	0	6,982	0	0	0	76.02
76.03	03950	617	12,864	0	0	0	76.03
76.04	03650	0	7,494	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	10,895	0	0	0	90.00
91.00	09100	20,673	137,032	332,453	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	19,744	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,146,179	1,939,822	2,750,953	1,052,890	3,040,973	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	1,586	0	0	0	190.00
192.00	19200	0	6,829	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,146,179	1,948,237	2,750,953	1,052,890	3,040,973	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140187		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part I Date/Time Prepared: 11/25/2014 10:31 am	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
		16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	2,893,622				16.00
17.00	01700	SOCIAL SERVICE	0	2,569,129			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,568,521		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	173,887	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,088,044	2,026,068	798,775	88,553	0
31.00	03100	INTENSIVE CARE UNIT	201,447	249,906	206,413	22,883	0
41.00	04100	SUBPROVIDER - I&R	169,067	293,155	0	0	0
43.00	04300	NURSERY	70,206	0	217,163	24,075	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	160,757	0	64,504	7,151	0
51.00	05100	RECOVERY ROOM	16,047	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,883	0	0	8,883	0
53.00	05300	ANESTHESIOLOGY	28,655	0	5,375	596	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	201,161	0	32,252	3,575	0
56.00	05600	RADIOISOTOPE	17,766	0	0	0	0
57.00	05700	CT SCAN	179,669	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	112,043	0	0	0	0
60.00	06000	LABORATORY	173,365	0	3,225	358	0
64.00	06400	INTRAVENOUS THERAPY	3,152	0	0	3,152	0
65.00	06500	RESPIRATORY THERAPY	11,176	0	1,075	119	0
66.00	06600	PHYSICAL THERAPY	52,153	0	6,450	715	0
67.00	06700	OCCUPATIONAL THERAPY	6,591	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	6,591	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	30,088	0	13,976	1,549	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	405,207
74.00	07400	RENAL DIALYSIS	287	0	0	0	0
76.00	03020	PAIN MANAGEMENT	42,697	0	0	0	0
76.01	03022	OP CARDIO VASC DIAG	51,007	0	0	0	0
76.02	03550	ANCILLARY PSYCH	11,749	0	0	0	0
76.03	03950	SLEEP LAB	11,176	0	0	0	0
76.04	03650	VASCULAR LAB	10,029	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,760	0	99,981	11,084	0
91.00	09100	EMERGENCY	181,962	0	119,332	13,229	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	32,094	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,893,622	2,569,129	1,568,521	173,887	405,207
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,893,622	2,569,129	1,568,521	173,887	405,207

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part I Date/Time Prepared: 11/25/2014 10:31 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00561				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				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				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	27,616,672	-887,328	26,729,344	30.00
31.00	03100	8,632,175	-229,296	8,402,879	31.00
41.00	04100	3,326,722	0	3,326,722	41.00
43.00	04300	1,253,727	-241,238	1,012,489	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	10,955,703	-71,655	10,884,048	50.00
51.00	05100	1,213,382	0	1,213,382	51.00
52.00	05200	2,017,598	0	2,017,598	52.00
53.00	05300	455,980	-5,971	450,009	53.00
54.00	05400	6,258,564	-35,827	6,222,737	54.00
56.00	05600	1,104,910	0	1,104,910	56.00
57.00	05700	1,741,447	0	1,741,447	57.00
59.00	05900	3,813,742	0	3,813,742	59.00
60.00	06000	8,419,497	-3,583	8,415,914	60.00
64.00	06400	230,829	0	230,829	64.00
65.00	06500	2,026,998	-1,194	2,025,804	65.00
66.00	06600	4,703,563	-7,165	4,696,398	66.00
67.00	06700	620,220	0	620,220	67.00
68.00	06800	447,031	0	447,031	68.00
69.00	06900	1,112,500	-15,525	1,096,975	69.00
71.00	07100	9,845,366	0	9,845,366	71.00
72.00	07200	11,160,742	0	11,160,742	72.00
73.00	07300	8,852,720	0	8,852,720	73.00
74.00	07400	518,348	0	518,348	74.00
76.00	03020	687,622	0	687,622	76.00
76.01	03022	1,025,281	0	1,025,281	76.01
76.02	03550	315,436	0	315,436	76.02
76.03	03950	589,344	0	589,344	76.03
76.04	03650	567,750	0	567,750	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	1,942,253	-111,065	1,831,188	90.00
91.00	09100	6,731,749	-132,561	6,599,188	91.00
92.00	09200		0		92.00
93.00	04950	999,231	0	999,231	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		129,187,102	-1,742,408	127,444,694	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	198,660	0	198,660	190.00
192.00	19200	6,654,994	0	6,654,994	192.00
193.00	19300	0	0	0	193.00
193.01	19301	3,889	0	3,889	193.01
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		136,044,645	-1,742,408	134,302,237	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.01 00540	NONPATIENT TELEPHONES	0	1,774	4,490	5.01
5.02 00550	DATA PROCESSING	0	70,492	1,598,370	5.02
5.03 00561	PURCHASING RECEIVING AND STORES	0	5,871	7,781	5.03
5.04 00570	ADMITTING	0	12,250	9,732	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	15,391	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	994,759	87,647	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	13,557	20,529	6.00
7.00 00700	OPERATION OF PLANT	0	334,469	105,999	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	82,322	7,238	8.00
9.00 00900	HOUSEKEEPING	0	28,461	1,060	9.00
10.00 01000	DIETARY	0	122,464	6,227	10.00
11.00 01100	CAFETERIA	0	0	19,304	11.00
13.00 01300	NURSING ADMINISTRATION	0	15,548	43,973	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	62,197	139,180	14.00
15.00 01500	PHARMACY	0	30,851	13,210	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	28,989	22,817	16.00
17.00 01700	SOCIAL SERVICE	0	8,898	3,308	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	476,178	509,155	30.00
31.00 03100	INTENSIVE CARE UNIT	0	68,955	178,684	31.00
41.00 04100	SUBPROVIDER - IRF	0	67,668	7,766	41.00
43.00 04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	264,044	810,298	50.00
51.00 05100	RECOVERY ROOM	0	21,161	37,630	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	5,756	119,139	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	86,148	851,859	54.00
56.00 05600	RADIO SOTOPE	0	18,879	65,263	56.00
57.00 05700	CT SCAN	0	22,177	87,890	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	99,982	415,299	59.00
60.00 06000	LABORATORY	0	84,083	127,200	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	5,113	64.00
65.00 06500	RESPIRATORY THERAPY	0	34,183	90,113	65.00
66.00 06600	PHYSICAL THERAPY	0	138,872	33,959	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	3,217	67.00
68.00 06800	SPEECH PATHOLOGY	0	4,456	4,960	68.00
69.00 06900	ELECTROCARDIOLOGY	0	20,085	96,365	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	7,456	0	74.00
76.00 03020	PAIN MANAGEMENT	0	21,317	22,920	76.00
76.01 03022	OP CARDIO VASC DIAG	0	14,938	81,508	76.01
76.02 03550	ANCILLARY PSYCH	0	13,293	0	76.02
76.03 03950	SLEEP LAB	0	23,030	48,178	76.03
76.04 03650	VASCULAR LAB	0	7,503	51,254	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	123,135	85,488	90.00
91.00 09100	EMERGENCY	0	77,359	82,348	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	2,338	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,513,560	5,924,200	9,437,760
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,803	988	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,102,650	13,733	192.00
193.00 19300	NONPAID WORKERS	0	0	0	193.00
193.01 19301	WELLNESS/SENIOR VIP	0	0	0	193.01
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers		0	0	201.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
202.00	TOTAL (sum lines 118-201)	0	4,622,013	5,938,921	10,560,934	4.00	0

Provider CCN: 140187

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

Worksheet B
Part II
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11/25/2014 10:31 am

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/25/2014 10:31 am		
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE
		5.01	5.02	5.03	5.04	5.05
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES	6,264			5.01
5.02	00550	DATA PROCESSING	131	1,668,993		5.02
5.03	00561	PURCHASING RECEIVING AND STORES	40	0	13,692	5.03
5.04	00570	ADMINISTRATIVE	78	0	1,370	23,430
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	124	0	63	0
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	246	1,668,993	926	0
6.00	00600	MAINTENANCE & REPAIRS	65	0	7	0
7.00	00700	OPERATION OF PLANT	22	0	2,473	0
8.00	00800	LAUNDRY & LINEN SERVICE	16	0	31	0
9.00	00900	HOUSEKEEPING	12	0	33	0
10.00	01000	DIETARY	81	0	35	0
11.00	01100	CAFETERIA	0	0	107	0
13.00	01300	NURSING ADMINISTRATION	47	0	43	0
14.00	01400	CENTRAL SERVICES & SUPPLY	50	0	93	0
15.00	01500	PHARMACY	68	0	238	0
16.00	01600	MEDICAL RECORDS & LIBRARY	137	0	180	0
17.00	01700	SOCIAL SERVICE	93	0	77	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	606	0	621	1,958
31.00	03100	INTENSIVE CARE UNIT	127	0	108	535
41.00	04100	SUBPROVIDER - I&R	87	0	123	225
43.00	04300	NURSERY	0	0	0	84
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	479	0	2,594	2,215
51.00	05100	RECOVERY ROOM	34	0	95	229
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	250
53.00	05300	ANESTHESIOLOGY	34	0	112	523
54.00	05400	RADIOLOGY-DIAGNOSTIC	233	0	599	1,963
56.00	05600	RADIOISOTOPE	22	0	19	224
57.00	05700	CT SCAN	28	0	307	1,934
59.00	05900	CARDIAC CATHETERIZATION	118	0	237	1,201
60.00	06000	LABORATORY	96	0	310	3,140
64.00	06400	INTRAVENOUS THERAPY	0	0	4	88
65.00	06500	RESPIRATORY THERAPY	31	0	92	682
66.00	06600	PHYSICAL THERAPY	121	0	234	649
67.00	06700	OCCUPATIONAL THERAPY	0	0	14	167
68.00	06800	SPEECH PATHOLOGY	12	0	14	112
69.00	06900	ELECTROCARDIOLOGY	28	0	154	539
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	743
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	886
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,500
74.00	07400	RENAL DIALYSIS	9	0	0	91
76.00	03020	PAIN MANAGEMENT	0	0	75	322
76.01	03022	OP CARDIO VASC DIAG	0	0	27	418
76.02	03550	ANCILLARY PSYCH	0	0	0	99
76.03	03950	SLEEP LAB	53	0	19	98
76.04	03650	VASCULAR LAB	16	0	45	155
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	777	0	168	122
91.00	09100	EMERGENCY	149	0	200	2,012
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	40	0	44	267
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,310	1,668,993	11,891	23,430
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,792	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,954	0	7	0
193.00	19300	NONPAID WORKERS	0	0	0	0
193.01	19301	WELLNESS/SENIOR VIP	0	0	2	0
200.00		Cross Foot Adjustments				
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	6,264	1,668,993	13,692	23,430

