

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: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/26/2015 10:02 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/26/2015 Time: 10:02 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CONDELL MEDICAL CENTER (140202) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	7,630	-179,923	-17,847	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	7,630	-179,923	-17,847	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 9:55 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 900 GARFIELD AVE			PO Box:						1.00	
2.00	City: LIBERTYVILLE			State: IL		Zip Code: 60648-		County: LAKE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		CONDELL MEDICAL CENTER	140202	29404	1	01/01/1966	0	P	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
10.01	ICF/MR										10.01
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		CONDELL MEDICAL CENTER HHA	147247	29404		07/01/1996	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
17.20	Hospital-Based (OPT) I										17.20
17.30	Hospital-Based (OOT) I										17.30
17.40	Hospital-Based (OSP) I										17.40
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickie amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			10,636	2,291	0	47	990	416		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 9:55 am		
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	25.00	
				Urban/Rural	S	Date of Geogr		
				1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.				1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0		35.00	
				Beginning:	Ending:			
				1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.				0		37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.						38.00	
				Y/N	Y/N			
				1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N	40.00	
				V	XVIII	XIX		
				1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)				N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.				N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.				N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.				N	N	N	48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.				N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.				N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)				Y			60.00
		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)					0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00				61.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140202

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

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2015 9:55 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140202

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

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2015 9:55 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)					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.				N		75.00	

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		1.00	2.00	3.00			
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			0	76.00		
		1.00					
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00		
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00		
		V		XIX			
		1.00		2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y		Y		90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical		Occupational		Speech	
		1.00		2.00		3.00	
		4.00					
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N	
		1.00		2.00		3.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 9:55 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	4,925,008	367,346	1,187,717
		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	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
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	
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	
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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	14H036
		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: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:		
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y	
				1.00
				2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	
		Part A	Part B	Title V
		1.00	2.00	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
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N
161.10	CORF		N	N
161.20	OPT		N	N
161.30	OOT		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 9:55 am	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
161.40	OSP		N	N	N		161.40
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	166.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25	169.00
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2014	12/31/2014	170.00
						1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)					N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 9:55 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/06/2015	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
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		04/30/2015	Y
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140202

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

Worksheet S-2
Part II
Date/Time Prepared:
5/26/2015 9:55 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
1.00					
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
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.	ROBERT		SMALL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764		ROBERT.SMALL@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/30/2014	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.	SENIOR REIMBURSEMENT SPECIALIST	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: 140202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 9:55 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	254	92,710	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)		254	92,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	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)		271	98,915	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
20.01 ICF/MR	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		271				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: 140202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 9:55 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	28,012	10,762	53,066			1.00
2.00 HMO and other (see instructions)	2,229	990				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	28,012	10,762	53,066			7.00
8.00 INTENSIVE CARE UNIT	2,414	351	4,984			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		1,861	3,903			13.00
14.00 Total (see instructions)	30,426	12,974	61,953	0.00	1,419.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
20.01 ICF/MR	0	0	0	0.00	0.00	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30 CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,419.00	27.00
28.00 Observation Bed Days		0	7,419			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	416	1,049			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: 140202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 9:55 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,583	2,891	16,172	1.00
2.00 HMO and other (see instructions)				459	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		6,583	2,891	16,172	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY	0.00						20.00
20.01 ICF/MR	0.00	0	0	0	0	0	20.01
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OPT	0.00						25.20
25.30 CMHC - OOT	0.00						25.30
25.40 CMHC - OSP	0.00						25.40
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 9:55 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 II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	96,314,246	0	96,314,246	2,951,291.00	32.63
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		406,525	147,793	554,318	6,062.00	91.44
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		186,186	0	186,186	3,129.00	59.50
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,787,176	0	1,787,176	11,586.00	154.25
14.00	Home office salaries & wage-related costs		10,088,118	0	10,088,118	158,546.00	63.63
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)		26,203,893	0	26,203,893		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		52,451	0	52,451		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,237,847	0	2,237,847	16,640.00	134.49
27.00	Administrative & General	5.00	10,493,380	-148,147	10,345,233	305,760.00	33.83
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	2,304,223	0	2,304,223	81,120.00	28.41
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	65,192	0	65,192	4,160.00	15.67
32.00	Housekeeping	9.00	2,070,277	0	2,070,277	147,680.00	14.02
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,631,262	-641,500	989,762	64,480.00	15.35
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	641,270	641,270	41,600.00	15.42
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,657,344	0	2,657,344	54,080.00	49.14
39.00	Central Services and Supply	14.00	625,918	0	625,918	29,120.00	21.49
40.00	Pharmacy	15.00	4,250,572	0	4,250,572	97,760.00	43.48

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 9:55 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	1,520,353	0	1,520,353	62,400.00	24.36	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2015 9:55 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)	96,314,246	0	96,314,246	2,951,291.00	32.63	1.00
2.00	Excluded area salaries (see instructions)	406,525	147,793	554,318	6,062.00	91.44	2.00
3.00	Subtotal salaries (line 1 minus line 2)	95,907,721	-147,793	95,759,928	2,945,229.00	32.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,061,480	0	12,061,480	173,261.00	69.61	4.00
5.00	Subtotal wage-related costs (see inst.)	26,203,893	0	26,203,893	0.00	27.36	5.00
6.00	Total (sum of lines 3 thru 5)	134,173,094	-147,793	134,025,301	3,118,490.00	42.98	6.00
7.00	Total overhead cost (see instructions)	27,856,368	-148,377	27,707,991	904,800.00	30.62	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140202

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/26/2015 9:55 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,722,712	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	3,139,203	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	181,080	6.00
7.00	Employee Managed Care Program Administration Fees	1,222,255	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	7,264,762	8.00
9.00	Prescription Drug Plan	1,893,814	9.00
10.00	Dental, Hearing and Vision Plan	374,658	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	94,512	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)	817,939	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,454,488	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,878,030	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	270,468	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))	205,725	21.00
22.00	Day Care Cost and Allowances	181,448	22.00
23.00	Tuition Reimbursement	502,799	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,203,893	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: 140202