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140187		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/25/2014 10:31 am	
Cost Center Description			OTHER ADMIN STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN STRATIVE AND GENERAL	2,752,571					5.06
6.00	00600	MAINTENANCE & REPAIRS	51,313	85,471				6.00
7.00	00700	OPERATION OF PLANT	144,010	8,114	595,087			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,364	1,997	15,363	124,331		8.00
9.00	00900	HOUSEKEEPING	55,085	690	5,311	5,487	96,139	9.00
10.00	01000	DIETARY	15,411	2,971	22,854	880	200	10.00
11.00	01100	CAFETERIA	39,419	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	53,405	377	2,901	0	700	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,490	1,509	11,607	21	714	14.00
15.00	01500	PHARMACY	58,090	748	5,757	1	414	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,049	703	5,410	0	86	16.00
17.00	01700	SOCIAL SERVICE	50,337	216	1,660	0	43	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	31,736	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	3,518	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	8,108	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	363,244	11,551	88,862	56,105	36,110	30.00
31.00	03100	INTENSIVE CARE UNIT	138,328	1,673	12,868	10,539	6,402	31.00
41.00	04100	SUBPROVIDER - I&R	41,776	1,642	12,628	5,851	6,402	41.00
43.00	04300	NURSERY	16,686	0	0	926	1,200	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	179,615	6,405	49,275	11,450	12,432	50.00
51.00	05100	RECOVERY ROOM	20,535	513	3,949	898	1,143	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,489	0	0	0	2,401	52.00
53.00	05300	ANESTHESIOLOGY	8,015	140	1,074	10	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,491	2,090	16,077	3,278	3,601	54.00
56.00	05600	RADIOISOTOPE	20,441	458	3,523	380	200	56.00
57.00	05700	CT SCAN	29,255	538	4,139	1,456	400	57.00
59.00	05900	CARDIAC CATHETERIZATION	63,130	2,425	18,658	3,264	6,402	59.00
60.00	06000	LABORATORY	157,091	2,040	15,691	109	3,201	60.00
64.00	06400	INTRAVENOUS THERAPY	4,428	0	0	274	0	64.00
65.00	06500	RESPIRATORY THERAPY	37,489	829	6,379	0	0	65.00
66.00	06600	PHYSICAL THERAPY	84,300	3,369	25,916	322	600	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,823	0	0	0	986	67.00
68.00	06800	SPEECH PATHOLOGY	8,639	108	832	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,772	487	3,748	0	300	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	189,005	0	0	0	357	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	214,496	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,391	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,642	181	1,391	125	600	74.00
76.00	03020	PAIN MANAGEMENT	10,884	517	3,978	1,127	600	76.00
76.01	03022	OP CARDIO VASC DIAG	18,582	362	2,788	776	0	76.01
76.02	03550	ANCILLARY PSYCH	5,189	322	2,481	0	0	76.02
76.03	03950	SLEEP LAB	9,479	559	4,298	685	686	76.03
76.04	03650	VASCULAR LAB	10,368	182	1,400	501	357	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,660	2,987	22,979	1,718	0	90.00
91.00	09100	EMERGENCY	106,635	1,877	14,436	15,399	9,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	18,673	0	0	2,749	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,681,886	58,580	388,233	124,331	96,139	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,632	141	1,083	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	66,974	26,750	205,771	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	79	0	0	0	0	193.01
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)	2,752,571	85,471	595,087	124,331	96,139	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B
Part II
Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00561						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						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	171,123					10.00
11.00	01100	0	58,830				11.00
13.00	01300	0	1,317	118,311			13.00
14.00	01400	0	851	0	232,712		14.00
15.00	01500	0	1,939	0	0	111,316	15.00
16.00	01600	0	2,493	0	0	0	16.00
17.00	01700	0	1,602	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	136	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	130,343	15,628	53,989	0	0	30.00
31.00	03100	14,746	4,611	15,932	0	0	31.00
41.00	04100	20,422	1,901	6,569	0	0	41.00
43.00	04300	0	649	2,244	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	5,069	17,517	0	0	50.00
51.00	05100	728	630	2,178	0	0	51.00
52.00	05200	0	1,616	5,584	0	0	52.00
53.00	05300	0	232	0	0	0	53.00
54.00	05400	0	3,450	0	0	0	54.00
56.00	05600	0	314	0	0	0	56.00
57.00	05700	0	721	0	0	0	57.00
59.00	05900	1,706	1,453	0	0	0	59.00
60.00	06000	0	3,861	0	0	0	60.00
64.00	06400	0	192	0	0	0	64.00
65.00	06500	0	1,760	0	0	0	65.00
66.00	06600	0	1,107	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	602	0	0	0	69.00
71.00	07100	0	0	0	109,050	0	71.00
72.00	07200	0	0	0	123,662	0	72.00
73.00	07300	0	0	0	0	111,316	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	440	0	0	0	76.00
76.01	03022	0	114	0	0	0	76.01
76.02	03550	0	211	0	0	0	76.02
76.03	03950	92	388	0	0	0	76.03
76.04	03650	0	226	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	329	0	0	0	90.00
91.00	09100	3,086	4,138	14,298	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	596	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		171,123	58,576	118,311	232,712	111,316	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	48	0	0	0	190.00
192.00	19200	0	206	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		171,123	58,830	118,311	232,712	111,316	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/25/2014 10:31 am	
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS	
	16.00	17.00	21.00	22.00	23.00
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00561	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
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	115,864			16.00
17.00 01700	SOCIAL SERVICE	0	66,234		17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	31,736	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	23.00
					8,244
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	43,568	52,233		30.00
31.00 03100	INTENSIVE CARE UNIT	8,066	6,443		31.00
41.00 04100	SUBPROVIDER - I&R	6,770	7,558		41.00
43.00 04300	NURSERY	2,811	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	6,437	0		50.00
51.00 05100	RECOVERY ROOM	643	0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	356	0		52.00
53.00 05300	ANESTHESIOLOGY	1,147	0		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,055	0		54.00
56.00 05600	RADIOISOTOPE	711	0		56.00
57.00 05700	CT SCAN	7,194	0		57.00
59.00 05900	CARDIAC CATHETERIZATION	4,486	0		59.00
60.00 06000	LABORATORY	6,942	0		60.00
64.00 06400	INTRAVENOUS THERAPY	126	0		64.00
65.00 06500	RESPIRATORY THERAPY	447	0		65.00
66.00 06600	PHYSICAL THERAPY	2,088	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	264	0		67.00
68.00 06800	SPEECH PATHOLOGY	264	0		68.00
69.00 06900	ELECTROCARDIOLOGY	1,205	0		69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400	RENAL DIALYSIS	11	0		74.00
76.00 03020	PAIN MANAGEMENT	1,710	0		76.00
76.01 03022	OP CARDIO VASC DIAG	2,042	0		76.01
76.02 03550	ANCILLARY PSYCH	470	0		76.02
76.03 03950	SLEEP LAB	447	0		76.03
76.04 03650	VASCULAR LAB	402	0		76.04
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	631	0		90.00
91.00 09100	EMERGENCY	7,286	0		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	1,285	0		93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	0		95.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	115,864	66,234	0	0
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00 19300	NONPAID WORKERS	0	0		193.00
193.01 19301	WELLNESS/SENIOR VIP	0	0		193.01
200.00	Cross Foot Adjustments			31,736	3,518
201.00	Negative Cost Centers	0	0	0	0
202.00	TOTAL (sum lines 118-201)	115,864	66,234	31,736	3,518