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

Worksheet S-3
Part V
Date/Time Prepared:
5/26/2015 9:55 am

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	186,186	26,203,893	1.00
2.00	Hospital	186,186	26,203,893	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	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/26/2015 9:55 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)		0.174213		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		24,693,464		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		227,101,338		6.00	
7.00	Medicaid cost (line 1 times line 6)		39,564,005		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)		14,870,541		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)		14,870,541		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	35,798,438	5,861,562		41,660,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,236,553	1,021,160		7,257,713	21.00
22.00	Partial payment by patients approved for charity care	352,525	341,548		694,073	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,884,028	679,612		6,563,640	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?					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)				19,561,378	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				941,302	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				18,620,076	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				3,243,859	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				9,807,499	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				24,678,040	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A
Date/Time Prepared:
5/26/2015 9:55 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		0	0	8,290,289	8,290,289	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	5,341,220	5,341,220	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,237,847	19,759,813	21,997,660	-8,940	21,988,720	4.00
5.00 00500 ADMIN STRATIVE & GENERAL	10,493,380	76,441,333	86,934,713	-9,233,703	77,701,010	5.00
6.00 00600 MAINTENANCE & REPAIRS	2,304,223	5,539,355	7,843,578	-56,705	7,786,873	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	65,192	41,279	106,471	-16,604	89,867	8.00
9.00 00900 HOUSEKEEPING	2,070,277	1,122,129	3,192,406	-27,467	3,164,939	9.00
10.00 01000 DIETARY	1,631,262	2,211,978	3,843,240	-1,548,754	2,294,486	10.00
11.00 01100 CAFETERIA	0	0	0	1,491,470	1,491,470	11.00
13.00 01300 NURSING ADMINISTRATION	2,657,344	831,874	3,489,218	-63,878	3,425,340	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	625,918	512,659	1,138,577	-316,572	822,005	14.00
15.00 01500 PHARMACY	4,250,572	14,433,650	18,684,222	-13,730,570	4,953,652	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,520,353	771,114	2,291,467	-10,888	2,280,579	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES 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 02302 PARAMED EDUCATION EMS	273,784	304,046	577,830	-354,154	223,676	23.00
23.01 02301 CLINICAL PASTORAL EDUCATION	0	0	0	345,724	345,724	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	27,407,684	8,029,559	35,437,243	-6,016,910	29,420,333	30.00
31.00 03100 INTENSIVE CARE UNIT	4,920,478	3,200,540	8,121,018	-733,471	7,387,547	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,416,870	671,320	2,088,190	1,045,818	3,134,008	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,944,229	22,969,461	30,913,690	-19,019,445	11,894,245	50.00
51.00 05100 RECOVERY ROOM	997,213	171,885	1,169,098	-33,298	1,135,800	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,877,675	1,877,675	52.00
53.00 05300 ANESTHESIOLOGY	87,986	965,919	1,053,905	-603,719	450,186	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,107,599	2,770,766	5,878,365	-1,207,969	4,670,396	54.00
56.00 05600 RADIOISOTOPE	898,321	1,912,145	2,810,466	-696,365	2,114,101	56.00
56.01 05603 ULTRASOUND	1,260,453	466,417	1,726,870	-275,341	1,451,529	56.01
57.00 05700 CT SCAN	932,293	1,198,159	2,130,452	-682,564	1,447,888	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	583,308	478,719	1,062,027	-139,892	922,135	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,419,059	5,963,716	7,382,775	-5,672,203	1,710,572	59.00
60.00 06000 LABORATORY	0	10,438,305	10,438,305	0	10,438,305	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	1,207,462	1,207,462	-1,207,462	0	63.00
65.00 06500 RESPIRATORY THERAPY	2,059,008	698,489	2,757,497	-429,291	2,328,206	65.00
65.01 06501 STRESS TEST	634,106	359,807	993,913	-199,117	794,796	65.01
66.00 06600 PHYSICAL THERAPY	3,110,285	817,570	3,927,855	-42,766	3,885,089	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	285,690	131,167	416,857	-22,111	394,746	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	380,375	177,926	558,301	-62,759	495,542	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,927,571	17,927,571	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,992,129	13,992,129	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	13,528,750	13,528,750	73.00
74.00 07400 RENAL DIALYSIS	0	867,031	867,031	-4,036	862,995	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	395,877	103,642	499,519	-33,811	465,708	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	1,175,885	552,481	1,728,366	-270,481	1,457,885	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	6,261,522	5,081,547	11,343,069	-861,466	10,481,603	91.00
91.20 09101 ACUTE CARE CENTER	2,773,112	1,706,257	4,479,369	-251,633	4,227,736	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,181,505	192,909,520	289,091,025	6,301	289,097,326	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	132,741	438,812	571,553	-6,301	565,252	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEILMRI	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	96,314,246	193,348,332	289,662,578	0	289,662,578	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A
Date/Time Prepared:
5/26/2015 9:55 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	3,796,831	12,087,120	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,733,582	7,074,802	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,469,488	25,458,208	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-34,305,528	43,395,482	5.00
6.00	00600	MAINTENANCE & REPAIRS	-615,436	7,171,437	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	-6,366	83,501	8.00
9.00	00900	HOUSEKEEPING	-9,182	3,155,757	9.00
10.00	01000	DIETARY	-70	2,294,416	10.00
11.00	01100	CAFETERIA	-664,213	827,257	11.00
13.00	01300	NURSING ADMINISTRATION	-9,130	3,416,210	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	822,005	14.00
15.00	01500	PHARMACY	-57,869	4,895,783	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-117,563	2,163,016	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	-150,430	73,246	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	345,724	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-964,483	28,455,850	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,124,151	6,263,396	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-324,996	2,809,012	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-30,162	11,864,083	50.00
51.00	05100	RECOVERY ROOM	0	1,135,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,877,675	52.00
53.00	05300	ANESTHESIOLOGY	-85,320	364,866	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-21,997	4,648,399	54.00
56.00	05600	RADIOISOTOPE	-824	2,113,277	56.00
56.01	05603	ULTRASOUND	-1,619	1,449,910	56.01
57.00	05700	CT SCAN	0	1,447,888	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	922,135	58.00
59.00	05900	CARDIAC CATHETERIZATION	-118,899	1,591,673	59.00
60.00	06000	LABORATORY	-309,155	10,129,150	60.00
60.01	06001	LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,328,206	65.00
65.01	06501	STRESS TEST	-2,700	792,096	65.01
66.00	06600	PHYSICAL THERAPY	-4,000	3,881,089	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	394,746	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-14,400	481,142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,927,571	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,992,129	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,528,750	73.00
74.00	07400	RENAL DIALYSIS	0	862,995	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-2	465,706	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-4,217	1,453,668	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	90.03
91.00	09100	EMERGENCY	-1,906,035	8,575,568	91.00
91.20	09101	ACUTE CARE CENTER	-590,974	3,636,762	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-32,439,820	256,657,506	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	565,252	190.00
194.00	07950	FUNDRAISING	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
194.06	07956	NEIL MRI	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-32,439,820	257,222,758	200.00

RECLASSIFICATIONS

Provider CCN: 140202

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

Worksheet A-6

Date/Time Prepared:
5/26/2015 9:55 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	291,416	54,308	1.00
	TOTALS		291,416	54,308	
B - EMS RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	143,853	44,364	1.00
	TOTALS		143,853	44,364	
C - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	8,290,289	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,341,220	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
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
	TOTALS		0	13,631,509	
D - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,528,750	1.00
	TOTALS		0	13,528,750	
E - NURSERY AND LABOR/DELIVERY					
1.00	NURSERY	43.00	888,757	344,557	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,353,100	524,575	2.00
	TOTALS		2,241,857	869,132	
F - CAFE/DIETARY					
1.00	CAFETERIA	11.00	641,270	850,200	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	230	305	2.00
	TOTALS		641,500	850,505	
G - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,919,700	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
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
	TOTALS		0	31,919,700		
H - IMPLANT						
1.00	IMPL. DEV. CHARGED TO	72.00	0	13,992,129		1.00
	PATIENT					
	TOTALS		0	13,992,129		
I - CARDIAC REHAB						
1.00	CARDIAC REHABILITATION	76.97	15,260	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		15,260	0		
500.00	Grand Total: Increases		3,333,886	74,890,397		500.00

RECLASSIFICATIONS

Provider CCN: 140202

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

Worksheet A-6
Date/Time Prepared:
5/26/2015 9:55 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CLINICAL PASTORAL EDUCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	291,416	54,308	0	1.00	
	TOTALS		291,416	54,308			
B - EMS RECLASS							
1.00	PARAMED EDUCATION EMS	23.00	143,853	44,364	0	1.00	
	TOTALS		143,853	44,364			
C - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,909	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,075,612	9	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	55,032	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	773	0	4.00	
5.00	HOUSEKEEPING	9.00	0	9,893	0	5.00	
6.00	DIETARY	10.00	0	49,239	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	54,436	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	84,336	0	8.00	
9.00	PHARMACY	15.00	0	133,049	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,888	0	10.00	
11.00	PARAMED EDUCATION EMS	23.00	0	57,657	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	581,101	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	74,758	0	13.00	
14.00	NURSERY	43.00	0	59,776	0	14.00	
15.00	OPERATING ROOM	50.00	0	1,377,723	0	15.00	
16.00	RECOVERY ROOM	51.00	0	6,736	0	16.00	
17.00	ANESTHESIOLOGY	53.00	0	2,386	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	354,910	0	18.00	
19.00	RADIOISOTOPE	56.00	0	147,507	0	19.00	
20.00	ULTRASOUND	56.01	0	153,238	0	20.00	
21.00	CT SCAN	57.00	0	339,822	0	21.00	
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	20,265	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	389,247	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	70,817	0	24.00	
25.00	STRESS TEST	65.01	0	150,396	0	25.00	
26.00	PHYSICAL THERAPY	66.00	0	22,903	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	13,544	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	45,866	0	28.00	
30.00	CARDIAC REHABILITATION	76.97	0	35,066	0	30.00	
31.00	CLINIC	90.00	0	46,010	0	31.00	
32.00	EMERGENCY	91.00	0	148,235	0	32.00	
33.00	ACUTE CARE CENTER	91.20	0	44,933	0	33.00	
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	6,446	0	34.00	
	TOTALS		0	13,631,509			
D - DRUG RECLASS							
1.00	PHARMACY	15.00	0	13,528,750	0	1.00	
	TOTALS		0	13,528,750			
E - NURSERY AND LABOR/DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	2,241,857	869,132	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		2,241,857	869,132			
F - CAFE/DIETARY							
1.00	DIETARY	10.00	641,500	850,505	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		641,500	850,505			
G - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	1,673	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	15,831	0	3.00	
4.00	HOUSEKEEPING	9.00	0	17,574	0	4.00	
5.00	DIETARY	10.00	0	7,510	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	9,442	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	232,236	0	7.00	
8.00	PHARMACY	15.00	0	68,771	0	8.00	
9.00	PARAMED EDUCATION EMS	23.00	0	108,280	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	2,324,820	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	658,713	0	11.00	
12.00	NURSERY	43.00	0	127,720	0	12.00	
13.00	OPERATING ROOM	50.00	0	17,641,722	0	13.00	
14.00	RECOVERY ROOM	51.00	0	26,562	0	14.00	
15.00	ANESTHESIOLOGY	53.00	0	601,333	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	853,059	0	16.00	
17.00	RADIOISOTOPE	56.00	0	548,858	0	17.00	
18.00	ULTRASOUND	56.01	0	122,103	0	18.00	
19.00	CT SCAN	57.00	0	342,742	0	19.00	