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/25/2014 10:31 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00561				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				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				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	1,841,488	0	1,841,488	30.00
31.00	03100	468,383	0	468,383	31.00
41.00	04100	187,542	0	187,542	41.00
43.00	04300	24,658	0	24,658	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,369,343	0	1,369,343	50.00
51.00	05100	90,523	0	90,523	51.00
52.00	05200	45,867	0	45,867	52.00
53.00	05300	136,539	0	136,539	53.00
54.00	05400	1,090,183	0	1,090,183	54.00
56.00	05600	110,587	0	110,587	56.00
57.00	05700	157,360	0	157,360	57.00
59.00	05900	619,181	0	619,181	59.00
60.00	06000	405,482	0	405,482	60.00
64.00	06400	10,285	0	10,285	64.00
65.00	06500	172,471	0	172,471	65.00
66.00	06600	291,980	0	291,980	66.00
67.00	06700	16,585	0	16,585	67.00
68.00	06800	19,474	0	19,474	68.00
69.00	06900	143,653	0	143,653	69.00
71.00	07100	299,663	0	299,663	71.00
72.00	07200	339,649	0	339,649	72.00
73.00	07300	223,232	0	223,232	73.00
74.00	07400	19,568	0	19,568	74.00
76.00	03020	64,110	0	64,110	76.00
76.01	03022	121,840	0	121,840	76.01
76.02	03550	22,133	0	22,133	76.02
76.03	03950	88,079	0	88,079	76.03
76.04	03650	72,515	0	72,515	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	267,077	0	267,077	90.00
91.00	09100	340,199	0	340,199	91.00
92.00	09200		0		92.00
93.00	04950	26,174	0	26,174	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		9,085,823	0	9,085,823	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	13,487	0	13,487	190.00
192.00	19200	1,418,045	0	1,418,045	192.00
193.00	19300	0	0	0	193.00
193.01	19301	81	0	81	193.01
200.00		43,498	0	43,498	200.00
201.00		0	0	0	201.00
202.00		10,560,934	0	10,560,934	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	682,560					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		5,053,077				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	52,325,465			4.00
5.01 00540 NONPATIENT TELEPHONES	262	3,820	214,544	2,015		5.01
5.02 00550 DATA PROCESSING	10,410	1,359,960	226	42	1,000	5.02
5.03 00561 PURCHASING RECEIVING AND STORES	867	6,620	172,433	13	0	5.03
5.04 00570 ADMINISTRATION	1,809	8,280	1,460,905	25	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	13,095	639,818	40	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	146,902	74,574	3,881,401	79	1,000	5.06
6.00 00600 MAINTENANCE & REPAIRS	2,002	17,467	382,641	21	0	6.00
7.00 00700 OPERATION OF PLANT	49,393	90,188	1,590,512	7	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	12,157	6,158	81,923	5	0	8.00
9.00 00900 HOUSEKEEPING	4,203	902	1,190,132	4	0	9.00
10.00 01000 DIETARY	18,085	5,298	286,103	26	0	10.00
11.00 01100 CAFETERIA	0	16,425	886,929	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	2,296	37,414	1,582,733	15	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	9,185	118,420	332,514	16	0	14.00
15.00 01500 PHARMACY	4,556	11,240	1,684,217	22	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,281	19,414	1,130,618	44	0	16.00
17.00 01700 SOCIAL SERVICE	1,314	2,815	1,245,894	30	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	249,570	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	70,320	433,210	10,318,882	195	0	30.00
31.00 03100 INTENSIVE CARE UNIT	10,183	152,032	3,894,930	41	0	31.00
41.00 04100 SUBPROVIDER - I&R	9,993	6,608	1,201,382	28	0	41.00
43.00 04300 NURSERY	0	0	517,939	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	38,993	689,435	3,695,564	154	0	50.00
51.00 05100 RECOVERY ROOM	3,125	32,017	568,650	11	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	1,091,546	0	0	52.00
53.00 05300 ANESTHESIOLOGY	850	101,368	80,416	11	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,722	724,796	2,394,535	75	0	54.00
56.00 05600 RADIOISOTOPE	2,788	55,528	369,579	7	0	56.00
57.00 05700 CT SCAN	3,275	74,780	528,537	9	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	14,765	353,353	1,298,738	38	0	59.00
60.00 06000 LABORATORY	12,417	108,227	2,223,152	31	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	4,350	124,975	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	5,048	76,672	1,154,664	10	0	65.00
66.00 06600 PHYSICAL THERAPY	20,508	28,894	731,170	39	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,737	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	658	4,220	0	4	0	68.00
69.00 06900 ELECTROCARDIOLOGY	2,966	81,991	443,932	9	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,101	0	0	3	0	74.00
76.00 03020 PAIN MANAGEMENT	3,148	19,501	251,155	0	0	76.00
76.01 03022 OP CARDIO VASC DIAG	2,206	69,350	107,352	0	0	76.01
76.02 03550 ANCILLARY PSYCH	1,963	0	137,054	0	0	76.02
76.03 03950 SLEEP LAB	3,401	40,992	226,726	17	0	76.03
76.04 03650 VASCULAR LAB	1,108	43,609	232,847	5	0	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	18,184	72,737	229,810	250	0	90.00
91.00 09100 EMERGENCY	11,424	70,065	2,928,194	48	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	1,989	538,803	13	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	518,868	5,040,551	52,303,645	1,387	1,000
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	857	841	21,742	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	162,835	11,685	78	628	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,622,013	5,938,921	15,463,981	286,166	1,717,923	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.771585	1.175308	0.295535	142.017866	1,717.923000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0	6,264	1,668,993	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	3.108685	1,668.993000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES	489,411					5.03
5.04	00570	ADMITTING	48,954	566,152,227				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,259	0	566,152,227			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	33,110	0	0	-23,135,746	112,908,899	5.06
6.00	00600	MAINTENANCE & REPAIRS	239	0	0	0	2,104,794	6.00
7.00	00700	OPERATION OF PLANT	88,396	0	0	0	5,907,118	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,103	0	0	0	712,235	8.00
9.00	00900	HOUSEKEEPING	1,197	0	0	0	2,259,521	9.00
10.00	01000	DIETARY	1,238	0	0	0	632,128	10.00
11.00	01100	CAFETERIA	3,839	0	0	0	1,616,920	11.00
13.00	01300	NURSING ADMINISTRATION	1,554	0	0	0	2,190,602	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,342	0	0	0	676,395	14.00
15.00	01500	PHARMACY	8,506	0	0	0	2,382,783	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,444	0	0	0	2,258,067	16.00
17.00	01700	SOCIAL SERVICE	2,755	0	0	0	2,064,767	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,301,779	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	144,316	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	332,562	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,184	47,745,720	47,745,720	0	14,901,464	30.00
31.00	03100	INTENSIVE CARE UNIT	3,862	13,059,722	13,059,722	0	5,674,049	31.00
41.00	04100	SUBPROVIDER - I RF	4,396	5,483,196	5,483,196	0	1,713,624	41.00
43.00	04300	NURSERY	0	2,056,209	2,056,209	0	684,429	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	92,653	54,030,471	54,030,471	0	7,367,610	50.00
51.00	05100	RECOVERY ROOM	3,404	5,593,112	5,593,112	0	842,324	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,092,467	6,092,467	0	1,455,734	52.00
53.00	05300	ANESTHESIOLOGY	4,001	12,764,243	12,764,243	0	328,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,401	47,850,414	47,850,414	0	4,573,227	54.00
56.00	05600	RADIOISOTOPE	688	5,453,304	5,453,304	0	838,466	56.00
57.00	05700	CT SCAN	10,982	47,165,685	47,165,685	0	1,200,008	57.00
59.00	05900	CARDIAC CATHETERIZATION	8,480	29,302,791	29,302,791	0	2,589,507	59.00
60.00	06000	LABORATORY	11,078	71,238,830	71,238,830	0	6,443,695	60.00
64.00	06400	INTRAVENOUS THERAPY	136	2,158,194	2,158,194	0	181,644	64.00
65.00	06500	RESPIRATORY THERAPY	3,300	16,629,388	16,629,388	0	1,537,763	65.00
66.00	06600	PHYSICAL THERAPY	8,368	15,827,547	15,827,547	0	3,457,909	66.00
67.00	06700	OCCUPATIONAL THERAPY	492	4,071,424	4,071,424	0	484,953	67.00
68.00	06800	SPEECH PATHOLOGY	508	2,738,438	2,738,438	0	354,344	68.00
69.00	06900	ELECTROCARDIOLOGY	5,519	13,149,416	13,149,416	0	811,032	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,129,301	18,129,301	0	7,752,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	21,598,297	21,598,297	0	8,798,398	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,589,424	36,589,424	0	4,487,105	73.00
74.00	07400	RENAL DIALYSIS	0	2,216,403	2,216,403	0	395,499	74.00
76.00	03020	PAIN MANAGEMENT	2,672	7,848,399	7,848,399	0	446,456	76.00
76.01	03022	OP CARDIO VASC DIAG	957	10,195,340	10,195,340	0	762,204	76.01
76.02	03550	ANCILLARY PSYCH	13	2,413,294	2,413,294	0	212,850	76.02
76.03	03950	SLEEP LAB	694	2,402,046	2,402,046	0	388,812	76.03
76.04	03650	VASCULAR LAB	1,602	3,771,439	3,771,439	0	425,287	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,021	2,980,648	2,980,648	0	1,175,584	90.00
91.00	09100	EMERGENCY	7,155	49,079,273	49,079,273	0	4,374,043	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	1,567	6,517,792	6,517,792	0	765,958	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	425,069	566,152,227	566,152,227	-23,135,746	110,009,506	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,044	0	0	0	148,979	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	243	0	0	0	2,747,186	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	55	0	0	0	3,228	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
202.00	Cost to be allocated (per Wkst. B, Part I)	368,591	2,003,481	1,691,929		23,135,746	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.753132	0.003539	0.002988		0.204906	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	13,692	23,430	15,578		2,752,571	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.027976	0.000041	0.000028		0.024379	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00561						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	520,308					6.00
7.00	00700	49,393	470,915				7.00
8.00	00800	12,157	12,157	1,153,634			8.00
9.00	00900	4,203	4,203	50,912	6,728		9.00
10.00	01000	18,085	18,085	8,168	14	135,617	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	2,296	2,296	0	49	0	13.00
14.00	01400	9,185	9,185	197	50	0	14.00
15.00	01500	4,556	4,556	10	29	0	15.00
16.00	01600	4,281	4,281	0	6	0	16.00
17.00	01700	1,314	1,314	0	3	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	70,320	70,320	520,580	2,527	103,298	30.00
31.00	03100	10,183	10,183	97,792	448	11,686	31.00
41.00	04100	9,993	9,993	54,291	448	16,185	41.00
43.00	04300	0	0	8,588	84	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	38,993	38,993	106,241	870	0	50.00
51.00	05100	3,125	3,125	8,328	80	577	51.00
52.00	05200	0	0	0	168	0	52.00
53.00	05300	850	850	94	0	0	53.00
54.00	05400	12,722	12,722	30,416	252	0	54.00
56.00	05600	2,788	2,788	3,529	14	0	56.00
57.00	05700	3,275	3,275	13,507	28	0	57.00
59.00	05900	14,765	14,765	30,288	448	1,352	59.00
60.00	06000	12,417	12,417	1,009	224	0	60.00
64.00	06400	0	0	2,547	0	0	64.00
65.00	06500	5,048	5,048	0	0	0	65.00
66.00	06600	20,508	20,508	2,990	42	0	66.00
67.00	06700	0	0	0	69	0	67.00
68.00	06800	658	658	0	0	0	68.00
69.00	06900	2,966	2,966	0	21	0	69.00
71.00	07100	0	0	0	25	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,101	1,101	1,161	42	0	74.00
76.00	03020	3,148	3,148	10,457	42	0	76.00
76.01	03022	2,206	2,206	7,196	0	0	76.01
76.02	03550	1,963	1,963	0	0	0	76.02
76.03	03950	3,401	3,401	6,354	48	73	76.03
76.04	03650	1,108	1,108	4,650	25	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	18,184	18,184	15,938	0	0	90.00
91.00	09100	11,424	11,424	142,882	672	2,446	91.00
92.00	09200						92.00
93.00	04950	0	0	25,509	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		356,616	307,223	1,153,634	6,728	135,617	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	857	857	0	0	0	190.00
192.00	19200	162,835	162,835	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
200.00							200.00
201.00							201.00
202.00		2,536,079	7,358,273	1,107,391	2,857,541	1,146,179	202.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140187		Period: From 07/01/2013 To 06/30/2014	Worksheet B-1 Date/Time Prepared: 11/25/2014 10:31 am	
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	4.874188	15.625480	0.959915	424.723692	8.451588	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	85,471	595,087	124,331	96,139	171,123	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.164270	1.263682	0.107773	14.289388	1.261811	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	76,177					11.00
13.00	01300	NURSING ADMINISTRATION	1,705	922,192				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,102	0	16,291,864			14.00
15.00	01500	PHARMACY	2,511	0	0	1,000		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,228	0	0	0	10,098	16.00
17.00	01700	SOCIAL SERVICE	2,075	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	176	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,232	420,824	0	0	3,797	30.00
31.00	03100	INTENSIVE CARE UNIT	5,971	124,188	0	0	703	31.00
41.00	04100	SUBPROVIDER - I&R	2,462	51,204	0	0	590	41.00
43.00	04300	NURSERY	841	17,492	0	0	245	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,564	136,539	0	0	561	50.00
51.00	05100	RECOVERY ROOM	816	16,974	0	0	56	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,092	43,524	0	0	31	52.00
53.00	05300	ANESTHESIOLOGY	301	0	0	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,467	0	0	0	702	54.00
56.00	05600	RADIOISOTOPE	406	0	0	0	62	56.00
57.00	05700	CT SCAN	934	0	0	0	627	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,882	0	0	0	391	59.00
60.00	06000	LABORATORY	4,999	0	0	0	605	60.00
64.00	06400	INTRAVENOUS THERAPY	249	0	0	0	11	64.00
65.00	06500	RESPIRATORY THERAPY	2,279	0	0	0	39	65.00
66.00	06600	PHYSICAL THERAPY	1,434	0	0	0	182	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	23	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	23	68.00
69.00	06900	ELECTROCARDIOLOGY	780	0	0	0	105	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	7,634,438	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	8,657,426	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,000	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1	74.00
76.00	03020	PAIN MANAGEMENT	570	0	0	0	149	76.00
76.01	03022	OP CARDIO VASC DIAG	147	0	0	0	178	76.01
76.02	03550	ANCILLARY PSYCH	273	0	0	0	41	76.02
76.03	03950	SLEEP LAB	503	0	0	0	39	76.03
76.04	03650	VASCULAR LAB	293	0	0	0	35	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	426	0	0	0	55	90.00
91.00	09100	EMERGENCY	5,358	111,447	0	0	635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	772	0	0	0	112	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,848	922,192	16,291,864	1,000	10,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	267	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,948,237	2,750,953	1,052,890	3,040,973	2,893,622	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.575134	2.983059	0.064627	3,040.973000	286.553971	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	58,830	118,311	232,712	111,316	115,864	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.772280	0.128293	0.014284	111.316000	11.473955	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1
Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (TIME SPENT)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
		17.00	21.00			22.00
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01 00540 NONPATIENT TELEPHONES					5.01	
5.02 00550 DATA PROCESSING					5.02	
5.03 00561 PURCHASING RECEIVING AND STORES					5.03	
5.04 00570 ADMITTING					5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06	
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	22,514				17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,459			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		1,459		22.00	
23.00 02300 PARAMED PRGM	0			1,000	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	17,755	743	743	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,190	192	192	0	31.00	
41.00 04100 SUBPROVIDER - IRF	2,569	0	0	0	41.00	
43.00 04300 NURSERY	0	202	202	0	43.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	60	60	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	5	5	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	30	30	0	54.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	57.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	3	3	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	1	1	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	6	6	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	13	13	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,000	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00	
76.00 03020 PAIN MANAGEMENT	0	0	0	0	76.00	
76.01 03022 OP CARDIO VASC DIAG	0	0	0	0	76.01	
76.02 03550 ANCILLARY PSYCH	0	0	0	0	76.02	
76.03 03950 SLEEP LAB	0	0	0	0	76.03	
76.04 03650 VASCULAR LAB	0	0	0	0	76.04	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	93	93	0	90.00	
91.00 09100 EMERGENCY	0	111	111	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,514	1,459	1,459	1,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	0	193.01	
200.00	Cross Foot Adjustments				200.00	
201.00	Negative Cost Centers				201.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (TIME SPENT)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
		21.00	22.00			
202.00	Cost to be allocated (per Wkst. B, Part I)	2,569,129	1,568,521	173,887	405,207	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	114.112508	1,075.065798	119.182317	405.207000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	66,234	31,736	3,518	8,244	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.941903	21.751885	2.411241	8.244000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140187