Provider CCN: 140202

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

Worksheet A-6
Date/Time Prepared:
5/26/2015 9:55 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	119,627	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	5,281,450	0		21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,207,462	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	358,474	0		23.00
24.00	STRESS TEST	65.01	0	35,551	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	19,863	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	8,567	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,893	0		27.00
28.00	RENAL DIALYSIS	74.00	0	4,036	0		28.00
30.00	CARDIAC REHABILITATION	76.97	0	14,005	0		30.00
31.00	CLINIC	90.00	0	224,471	0		31.00
32.00	EMERGENCY	91.00	0	713,231	0		32.00
33.00	ACUTE CARE CENTER	91.20	0	206,700	0		33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	390	0		34.00
	TOTALS		0	31,919,700			
H - IMPLANT							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,992,129	0		1.00
	TOTALS		0	13,992,129			
I - CARDIAC REHAB							
1.00	ADMINISTRATIVE & GENERAL	5.00	584	0	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	1,506	0	0		2.00
3.00	STRESS TEST	65.01	13,170	0	0		3.00
	TOTALS		15,260	0			
500.00	Grand Total: Decreases		3,333,886	74,890,397			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2015 9:55 am

	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	49,200,000	0	0	0	1.00
2.00	Land Improvements	5,704,202	19,098	0	19,098	2.00
3.00	Buildings and Fixtures	209,872,431	13,220,428	0	13,220,428	3.00
4.00	Building Improvements	229,652	5,834	0	5,834	4.00
5.00	Fixed Equipment	51,865,124	3,669,499	0	3,669,499	5.00
6.00	Movable Equipment	29,000	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	316,900,409	16,914,859	0	16,914,859	8.00
9.00	Reconciling Items	2,558,489	11,040,741	0	11,040,741	9.00
10.00	Total (line 8 minus line 9)	314,341,920	5,874,118	0	5,874,118	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	49,200,000	0			1.00
2.00	Land Improvements	5,723,300	3,622,457			2.00
3.00	Buildings and Fixtures	223,092,859	24,939,518			3.00
4.00	Building Improvements	235,486	43,185			4.00
5.00	Fixed Equipment	55,501,287	55,664,049			5.00
6.00	Movable Equipment	29,000	65,385			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	333,781,932	84,334,594			8.00
9.00	Reconciling Items	13,599,230	0			9.00
10.00	Total (line 8 minus line 9)	320,182,702	84,334,594			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2015 9:55 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	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	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0 2.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0 3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,140,797	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,074,802	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,215,599	0 3.00
Cost Center Description	SUMMARY OF CAPITAL					
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	-53,677	0	0	0	12,087,120 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,074,802 2.00
3.00	Total (sum of lines 1-2)	-53,677	0	0	0	19,161,922 3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140202