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

Worksheet C
Part I
Date/Time Prepared:
11/25/2014 10:31 am

		Title XVII		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		26,729,344	371	26,729,715	30.00	
31.00	03100 INTENSIVE CARE UNIT		8,402,879	0	8,402,879	31.00	
41.00	04100 SUBPROVIDER - I RF		3,326,722	20,148	3,346,870	41.00	
43.00	04300 NURSERY		1,012,489	0	1,012,489	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		10,884,048	2,023	10,886,071	50.00	
51.00	05100 RECOVERY ROOM		1,213,382	0	1,213,382	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,017,598	0	2,017,598	52.00	
53.00	05300 ANESTHESIOLOGY		450,009	0	450,009	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,222,737	2,081	6,224,818	54.00	
56.00	05600 RADIO SOTOPE		1,104,910	0	1,104,910	56.00	
57.00	05700 CT SCAN		1,741,447	0	1,741,447	57.00	
59.00	05900 CARDIAC CATHETERIZATION		3,813,742	18,468	3,832,210	59.00	
60.00	06000 LABORATORY		8,415,914	15,577	8,431,491	60.00	
64.00	06400 INTRAVENOUS THERAPY		230,829	0	230,829	64.00	
65.00	06500 RESPIRATORY THERAPY	0	2,025,804	376	2,026,180	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,696,398	0	4,696,398	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	620,220	0	620,220	67.00	
68.00	06800 SPEECH PATHOLOGY	0	447,031	0	447,031	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,096,975	0	1,096,975	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,845,366	0	9,845,366	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		11,160,742	0	11,160,742	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		8,852,720	0	8,852,720	73.00	
74.00	07400 RENAL DIALYSIS		518,348	0	518,348	74.00	
76.00	03020 PAIN MANAGEMENT		687,622	0	687,622	76.00	
76.01	03022 OP CARDIO VASC DIAG		1,025,281	3,831	1,029,112	76.01	
76.02	03550 ANCILLARY PSYCH		315,436	0	315,436	76.02	
76.03	03950 SLEEP LAB		589,344	376	589,720	76.03	
76.04	03650 VASCULAR LAB		567,750	47,979	615,729	76.04	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		1,831,188	0	1,831,188	90.00	
91.00	09100 EMERGENCY		6,599,188	0	6,599,188	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,744,154	0	2,744,154	92.00	
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER		999,231	0	999,231	93.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00	
200.00	Subtotal (see instructions)	0	130,188,848	111,230	130,300,078	200.00	
201.00	Less Observation Beds		2,744,154		2,744,154	201.00	
202.00	Total (see instructions)	0	127,444,694	111,230	127,555,924	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140187

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

Worksheet C
Part I
Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		Hospital			PPS		
		Title XVII I					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	39,859,616		39,859,616		30.00
31.00	03100	INTENSIVE CARE UNIT	13,059,722		13,059,722		31.00
41.00	04100	SUBPROVIDER - IRF	5,483,196		5,483,196		41.00
43.00	04300	NURSERY	2,056,209		2,056,209		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,205,923	25,824,548	54,030,471	0.201443	50.00
51.00	05100	RECOVERY ROOM	2,462,388	3,130,724	5,593,112	0.216942	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,594,103	1,498,364	6,092,467	0.331163	52.00
53.00	05300	ANESTHESIOLOGY	7,169,289	5,594,954	12,764,243	0.035255	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,607,701	39,242,713	47,850,414	0.130046	54.00
56.00	05600	RADIOISOTOPE	1,947,080	3,506,224	5,453,304	0.202613	56.00
57.00	05700	CT SCAN	13,170,675	33,995,010	47,165,685	0.036922	57.00
59.00	05900	CARDIAC CATHETERIZATION	13,231,067	16,071,724	29,302,791	0.130149	59.00
60.00	06000	LABORATORY	36,918,260	34,320,570	71,238,830	0.118137	60.00
64.00	06400	INTRAVENOUS THERAPY	1,667,335	490,859	2,158,194	0.106955	64.00
65.00	06500	RESPIRATORY THERAPY	14,599,858	2,029,530	16,629,388	0.121821	65.00
66.00	06600	PHYSICAL THERAPY	5,591,014	10,236,533	15,827,547	0.296723	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,758,978	1,312,446	4,071,424	0.152335	67.00
68.00	06800	SPEECH PATHOLOGY	1,427,650	1,310,788	2,738,438	0.163243	68.00
69.00	06900	ELECTROCARDIOLOGY	7,715,016	5,434,400	13,149,416	0.083424	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,473,951	4,655,350	18,129,301	0.543064	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,985,515	8,612,782	21,598,297	0.516742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,548,365	13,041,059	36,589,424	0.241948	73.00
74.00	07400	RENAL DIALYSIS	2,173,382	43,021	2,216,403	0.233869	74.00
76.00	03020	PAIN MANAGEMENT	15,592	7,832,807	7,848,399	0.087613	76.00
76.01	03022	OP CARDIO VASC DIAG	0	10,195,340	10,195,340	0.100564	76.01
76.02	03550	ANCILLARY PSYCH	42,909	2,370,385	2,413,294	0.130708	76.02
76.03	03950	SLEEP LAB	215,730	2,186,316	2,402,046	0.245351	76.03
76.04	03650	VASCULAR LAB	1,779,430	1,992,009	3,771,439	0.150539	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,000	2,977,648	2,980,648	0.614359	90.00
91.00	09100	EMERGENCY	12,944,489	36,134,784	49,079,273	0.134460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,044,615	6,841,489	7,886,104	0.347973	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	4,158	6,513,634	6,517,792	0.153308	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	278,756,216	287,396,011	566,152,227		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	278,756,216	287,396,011	566,152,227		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/25/2014 10:31 am
		Title XVIII	Hospital	PPS

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
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.201480		50.00
51.00	05100 RECOVERY ROOM	0.216942		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331163		52.00
53.00	05300 ANESTHESIOLOGY	0.035255		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130089		54.00
56.00	05600 RADIOISOTOPE	0.202613		56.00
57.00	05700 CT SCAN	0.036922		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.130780		59.00
60.00	06000 LABORATORY	0.118355		60.00
64.00	06400 INTRAVENOUS THERAPY	0.106955		64.00
65.00	06500 RESPIRATORY THERAPY	0.121843		65.00
66.00	06600 PHYSICAL THERAPY	0.296723		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.152335		67.00
68.00	06800 SPEECH PATHOLOGY	0.163243		68.00
69.00	06900 ELECTROCARDIOLOGY	0.083424		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.543064		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.516742		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241948		73.00
74.00	07400 RENAL DIALYSIS	0.233869		74.00
76.00	03020 PAIN MANAGEMENT	0.087613		76.00
76.01	03022 OP CARDIO VASC DIAG	0.100939		76.01
76.02	03550 ANCILLARY PSYCH	0.130708		76.02
76.03	03950 SLEEP LAB	0.245507		76.03
76.04	03650 VASCULAR LAB	0.163261		76.04
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.614359		90.00
91.00	09100 EMERGENCY	0.134460		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.347973		92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.153308		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 140187