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

Worksheet A-8

Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			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	-4,445,780	0			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	-3,320,059	0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-664,213	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,391,845	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-43,982	0	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 MISC INCOME	B	-483,069	0	ADMINISTRATIVE & GENERAL	5.00	0	33.00

Provider CCN: 140202

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

Worksheet A-8
Date/Time Prepared:
5/26/2015 9:55 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.01	MISC INCOME	B	-309,155	LABORATORY	60.00	0 33.01
33.02	MISC INCOME	B	-3,663	MEDICAL RECORDS & LIBRARY	16.00	0 33.02
34.00	MISC INCOME	B	-400,227	MAINTENANCE & REPAIRS	6.00	0 34.00
35.00	MISC INCOME	B	-8,440	NURSING ADMINISTRATION	13.00	0 35.00
36.00	MISC INCOME	B	-57,869	PHARMACY	15.00	0 36.00
37.00	MISC INCOME	B	-113,900	MEDICAL RECORDS & LIBRARY	16.00	0 37.00
37.01	MISC INCOME	B	-150,430	PARAMED EDUCATION EMS	23.00	0 37.01
37.04	MISC INCOME	B	-266,038	EMERGENCY	91.00	0 37.04
37.05	MISC INCOME	B	-420,593	ACUTE CARE CENTER	91.20	0 37.05
38.00	INTERCOMPANY INTEREST	A	-9,292,453	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	REMOVE ILLINOIS PROVIDER TAX	A	-13,101,516	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	TELEPHONE	A	-15,733	MAINTENANCE & REPAIRS	6.00	0 40.00
41.00	TV	A	-6,366	LAUNDRY & LINEN SERVICE	8.00	0 41.00
41.01	PHYSICIAN COST	A	-282,120	ADMINISTRATIVE & GENERAL	5.00	0 41.01
41.02	MISC INCOME	B	-451	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.02
42.00	ADJ USEFUL LIFE 1986 SURGERY AD	A	-53,677	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 42.00
43.00	NONALLOWABLE CENTERS1099/90/92/91120	A	-311,590	ADMINISTRATIVE & GENERAL	5.00	0 43.00
44.00	MISC INCOME	B	-25	ADULTS & PEDIATRICS	30.00	0 44.00
45.00	MISC INCOME	B	-9,053	HOUSEKEEPING	9.00	0 45.00
45.01	MISC INCOME	B	-4,000	PHYSICAL THERAPY	66.00	0 45.01
45.02	MISC INCOME	B	-20,427	OPERATING ROOM	50.00	0 45.02
45.04	MISC INCOME	B	-14,539	RADIOLOGY-DIAGNOSTIC	54.00	0 45.04
45.05	MISC INCOME	B	-824	RADIOISOTOPE	56.00	0 45.05
45.06	LOSS ON SALE OF ASSETS	A	2,526	CAP REL COSTS-MVBLE EQUIP	2.00	9 45.06
45.11	NON ALLOWABLE	A	-1,811,081	ADMINISTRATIVE & GENERAL	5.00	0 45.11
45.13	NON ALLOWABLE	A	-70	DIETARY	10.00	0 45.13
45.14	NON ALLOWABLE	A	-690	NURSING ADMINISTRATION	13.00	0 45.14
45.15	NON ALLOWABLE	A	-1,596	ADULTS & PEDIATRICS	30.00	0 45.15
45.16	NON ALLOWABLE	A	-199,476	MAINTENANCE & REPAIRS	6.00	0 45.16
45.17	NON ALLOWABLE	A	-129	HOUSEKEEPING	9.00	0 45.17
45.18	NON ALLOWABLE	A	-7,418	RADIOLOGY-DIAGNOSTIC	54.00	0 45.18
45.20	NON ALLOWABLE	A	-1,619	ULTRASOUND	56.01	0 45.20
45.21	NON ALLOWABLE	A	-2	CARDIAC REHABILITATION	76.97	0 45.21
45.22	NON ALLOWABLE	A	-9,770	EMERGENCY	91.00	0 45.22
45.25	NON ALLOWABLE	B	-2,148	ACUTE CARE CENTER	91.20	0 45.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,439,820			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: 140202

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 9:55 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	3,469,939	0 1.00
2.00	0.00			0	0 2.00
3.00	0.00			0	0 3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	458,663	0 4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL EQUIPMENT	1,775,038	0 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	NON CAPITAL	12,025,527	21,049,226 4.02
5.00	0			17,729,167	21,049,226 5.00

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

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

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

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

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

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

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

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

Provider CCN: 140202

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 9:55 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	3,469,939	0	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	458,663	9	4.00
4.01	1,775,038	9	4.01
4.02	-9,023,699	0	4.02
5.00	-3,320,059		5.00

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

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

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

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

6.00	HEALTH CARE	6.00
7.00	HEALTH CARE	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140202

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

Worksheet A-8-2

Date/Time Prepared: 5/26/2015 9:55 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	30.00 ADULTS & PEDIATRICS	962,862	962,862	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	57,600	0	57,600	154,100	384	2.00
3.00	31.00 INTENSIVE CARE UNIT	1,095,000	1,095,000	0	0	0	3.00
4.00	43.00 NURSERY	324,996	324,996	0	0	0	4.00
5.00	53.00 ANESTHESIOLOGY	85,320	85,320	0	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	40	40	0	0	0	6.00
7.00	50.00 OPERATING ROOM	9,735	9,735	0	0	0	7.00
8.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	8.00
9.00	59.00 CARDIAC CATHETERIZATION	6,525	0	6,525	171,400	44	9.00
10.00	59.00 CARDIAC CATHETERIZATION	116,000	116,000	0	0	0	10.00
11.00	65.01 STRESS TEST	0	0	0	0	0	11.00
12.00	65.01 STRESS TEST	2,700	2,700	0	0	0	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	14,400	14,400	0	0	0	13.00
14.00	76.97 CARDIAC REHABILITATION	0	0	0	0	0	14.00
15.00	76.97 CARDIAC REHABILITATION	0	0	0	0	0	15.00
16.00	90.00 CLINIC	2,700	0	2,700	136,700	18	16.00
17.00	90.00 CLINIC	2,700	2,700	0	0	0	17.00
18.00	91.00 EMERGENCY	1,314,000	0	1,314,000	171,400	8,760	18.00
19.00	91.00 EMERGENCY	369,000	369,000	0	0	0	19.00
20.00	91.00 EMERGENCY	669,167	0	669,167	171,400	1	20.00
22.00	91.20 ACUTE CARE CENTER	168,233	168,233	0	0	0	22.00
200.00		5,200,978	3,150,986	2,049,992		9,207	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	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	28,449	1,422	0	0	0	2.00
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	43.00 NURSERY	0	0	0	0	0	4.00
5.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	50.00 OPERATING ROOM	0	0	0	0	0	7.00
8.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	8.00
9.00	59.00 CARDIAC CATHETERIZATION	3,626	181	0	0	0	9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	65.01 STRESS TEST	0	0	0	0	0	11.00
12.00	65.01 STRESS TEST	0	0	0	0	0	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	13.00
14.00	76.97 CARDIAC REHABILITATION	0	0	0	0	0	14.00
15.00	76.97 CARDIAC REHABILITATION	0	0	0	0	0	15.00
16.00	90.00 CLINIC	1,183	59	0	0	0	16.00
17.00	90.00 CLINIC	0	0	0	0	0	17.00
18.00	91.00 EMERGENCY	721,858	36,093	0	0	0	18.00
19.00	91.00 EMERGENCY	0	0	0	0	0	19.00
20.00	91.00 EMERGENCY	82	4	0	0	0	20.00
22.00	91.20 ACUTE CARE CENTER	0	0	0	0	0	22.00
200.00		755,198	37,759	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	30.00 ADULTS & PEDIATRICS	0	0	0	962,862		1.00
2.00	31.00 INTENSIVE CARE UNIT	0	28,449	29,151	29,151		2.00
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	1,095,000		3.00
4.00	43.00 NURSERY	0	0	0	324,996		4.00
5.00	53.00 ANESTHESIOLOGY	0	0	0	85,320		5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	40		6.00
7.00	50.00 OPERATING ROOM	0	0	0	9,735		7.00
8.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		8.00
9.00	59.00 CARDIAC CATHETERIZATION	0	3,626	2,899	2,899		9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	116,000		10.00
11.00	65.01 STRESS TEST	0	0	0	0		11.00
12.00	65.01 STRESS TEST	0	0	0	2,700		12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	14,400		13.00
14.00	76.97 CARDIAC REHABILITATION	0	0	0	0		14.00
15.00	76.97 CARDIAC REHABILITATION	0	0	0	0		15.00
16.00	90.00 CLINIC	0	1,183	1,517	1,517		16.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140202