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

Worksheet C
Part I
Date/Time Prepared:
11/25/2014 10:31 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		26,729,344	371	26,729,715	30.00	
31.00	03100 INTENSIVE CARE UNIT		8,402,879	0	8,402,879	31.00	
41.00	04100 SUBPROVIDER - I RF		3,326,722	20,148	3,346,870	41.00	
43.00	04300 NURSERY		1,012,489	0	1,012,489	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		10,884,048	2,023	10,886,071	50.00	
51.00	05100 RECOVERY ROOM		1,213,382	0	1,213,382	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,017,598	0	2,017,598	52.00	
53.00	05300 ANESTHESIOLOGY		450,009	0	450,009	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,222,737	2,081	6,224,818	54.00	
56.00	05600 RADIO SOTOPE		1,104,910	0	1,104,910	56.00	
57.00	05700 CT SCAN		1,741,447	0	1,741,447	57.00	
59.00	05900 CARDIAC CATHETERIZATION		3,813,742	18,468	3,832,210	59.00	
60.00	06000 LABORATORY		8,415,914	15,577	8,431,491	60.00	
64.00	06400 INTRAVENOUS THERAPY		230,829	0	230,829	64.00	
65.00	06500 RESPIRATORY THERAPY	0	2,025,804	376	2,026,180	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,696,398	0	4,696,398	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	620,220	0	620,220	67.00	
68.00	06800 SPEECH PATHOLOGY	0	447,031	0	447,031	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,096,975	0	1,096,975	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,845,366	0	9,845,366	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		11,160,742	0	11,160,742	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		8,852,720	0	8,852,720	73.00	
74.00	07400 RENAL DIALYSIS		518,348	0	518,348	74.00	
76.00	03020 PAIN MANAGEMENT		687,622	0	687,622	76.00	
76.01	03022 OP CARDIO VASC DIAG		1,025,281	3,831	1,029,112	76.01	
76.02	03550 ANCILLARY PSYCH		315,436	0	315,436	76.02	
76.03	03950 SLEEP LAB		589,344	376	589,720	76.03	
76.04	03650 VASCULAR LAB		567,750	47,979	615,729	76.04	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		1,831,188	0	1,831,188	90.00	
91.00	09100 EMERGENCY		6,599,188	0	6,599,188	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,744,154	0	2,744,154	92.00	
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER		999,231	0	999,231	93.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00	
200.00	Subtotal (see instructions)	0	130,188,848	111,230	130,300,078	200.00	
201.00	Less Observation Beds		2,744,154		2,744,154	201.00	
202.00	Total (see instructions)	0	127,444,694	111,230	127,555,924	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/25/2014 10:31 am
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,859,616		39,859,616	30.00
31.00	03100	INTENSIVE CARE UNIT	13,059,722		13,059,722	31.00
41.00	04100	SUBPROVIDER - IRF	5,483,196		5,483,196	41.00
43.00	04300	NURSERY	2,056,209		2,056,209	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,205,923	25,824,548	54,030,471	50.00
51.00	05100	RECOVERY ROOM	2,462,388	3,130,724	5,593,112	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,594,103	1,498,364	6,092,467	52.00
53.00	05300	ANESTHESIOLOGY	7,169,289	5,594,954	12,764,243	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,607,701	39,242,713	47,850,414	54.00
56.00	05600	RADIOISOTOPE	1,947,080	3,506,224	5,453,304	56.00
57.00	05700	CT SCAN	13,170,675	33,995,010	47,165,685	57.00
59.00	05900	CARDIAC CATHETERIZATION	13,231,067	16,071,724	29,302,791	59.00
60.00	06000	LABORATORY	36,918,260	34,320,570	71,238,830	60.00
64.00	06400	INTRAVENOUS THERAPY	1,667,335	490,859	2,158,194	64.00
65.00	06500	RESPIRATORY THERAPY	14,599,858	2,029,530	16,629,388	65.00
66.00	06600	PHYSICAL THERAPY	5,591,014	10,236,533	15,827,547	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,758,978	1,312,446	4,071,424	67.00
68.00	06800	SPEECH PATHOLOGY	1,427,650	1,310,788	2,738,438	68.00
69.00	06900	ELECTROCARDIOLOGY	7,715,016	5,434,400	13,149,416	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,473,951	4,655,350	18,129,301	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,985,515	8,612,782	21,598,297	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,548,365	13,041,059	36,589,424	73.00
74.00	07400	RENAL DIALYSIS	2,173,382	43,021	2,216,403	74.00
76.00	03020	PAIN MANAGEMENT	15,592	7,832,807	7,848,399	76.00
76.01	03022	OP CARDIO VASC DIAG	0	10,195,340	10,195,340	76.01
76.02	03550	ANCILLARY PSYCH	42,909	2,370,385	2,413,294	76.02
76.03	03950	SLEEP LAB	215,730	2,186,316	2,402,046	76.03
76.04	03650	VASCULAR LAB	1,779,430	1,992,009	3,771,439	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,000	2,977,648	2,980,648	90.00
91.00	09100	EMERGENCY	12,944,489	36,134,784	49,079,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,044,615	6,841,489	7,886,104	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	4,158	6,513,634	6,517,792	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Subtotal (see instructions)	278,756,216	287,396,011	566,152,227	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	278,756,216	287,396,011	566,152,227	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/25/2014 10:31 am
		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
41.00	04100 SUBPROVIDER - IRF			41.00
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
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 PAIN MANAGEMENT	0.000000		76.00
76.01	03022 OP CARDIO VASC DIAG	0.000000		76.01
76.02	03550 ANCILLARY PSYCH	0.000000		76.02
76.03	03950 SLEEP LAB	0.000000		76.03
76.04	03650 VASCULAR LAB	0.000000		76.04
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 11/25/2014 10:31 am
		Title XVIII	Hospital	PPS

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,841,488	0	1,841,488	34,102	54.00	30.00
31.00	INTENSIVE CARE UNIT	468,383		468,383	6,025	77.74	31.00
41.00	SUBPROVIDER - IRF	187,542	0	187,542	5,058	37.08	41.00
43.00	NURSERY	24,658		24,658	2,098	11.75	43.00
200.00	Total (Lines 30-199)	2,522,071		2,522,071	47,283		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	11,549	623,646	30.00
31.00	INTENSIVE CARE UNIT	2,532	196,838	31.00
41.00	SUBPROVIDER - IRF	3,025	112,167	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	17,106	932,651	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 11/25/2014 10:31 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,369,343	54,030,471	0.025344	10,810,875	273,991	50.00
51.00	05100 RECOVERY ROOM	90,523	5,593,112	0.016185	801,854	12,978	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	45,867	6,092,467	0.007528	8,849	67	52.00
53.00	05300 ANESTHESIOLOGY	136,539	12,764,243	0.010697	2,533,747	27,103	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,090,183	47,850,414	0.022783	3,616,935	82,405	54.00
56.00	05600 RADIOISOTOPE	110,587	5,453,304	0.020279	887,005	17,988	56.00
57.00	05700 CT SCAN	157,360	47,165,685	0.003336	5,392,478	17,989	57.00
59.00	05900 CARDIAC CATHETERIZATION	619,181	29,302,791	0.021130	4,564,267	96,443	59.00
60.00	06000 LABORATORY	405,482	71,238,830	0.005692	15,135,344	86,150	60.00
64.00	06400 INTRAVENOUS THERAPY	10,285	2,158,194	0.004766	937,126	4,466	64.00
65.00	06500 RESPIRATORY THERAPY	172,471	16,629,388	0.010371	7,148,500	74,137	65.00
66.00	06600 PHYSICAL THERAPY	291,980	15,827,547	0.018448	1,351,493	24,932	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,585	4,071,424	0.004074	149,215	608	67.00
68.00	06800 SPEECH PATHOLOGY	19,474	2,738,438	0.007111	104,409	742	68.00
69.00	06900 ELECTROCARDIOLOGY	143,653	13,149,416	0.010925	3,680,250	40,207	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	299,663	18,129,301	0.016529	5,547,093	91,688	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	339,649	21,598,297	0.015726	4,864,233	76,495	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	223,232	36,589,424	0.006101	9,111,899	55,592	73.00
74.00	07400 RENAL DIALYSIS	19,568	2,216,403	0.008829	1,273,357	11,242	74.00
76.00	03020 PAIN MANAGEMENT	64,110	7,848,399	0.008169	6,312	52	76.00
76.01	03022 OP CARDIO VASC DIAG	121,840	10,195,340	0.011951	0	0	76.01
76.02	03550 ANCILLARY PSYCH	22,133	2,413,294	0.009171	8,872	81	76.02
76.03	03950 SLEEP LAB	88,079	2,402,046	0.036668	87,645	3,214	76.03
76.04	03650 VASCULAR LAB	72,515	3,771,439	0.019227	855,319	16,445	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	267,077	2,980,648	0.089604	2,787	250	90.00
91.00	09100 EMERGENCY	340,199	49,079,273	0.006932	4,778,527	33,125	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	189,053	7,886,104	0.023973	638,155	15,298	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	26,174	6,517,792	0.004016	1,007	4	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	6,752,805	505,693,484		84,297,553	1,063,692	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140187		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part III Date/Time Prepared: 11/25/2014 10:31 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,102	0.00	11,549	0		30.00
31.00	03100	INTENSIVE CARE UNIT	6,025	0.00	2,532	0		31.00
41.00	04100	SUBPROVIDER - IRF	5,058	0.00	3,025	0		41.00
43.00	04300	NURSERY	2,098	0.00	0	0		43.00
200.00		Total (lines 30-199)	47,283		17,106	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140187

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

Worksheet D
Part IV
Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	405,207	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
76.00	03020	PAIN MANAGEMENT	0	0	0	0	76.00	
76.01	03022	OP CARDIO VASC DIAG	0	0	0	0	76.01	
76.02	03550	ANCILLARY PSYCH	0	0	0	0	76.02	
76.03	03950	SLEEP LAB	0	0	0	0	76.03	
76.04	03650	VASCULAR LAB	0	0	0	0	76.04	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	405,207	0	95.00	
200.00		Total (lines 50-199)	0	0	405,207	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/25/2014 10:31 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII		Hospital		Inpatient Program Charges	
			Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	54,030,471	0.000000	0.000000	10,810,875	50.00
51.00	05100	RECOVERY ROOM	0	5,593,112	0.000000	0.000000	801,854	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,092,467	0.000000	0.000000	8,849	52.00
53.00	05300	ANESTHESIOLOGY	0	12,764,243	0.000000	0.000000	2,533,747	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47,850,414	0.000000	0.000000	3,616,935	54.00
56.00	05600	RADIOISOTOPE	0	5,453,304	0.000000	0.000000	887,005	56.00
57.00	05700	CT SCAN	0	47,165,685	0.000000	0.000000	5,392,478	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	29,302,791	0.000000	0.000000	4,564,267	59.00
60.00	06000	LABORATORY	0	71,238,830	0.000000	0.000000	15,135,344	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,158,194	0.000000	0.000000	937,126	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,629,388	0.000000	0.000000	7,148,500	65.00
66.00	06600	PHYSICAL THERAPY	0	15,827,547	0.000000	0.000000	1,351,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,071,424	0.000000	0.000000	149,215	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,738,438	0.000000	0.000000	104,409	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,149,416	0.000000	0.000000	3,680,250	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,129,301	0.000000	0.000000	5,547,093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	21,598,297	0.000000	0.000000	4,864,233	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	405,207	36,589,424	0.011074	0.011074	9,111,899	73.00
74.00	07400	RENAL DIALYSIS	0	2,216,403	0.000000	0.000000	1,273,357	74.00
76.00	03020	PAIN MANAGEMENT	0	7,848,399	0.000000	0.000000	6,312	76.00
76.01	03022	OP CARDIO VASC DIAG	0	10,195,340	0.000000	0.000000	0	76.01
76.02	03550	ANCILLARY PSYCH	0	2,413,294	0.000000	0.000000	8,872	76.02
76.03	03950	SLEEP LAB	0	2,402,046	0.000000	0.000000	87,645	76.03
76.04	03650	VASCULAR LAB	0	3,771,439	0.000000	0.000000	855,319	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,980,648	0.000000	0.000000	2,787	90.00
91.00	09100	EMERGENCY	0	49,079,273	0.000000	0.000000	4,778,527	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,886,104	0.000000	0.000000	638,155	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	6,517,792	0.000000	0.000000	1,007	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	405,207	505,693,484			84,297,553	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/25/2014 10:31 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	7,061,820	0	50.00
51.00	05100 RECOVERY ROOM	0	576,601	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,009	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,064,375	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,314,202	0	54.00
56.00	05600 RADIOISOTOPE	0	1,220,302	0	56.00
57.00	05700 CT SCAN	0	7,005,543	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,675,107	0	59.00
60.00	06000 LABORATORY	0	2,347,368	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	150,571	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	333,631	0	65.00
66.00	06600 PHYSICAL THERAPY	0	560,119	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	16,911	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,496,051	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,256,262	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,695,667	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	100,905	2,794,951	30,951	73.00
74.00	07400 RENAL DIALYSIS	0	7,526	0	74.00
76.00	03020 PAIN MANAGEMENT	0	2,302,686	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0	3,402,848	0	76.01
76.02	03550 ANCILLARY PSYCH	0	277,312	0	76.02
76.03	03950 SLEEP LAB	0	532,366	0	76.03
76.04	03650 VASCULAR LAB	0	523,310	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	918,727	0	90.00
91.00	09100 EMERGENCY	0	5,130,013	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,420,010	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	502,054	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	100,905	57,587,342	30,951	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/25/2014 10:31 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.201443	7,061,820	0	0	1,422,554	50.00
51.00	05100 RECOVERY ROOM	0.216942	576,601	0	0	125,089	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331163	1,009	0	0	334	52.00
53.00	05300 ANESTHESIOLOGY	0.035255	1,064,375	0	0	37,525	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130046	6,314,202	0	0	821,137	54.00
56.00	05600 RADIOISOTOPE	0.202613	1,220,302	0	0	247,249	56.00
57.00	05700 CT SCAN	0.036922	7,005,543	0	0	258,659	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.130149	6,675,107	0	0	868,759	59.00
60.00	06000 LABORATORY	0.118137	2,347,368	0	0	277,311	60.00
64.00	06400 INTRAVENOUS THERAPY	0.106955	150,571	0	0	16,104	64.00
65.00	06500 RESPIRATORY THERAPY	0.121821	333,631	0	0	40,643	65.00
66.00	06600 PHYSICAL THERAPY	0.296723	560,119	90	0	166,200	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.152335	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.163243	16,911	0	0	2,761	68.00
69.00	06900 ELECTROCARDIOLOGY	0.083424	1,496,051	0	0	124,807	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.543064	1,256,262	89	0	682,231	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.516742	3,695,667	0	0	1,909,706	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241948	2,794,951	88,937	0	676,233	73.00
74.00	07400 RENAL DIALYSIS	0.233869	7,526	0	0	1,760	74.00
76.00	03020 PAIN MANAGEMENT	0.087613	2,302,686	0	0	201,745	76.00
76.01	03022 OP CARDIO VASC DIAG	0.100564	3,402,848	0	0	342,204	76.01
76.02	03550 ANCILLARY PSYCH	0.130708	277,312	0	0	36,247	76.02
76.03	03950 SLEEP LAB	0.245351	532,366	0	0	130,617	76.03
76.04	03650 VASCULAR LAB	0.150539	523,310	0	0	78,779	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.614359	918,727	0	0	564,428	90.00
91.00	09100 EMERGENCY	0.134460	5,130,013	0	0	689,782	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.347973	1,420,010	0	0	494,125	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.153308	502,054	0	0	76,969	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000		0	0		95.00
200.00	Subtotal (see instructions)		57,587,342	89,116	0	10,293,958	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		57,587,342	89,116	0	10,293,958	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/25/2014 10:31 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	27	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	48	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,518	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 PAIN MANAGEMENT	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0	0	76.02
76.03	03950 SLEEP LAB	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	21,593	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	21,593	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/25/2014 10:31 am	
		Component CCN: 14T187		Title XVIII		Subprovider - IRF PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,369,343	54,030,471	0.025344	37,230	944 50.00
51.00	05100	RECOVERY ROOM	90,523	5,593,112	0.016185	3,951	64 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,867	6,092,467	0.007528	0	0 52.00
53.00	05300	ANESTHESIOLOGY	136,539	12,764,243	0.010697	5,038	54 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,090,183	47,850,414	0.022783	113,431	2,584 54.00
56.00	05600	RADIOISOTOPE	110,587	5,453,304	0.020279	4,069	83 56.00
57.00	05700	CT SCAN	157,360	47,165,685	0.003336	102,403	342 57.00
59.00	05900	CARDIAC CATHETERIZATION	619,181	29,302,791	0.021130	0	0 59.00
60.00	06000	LABORATORY	405,482	71,238,830	0.005692	686,653	3,908 60.00
64.00	06400	INTRAVENOUS THERAPY	10,285	2,158,194	0.004766	15,705	75 64.00
65.00	06500	RESPIRATORY THERAPY	172,471	16,629,388	0.010371	342,973	3,557 65.00
66.00	06600	PHYSICAL THERAPY	291,980	15,827,547	0.018448	1,768,533	32,626 66.00
67.00	06700	OCCUPATIONAL THERAPY	16,585	4,071,424	0.004074	1,421,038	5,789 67.00
68.00	06800	SPEECH PATHOLOGY	19,474	2,738,438	0.007111	410,993	2,923 68.00
69.00	06900	ELECTROCARDIOLOGY	143,653	13,149,416	0.010925	19,738	216 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	299,663	18,129,301	0.016529	540,281	8,930 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	339,649	21,598,297	0.015726	1,229	19 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	223,232	36,589,424	0.006101	694,444	4,237 73.00
74.00	07400	RENAL DIALYSIS	19,568	2,216,403	0.008829	144,809	1,279 74.00
76.00	03020	PAIN MANAGEMENT	64,110	7,848,399	0.008169	0	0 76.00
76.01	03022	OP CARDIO VASC DIAG	121,840	10,195,340	0.011951	0	0 76.01
76.02	03550	ANCILLARY PSYCH	22,133	2,413,294	0.009171	1,023	9 76.02
76.03	03950	SLEEP LAB	88,079	2,402,046	0.036668	2,860	105 76.03
76.04	03650	VASCULAR LAB	72,515	3,771,439	0.019227	20,920	402 76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	267,077	2,980,648	0.089604	0	0 90.00
91.00	09100	EMERGENCY	340,199	49,079,273	0.006932	10,300	71 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,886,104	0.000000	0	0 92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	26,174	6,517,792	0.004016	0	0 93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	6,563,752	505,693,484		6,347,621	68,217 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/25/2014 10:31 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	405,207	0	405,207	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 PAIN MANAGEMENT	0	0	0	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0	0	0	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950 SLEEP LAB	0	0	0	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	405,207	0	405,207	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/25/2014 10:31 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	54,030,471	0.000000	0.000000	37,230	50.00
51.00 05100 RECOVERY ROOM	0	5,593,112	0.000000	0.000000	3,951	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,092,467	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	12,764,243	0.000000	0.000000	5,038	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	47,850,414	0.000000	0.000000	113,431	54.00
56.00 05600 RADIOISOTOPE	0	5,453,304	0.000000	0.000000	4,069	56.00
57.00 05700 CT SCAN	0	47,165,685	0.000000	0.000000	102,403	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	29,302,791	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	71,238,830	0.000000	0.000000	686,653	60.00
64.00 06400 INTRAVENOUS THERAPY	0	2,158,194	0.000000	0.000000	15,705	64.00
65.00 06500 RESPIRATORY THERAPY	0	16,629,388	0.000000	0.000000	342,973	65.00
66.00 06600 PHYSICAL THERAPY	0	15,827,547	0.000000	0.000000	1,768,533	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,071,424	0.000000	0.000000	1,421,038	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,738,438	0.000000	0.000000	410,993	68.00
69.00 06900 ELECTROCARDIOLOGY	0	13,149,416	0.000000	0.000000	19,738	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,129,301	0.000000	0.000000	540,281	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	21,598,297	0.000000	0.000000	1,229	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	405,207	36,589,424	0.011074	0.011074	694,444	73.00
74.00 07400 RENAL DIALYSIS	0	2,216,403	0.000000	0.000000	144,809	74.00
76.00 03020 PAIN MANAGEMENT	0	7,848,399	0.000000	0.000000	0	76.00
76.01 03022 OP CARDIO VASC DIAG	0	10,195,340	0.000000	0.000000	0	76.01
76.02 03550 ANCILLARY PSYCH	0	2,413,294	0.000000	0.000000	1,023	76.02
76.03 03950 SLEEP LAB	0	2,402,046	0.000000	0.000000	2,860	76.03
76.04 03650 VASCULAR LAB	0	3,771,439	0.000000	0.000000	20,920	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	2,980,648	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	49,079,273	0.000000	0.000000	10,300	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,886,104	0.000000	0.000000	0	92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	6,517,792	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	405,207	505,693,484			6,347,621	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/25/2014 10:31 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,647	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	7,474	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
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	394	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,690	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	4,629	0	74.00
76.00	03020 PAIN MANAGEMENT	0	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0	0	0	76.02
76.03	03950 SLEEP LAB	0	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	7,690	15,144	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/25/2014 10:31 am
		Component CCN: 14T187	Title XVIII	Subprovider - IRF
				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	0.201443	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.216942	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331163	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.035255	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130046	2,647	0	344	54.00
56.00	05600 RADIOISOTOPE	0.202613	0	0	0	56.00
57.00	05700 CT SCAN	0.036922	7,474	0	276	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.130149	0	0	0	59.00
60.00	06000 LABORATORY	0.118137	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.106955	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.121821	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.296723	394	0	117	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.152335	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.163243	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.083424	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.543064	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.516742	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241948	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.233869	4,629	0	1,083	74.00
76.00	03020 PAIN MANAGEMENT	0.087613	0	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0.100564	0	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0.130708	0	0	0	76.02
76.03	03950 SLEEP LAB	0.245351	0	0	0	76.03
76.04	03650 VASCULAR LAB	0.150539	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.614359	0	0	0	90.00
91.00	09100 EMERGENCY	0.134460	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.347973	0	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.153308	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000		0		95.00
200.00	Subtotal (see instructions)		15,144	0	1,820	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (Line 200 +/- Line 201)		15,144	0	1,820	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/25/2014 10:31 am
	Component CCN: 14T187	Title XVII I	Subprovider - IRF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 PAIN MANAGEMENT	0	0		76.00
76.01 03022 OP CARDIO VASC DIAG	0	0		76.01
76.02 03550 ANCILLARY PSYCH	0	0		76.02
76.03 03950 SLEEP LAB	0	0		76.03
76.04 03650 VASCULAR LAB	0	0		76.04
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)		0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	201.00
202.00	Net Charges (Line 200 +/- Line 201)		0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/25/2014 10:31 am
		Title XIX	Hospital	Cost

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	0.201443	0	5,073,907	0	0 50.00
51.00 05100 RECOVERY ROOM	0.216942	0	509,457	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.331163	0	501,825	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.035255	0	581,396	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.130046	0	4,305,020	0	0 54.00
56.00 05600 RADIOISOTOPE	0.202613	0	513,130	0	0 56.00
57.00 05700 CT SCAN	0.036922	0	5,053,257	0	0 57.00
59.00 05900 CARDIAC CATHETERIZATION	0.130149	0	393,754	0	0 59.00
60.00 06000 LABORATORY	0.118137	0	4,986,245	0	0 60.00
64.00 06400 INTRAVENOUS THERAPY	0.106955	0	28,082	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.121821	0	237,268	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.296723	0	5,514	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.152335	0	884	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.163243	0	233,750	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.083424	0	1,091,904	0	0 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.543064	0	1,118,024	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.516742	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.241948	0	1,727,075	0	0 73.00
74.00 07400 RENAL DIALYSIS	0.233869	0	0	0	0 74.00
76.00 03020 PAIN MANAGEMENT	0.087613	0	0	0	0 76.00
76.01 03022 OP CARDIO VASC DIAG	0.100564	0	0	0	0 76.01
76.02 03550 ANCILLARY PSYCH	0.130708	0	163,722	0	0 76.02
76.03 03950 SLEEP LAB	0.245351	0	0	0	0 76.03
76.04 03650 VASCULAR LAB	0.150539	0	0	0	0 76.04
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.614359	0	0	0	0 90.00
91.00 09100 EMERGENCY	0.134460	0	11,133,729	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.347973	0	797,458	0	0 92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0.153308	0	0	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
200.00	Subtotal (see instructions)	0	38,455,401	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		38,455,401	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/25/2014 10:31 am
		Title XIX	Hospital	Cost

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	1,022,103	0		50.00
51.00 05100 RECOVERY ROOM	110,523	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	166,186	0		52.00
53.00 05300 ANESTHESIOLOGY	20,497	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	559,851	0		54.00
56.00 05600 RADIOISOTOPE	103,967	0		56.00
57.00 05700 CT SCAN	186,576	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	51,247	0		59.00
60.00 06000 LABORATORY	589,060	0		60.00
64.00 06400 INTRAVENOUS THERAPY	3,004	0		64.00
65.00 06500 RESPIRATORY THERAPY	28,904	0		65.00
66.00 06600 PHYSICAL THERAPY	1,636	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	135	0		67.00
68.00 06800 SPEECH PATHOLOGY	38,158	0		68.00
69.00 06900 ELECTROCARDIOLOGY	91,091	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	607,159	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	417,862	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 PAIN MANAGEMENT	0	0		76.00
76.01 03022 OP CARDIO VASC DIAG	0	0		76.01
76.02 03550 ANCILLARY PSYCH	21,400	0		76.02
76.03 03950 SLEEP LAB	0	0		76.03
76.04 03650 VASCULAR LAB	0	0		76.04
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	1,497,041	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	277,494	0		92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	5,793,894	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	5,793,894	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/25/2014 10:31 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,102	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,102	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)		30,601	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)		11,549	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)		26,729,715	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)		26,729,715	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)		26,729,715	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)		783.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,052,337	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)		9,052,337	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/25/2014 10:31 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	8,402,879	6,025	1,394.67	2,532	3,531,304		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,458,733		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,042,374		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)					820,484		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,164,597		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,985,081		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,057,293		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)					3,501		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					783.82		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,744,154		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/25/2014 10:31 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,841,488	26,729,715	0.068893	2,744,154	189,053	90.00
91.00	Nursing School cost	0	26,729,715	0.000000	2,744,154	0	91.00
92.00	Allied health cost	0	26,729,715	0.000000	2,744,154	0	92.00
93.00	All other Medical Education	0	26,729,715	0.000000	2,744,154	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 14T187		Date/Time Prepared: 11/25/2014 10:31 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,058	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,058	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,058	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,025	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)		3,346,870	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)		3,346,870	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)		3,346,870	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)		661.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,001,643	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)		2,001,643	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 14T187				Date/Time Prepared: 11/25/2014 10:31 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,464,175		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,465,818		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)					112,167		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					75,907		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					188,074		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,277,744		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: 140187 Component CCN: 14T187		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/25/2014 10:31 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	187,542	3,346,870	0.056035	0	0	90.00
91.00	Nursing School cost	0	3,346,870	0.000000	0	0	91.00
92.00	Allied health cost	0	3,346,870	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,346,870	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 11/25/2014 10:31 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,102	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,102	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)		30,601	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,800	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)		2,098	15.00
16.00	Nursery days (title V or XIX only)		342	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)		26,729,344	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)		26,729,344	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)		26,729,344	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)		783.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,978,478	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)		2,978,478	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/25/2014 10:31 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,012,489	2,098	482.60	342	165,049	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,402,879	6,025	1,394.67	387	539,737	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,840,197	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,523,461	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,501	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					783.81	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,744,119	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/25/2014 10:31 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,841,488	26,729,344	0.068894	2,744,119	189,053	90.00
91.00	Nursing School cost	0	26,729,344	0.000000	2,744,119	0	91.00
92.00	Allied health cost	0	26,729,344	0.000000	2,744,119	0	92.00
93.00	All other Medical Education	0	26,729,344	0.000000	2,744,119	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 14T187		Date/Time Prepared: 11/25/2014 10:31 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,058	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,058	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,058	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)		356	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)		2,098	15.00
16.00	Nursery days (title V or XIX only)		342	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)		3,326,722	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)		3,326,722	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)		3,326,722	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)		657.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		234,145	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)		234,145	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 14T187		Date/Time Prepared: 11/25/2014 10:31 am			
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					185,275	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					419,420	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)					0	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187 Component CCN: 14T187		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/25/2014 10:31 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	187,542	3,326,722	0.056374	0	0	90.00
91.00	Nursing School cost	0	3,326,722	0.000000	0	0	91.00
92.00	Allied health cost	0	3,326,722	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,326,722	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/25/2014 10:31 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		16,066,161		30.00
31.00	03100 INTENSIVE CARE UNIT		5,749,780		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.201480	10,810,875	2,178,175	50.00
51.00	05100 RECOVERY ROOM	0.216942	801,854	173,956	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331163	8,849	2,930	52.00
53.00	05300 ANESTHESIOLOGY	0.035255	2,533,747	89,327	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130089	3,616,935	470,523	54.00
56.00	05600 RADIOISOTOPE	0.202613	887,005	179,719	56.00
57.00	05700 CT SCAN	0.036922	5,392,478	199,101	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.130780	4,564,267	596,915	59.00
60.00	06000 LABORATORY	0.118355	15,135,344	1,791,344	60.00
64.00	06400 INTRAVENOUS THERAPY	0.106955	937,126	100,230	64.00
65.00	06500 RESPIRATORY THERAPY	0.121843	7,148,500	870,995	65.00
66.00	06600 PHYSICAL THERAPY	0.296723	1,351,493	401,019	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.152335	149,215	22,731	67.00
68.00	06800 SPEECH PATHOLOGY	0.163243	104,409	17,044	68.00
69.00	06900 ELECTROCARDIOLOGY	0.083424	3,680,250	307,021	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.543064	5,547,093	3,012,427	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.516742	4,864,233	2,513,553	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241948	9,111,899	2,204,606	73.00
74.00	07400 RENAL DIALYSIS	0.233869	1,273,357	297,799	74.00
76.00	03020 PAIN MANAGEMENT	0.087613	6,312	553	76.00
76.01	03022 OP CARDIO VASC DIAG	0.100939	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0.130708	8,872	1,160	76.02
76.03	03950 SLEEP LAB	0.245507	87,645	21,517	76.03
76.04	03650 VASCULAR LAB	0.163261	855,319	139,640	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.614359	2,787	1,712	90.00
91.00	09100 EMERGENCY	0.134460	4,778,527	642,521	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.347973	638,155	222,061	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.153308	1,007	154	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		84,297,553	16,458,733	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)		84,297,553		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 14T187		Date/Time Prepared: 11/25/2014 10:31 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		3,255,868		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.201480	37,230	7,501	50.00
51.00	05100 RECOVERY ROOM	0.216942	3,951	857	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331163	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.035255	5,038	178	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130089	113,431	14,756	54.00
56.00	05600 RADIOISOTOPE	0.202613	4,069	824	56.00
57.00	05700 CT SCAN	0.036922	102,403	3,781	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.130780	0	0	59.00
60.00	06000 LABORATORY	0.118355	686,653	81,269	60.00
64.00	06400 INTRAVENOUS THERAPY	0.106955	15,705	1,680	64.00
65.00	06500 RESPIRATORY THERAPY	0.121843	342,973	41,789	65.00
66.00	06600 PHYSICAL THERAPY	0.296723	1,768,533	524,764	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.152335	1,421,038	216,474	67.00
68.00	06800 SPEECH PATHOLOGY	0.163243	410,993	67,092	68.00
69.00	06900 ELECTROCARDIOLOGY	0.083424	19,738	1,647	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.543064	540,281	293,407	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.516742	1,229	635	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241948	694,444	168,019	73.00
74.00	07400 RENAL DIALYSIS	0.233869	144,809	33,866	74.00
76.00	03020 PAIN MANAGEMENT	0.087613	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0.100939	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0.130708	1,023	134	76.02
76.03	03950 SLEEP LAB	0.245507	2,860	702	76.03
76.04	03650 VASCULAR LAB	0.163261	20,920	3,415	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.614359	0	0	90.00
91.00	09100 EMERGENCY	0.134460	10,300	1,385	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.347973	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.153308	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		6,347,621	1,464,175	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		6,347,621		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/25/2014 10:31 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,072,835	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		1,082,452	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201443	2,354,889	50.00
51.00	05100	RECOVERY ROOM	0.216942	493,492	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331163	1,251,006	52.00
53.00	05300	ANESTHESIOLOGY	0.035255	679,571	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130046	916,968	54.00
56.00	05600	RADIOISOTOPE	0.202613	105,894	56.00
57.00	05700	CT SCAN	0.036922	1,358,006	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.130149	337,158	59.00
60.00	06000	LABORATORY	0.118137	4,330,167	60.00
64.00	06400	INTRAVENOUS THERAPY	0.106955	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.121821	660,272	65.00
66.00	06600	PHYSICAL THERAPY	0.296723	128,562	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.152335	22,195	67.00
68.00	06800	SPEECH PATHOLOGY	0.163243	152,853	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083424	525,887	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.543064	2,242,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.516742	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.241948	2,367,200	73.00
74.00	07400	RENAL DIALYSIS	0.233869	92,198	74.00
76.00	03020	PAIN MANAGEMENT	0.087613	0	76.00
76.01	03022	OP CARDIO VASC DIAG	0.100564	0	76.01
76.02	03550	ANCILLARY PSYCH	0.130708	9,056	76.02
76.03	03950	SLEEP LAB	0.245351	0	76.03
76.04	03650	VASCULAR LAB	0.150539	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.614359	0	90.00
91.00	09100	EMERGENCY	0.134460	422,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.347973	37,626	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.153308	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		18,488,716	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)		18,488,716	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 14T187		Date/Time Prepared: 11/25/2014 10:31 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		386,124		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.201443	0	0	50.00
51.00	05100 RECOVERY ROOM	0.216942	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331163	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.035255	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130046	10,373	1,349	54.00
56.00	05600 RADIOISOTOPE	0.202613	0	0	56.00
57.00	05700 CT SCAN	0.036922	13,392	494	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.130149	0	0	59.00
60.00	06000 LABORATORY	0.118137	83,575	9,873	60.00
64.00	06400 INTRAVENOUS THERAPY	0.106955	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.121821	47,322	5,765	65.00
66.00	06600 PHYSICAL THERAPY	0.296723	203,363	60,342	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.152335	166,871	25,420	67.00
68.00	06800 SPEECH PATHOLOGY	0.163243	46,632	7,612	68.00
69.00	06900 ELECTROCARDIOLOGY	0.083424	2,630	219	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.543064	96,090	52,183	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.516742	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241948	87,180	21,093	73.00
74.00	07400 RENAL DIALYSIS	0.233869	3,763	880	74.00
76.00	03020 PAIN MANAGEMENT	0.087613	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0.100564	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0.130708	341	45	76.02
76.03	03950 SLEEP LAB	0.245351	0	0	76.03
76.04	03650 VASCULAR LAB	0.150539	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.614359	0	0	90.00
91.00	09100 EMERGENCY	0.134460	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.347973	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.153308	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		761,532	185,275	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)		761,532		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140187

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

Worksheet E
Part A
Date/Time Prepared:
11/25/2014 10:31 am

		Title XVIII		Hospital		PPS
		0	before 1/1	on/after 1/1	1.01	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS						
1.00	DRG Amounts Other than Outlier Payments		0			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		7,227,473			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		18,368,437			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0			1.03
2.00	Outlier payments for discharges. (see instructions)		315,384			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		6,467,309			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		220.41			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)		8.67			5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		8.67			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		13.40			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)		8.67			12.00
13.00	Total allowable FTE count for the prior year.		8.67			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.		8.67			14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.67			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		8.67			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.039336			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.039902			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.039336			21.00
22.00	IME payment adjustment (see instructions)		681,664			22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00			23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		4.73			24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00			25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000			26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000			27.00
28.00	IME add-on adjustment amount (see instructions)		0			28.00
29.00	Total IME payment (sum of lines 22 and 28)		681,664			29.00
Disproportionate Share Adjustment						
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.99			30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.35			31.00
32.00	Sum of lines 30 and 31		27.34			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/25/2014 10:31 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		11.77	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		1,391,165		34.00
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143 35.00
35.01	Factor 3 (see instructions)				0.000283971 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				2,568,910 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				1,921,403 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,921,403		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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	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)		29,905,526		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 SCH and MDH only (see instructions)		29,905,526		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,224,435		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		432,678		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part 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, Part III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		100,905		58.00
59.00	Total (sum of amounts on lines 49 through 58)		32,663,544		59.00
60.00	Primary payer payments		52,727		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		32,610,817		61.00
62.00	Deductibles billed to program beneficiaries		2,716,699		62.00
63.00	Coinurance billed to program beneficiaries		84,656		63.00
64.00	Allowable bad debts (see instructions)		429,946		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		279,465		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/25/2014 10:31 am
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		429,946			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		30,088,927			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		100,405			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-34,779			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		30,154,553			71.00
71.01	Sequestration adjustment (see instructions)		603,091			71.01
72.00	Interim payments		29,046,192			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		505,270			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		181,099			75.00
TO BE COMPLETED BY CONTRACTOR						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/25/2014 10:31 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21,593	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,263,007	2.00
3.00	PPS payments		10,643,394	3.00
4.00	Outlier payment (see instructions)		43,635	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		30,951	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		21,593	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		89,116	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		89,116	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)		89,116	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		67,523	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)		21,593	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		10,717,980	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		36	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,164,379	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		8,575,158	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		137,415	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		8,712,573	30.00
31.00	Primary payer payments		9,825	31.00
32.00	Subtotal (line 30 minus line 31)		8,702,748	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		382,049	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		248,332	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		382,049	36.00
37.00	Subtotal (see instructions)		8,951,080	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,951,080	40.00
40.01	Sequestration adjustment (see instructions)		179,022	40.01
41.00	Interim payments		8,871,140	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-99,082	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/25/2014 10:31 am
		Component CCN: 14T187	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,820	2.00
3.00	PPS payments		1,072	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,072	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		323	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		749	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		749	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		749	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		749	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		749	40.00
40.01	Sequestration adjustment (see instructions)		15	40.01
41.00	Interim payments		734	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140187

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

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2014 10:31 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		29,162,429		8,806,262	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	06/25/2014	99,441	02/24/2014	24,047	3.01	
3.02			0	06/25/2014	40,831	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	02/24/2014	215,678		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)		-116,237		64,878	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)		29,046,192		8,871,140	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		505,270		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		99,082	6.02	
7.00	Total Medicare program liability (see instructions)		29,551,462		8,772,058	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: 140187
Component CCN: 14T187

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

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2014 10:31 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,106,588		734	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/24/2014	3,313		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)		3,313		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)		4,109,901		734	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		19,050		0	6.02
7.00	Total Medicare program liability (see instructions)		4,090,851		734	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: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part II Date/Time Prepared: 11/25/2014 10:31 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		9,860	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		14,081	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		3,459	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		36,626	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		566,152,227	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		17,368,883	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,386,766	8.00
9.00	Sequestration adjustment amount (see instructions)		27,735	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,359,031	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,406,170	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)		-47,139	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 11/25/2014 10:31 am
		Title XVIIII	Subprovider - IRF	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	1,003,242	3,009,724	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0284		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	60,195	123,098	3.00
4.00	Outlier Payments	36,941		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 §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 inst.)	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 inst.)	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)	13.857534		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	4,233,200		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)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0		16.00
17.00	Subtotal (see instructions)	4,233,200		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	4,233,200		19.00
20.00	Deductibles	60,928		20.00
21.00	Subtotal (line 19 minus line 20)	4,172,272		21.00
22.00	Coinsurance	5,624		22.00
23.00	Subtotal (line 21 minus line 22)	4,166,648		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)	4,166,648		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	7,690		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	4,174,338		32.00
32.01	Sequestration adjustment (see instructions)	83,487		32.01
33.00	Interim payments	4,109,901		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	-19,050		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 Worksheet E-3, Part III, line 4	36,941		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2014 10:31 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	7,523,461			1.00
2.00	Medical and other services		5,793,894		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	7,523,461	5,793,894		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	7,523,461	5,793,894		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	18,488,716	38,455,401		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	18,488,716	38,455,401		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	18,488,716	38,455,401		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	10,965,255	32,661,507		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	7,523,461	5,793,894		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	7,523,461	5,793,894		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	7,523,461	5,793,894		31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0			33.00
34.00	Allowable bad debts (see instructions)	0			34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	7,523,461	5,793,894		36.00
37.00	ZERO OUT MEDICAID SETTLEMENT	-7,523,461	-5,793,894		37.00
38.00	Subtotal (line 36 ± line 37)	0	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0			40.00
41.00	Interim payments	0			41.00
42.00	Balance due provider/program (line 40 minus line 41)	0			42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0			43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2014 10:31 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	419,420		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	419,420	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	419,420	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	761,532	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	761,532	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	761,532	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	342,112	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	419,420	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	419,420	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	419,420	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	419,420	0	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT	-419,420	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/25/2014 10:31 am	
		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.			14.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			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)			14.41	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			13.40	6.00
7.00	Enter the lesser of line 5 or line 6			13.40	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.	8.92	4.48	13.40	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.	8.92	4.48	13.40	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	8.92	4.48		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	8.30	5.34		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.30	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	10.51	3.27		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	10.51	3.27		17.00
18.00	Per resident amount	85,898.20	85,898.20		18.00
19.00	Approved amount for resident costs	902,790	280,887	1,183,677	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)			85,898.20	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)			1,183,677	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	17,106	3,459		26.00
27.00	Total Inpatient Days (see instructions)	41,684	41,684		27.00
28.00	Ratio of inpatient days to total inpatient days	0.410373	0.082981		28.00
29.00	Program direct GME amount	485,749	98,223		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		13,879		30.00
31.00	Net Program direct GME amount			570,093	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/25/2014 10:31 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,216,403	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)		32,508,192	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)		52,727	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		32,455,465	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		10,317,371	42.00
43.00	Primary payer payments (see instructions)		9,825	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		10,307,546	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		42,763,011	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.758961	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.241039	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		570,093	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		432,678	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		137,415	50.00

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

Provider CCN: 140187

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

Worksheet G

Date/Time Prepared:
11/25/2014 10:31 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	946,245	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	152,784	0	0	0	3.00
4.00	Accounts receivable	122,781,560	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-90,565,297	0	0	0	6.00
7.00	Inventory	2,338,358	0	0	0	7.00
8.00	Prepaid expenses	693,880	0	0	0	8.00
9.00	Other current assets	8,098,714	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)	44,446,244	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,630,755	0	0	0	12.00
13.00	Land improvements	5,984,789	0	0	0	13.00
14.00	Accumulated depreciation	-5,600,043	0	0	0	14.00
15.00	Buildings	128,053,131	0	0	0	15.00
16.00	Accumulated depreciation	-31,520,343	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	76,699,274	0	0	0	23.00
24.00	Accumulated depreciation	-115,099,966	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)	62,147,597	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	12,831,347	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,831,347	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	119,425,188	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	221,490	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,616,998	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	60,498,985	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	67,337,473	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	15,636,479	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	53,901,209	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	69,537,688	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	136,875,161	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-17,449,973	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-17,449,973	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	119,425,188	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140187

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

Worksheet G-1

Date/Time Prepared:
11/25/2014 10:31 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-2,405,106		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-15,044,867				2.00
3.00	Total (sum of line 1 and line 2)		-17,449,973		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-17,449,973		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-17,449,973		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140187

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2014 10:31 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	52,554,498		52,554,498	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,516,554		5,516,554	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	58,071,052		58,071,052	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,077,042		14,077,042	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,077,042		14,077,042	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	72,148,094		72,148,094	17.00
18.00	Ancillary services	204,408,318	235,607,466	440,015,784	18.00
19.00	Outpatient services	13,068,922	46,094,791	59,163,713	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	2,823,696	127,234	2,950,930	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	292,449,030	281,829,491	574,278,521	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		168,798,097		29.00
30.00	EXPENSES NOT INCLUDED ON WORKSHEET A	19,361,296			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)		19,361,296		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)		188,159,393		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140187

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

Worksheet G-3

Date/Time Prepared:
11/25/2014 10:31 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	574,278,521	1.00
2.00	Less contractual allowances and discounts on patients' accounts	407,679,791	2.00
3.00	Net patient revenues (line 1 minus line 2)	166,598,730	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	188,159,393	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-21,560,663	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	930,359	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	379,130	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	31,668	13.00
14.00	Revenue from meals sold to employees and guests	16,584	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	182,605	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	20,178	21.00
22.00	Rental of hospital space	2,133,998	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	2,821,274	24.00
25.00	Total other income (sum of lines 6-24)	6,515,796	25.00
26.00	Total (line 5 plus line 25)	-15,044,867	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)	-15,044,867	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140187	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/25/2014 10:31 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,030,176	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		28,394	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)		100.35	3.00
4.00	Number of interns & residents (see instructions)		8.67	4.00
5.00	Indirect medical education percentage (see instructions)		2.47	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		50,145	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.99	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.35	8.00
9.00	Sum of lines 7 and 8		27.34	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.70	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		115,720	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,224,435	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