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2015 9:55 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
17.00	90.00	CLINIC	0	0	0	2,700		17.00
18.00	91.00	EMERGENCY	0	721,858	592,142	592,142		18.00
19.00	91.00	EMERGENCY	0	0	0	369,000		19.00
20.00	91.00	EMERGENCY	0	82	669,085	669,085		20.00
22.00	91.20	ACUTE CARE CENTER	0	0	0	168,233		22.00
200.00			0	755,198	1,294,794	4,445,780		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	12,087,120	12,087,120				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	7,074,802		7,074,802			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	25,458,208	22,991	13,457	25,494,656		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	43,395,482	1,034,404	605,455	2,803,548	47,838,889	5.00
6.00 00600 MAINTENANCE & REPAIRS	7,171,437	4,233,665	2,478,039	624,442	14,507,583	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	83,501	21,362	12,504	17,667	135,034	8.00
9.00 00900 HOUSEKEEPING	3,155,757	183,568	107,445	561,043	4,007,813	9.00
10.00 01000 DIETARY	2,294,416	195,389	114,364	268,225	2,872,394	10.00
11.00 01100 CAFETERIA	827,257	72,733	42,572	173,784	1,116,346	11.00
13.00 01300 NURSING ADMINISTRATION	3,416,210	100,593	58,879	720,138	4,295,820	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	822,005	115,833	67,799	169,623	1,175,260	14.00
15.00 01500 PHARMACY	4,895,783	84,782	49,625	1,151,901	6,182,091	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,163,016	38,899	22,768	412,014	2,636,697	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES 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 02302 PARAMED EDUCATION EMS	73,246	40,592	23,759	35,211	172,808	23.00
23.01 02301 CLINICAL PASTORAL EDUCATION	345,724	0	0	78,973	424,697	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	28,455,850	2,619,935	1,533,493	6,819,958	39,429,236	30.00
31.00 03100 INTENSIVE CARE UNIT	6,263,396	205,158	120,083	1,333,445	7,922,082	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,809,012	12,733	7,453	624,823	3,454,021	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	11,864,083	595,805	348,735	2,152,878	14,961,501	50.00
51.00 05100 RECOVERY ROOM	1,135,800	56,109	32,842	270,244	1,494,995	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,877,675	135,616	79,378	366,689	2,459,358	52.00
53.00 05300 ANESTHESIOLOGY	364,866	3,924	2,297	23,844	394,931	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,648,399	336,590	197,012	842,156	6,024,157	54.00
56.00 05600 RADIOLOGY	2,113,277	32,337	18,927	243,444	2,407,985	56.00
56.01 05603 ULTRASOUND	1,449,910	12,342	7,224	341,582	1,811,058	56.01
57.00 05700 CT SCAN	1,447,888	15,826	9,264	252,650	1,725,628	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	922,135	39,029	22,844	158,076	1,142,084	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,591,673	300,589	175,940	384,155	2,452,357	59.00
60.00 06000 LABORATORY	10,129,150	101,895	59,641	0	10,290,686	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	22,079	12,923	0	35,002	63.00
65.00 06500 RESPIRATORY THERAPY	2,328,206	61,759	36,149	557,989	2,984,103	65.00
65.01 06501 STRESS TEST	792,096	3,989	2,335	168,273	966,693	65.01
66.00 06600 PHYSICAL THERAPY	3,881,089	140,110	82,009	842,884	4,946,092	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	394,746	10,421	6,099	77,422	488,688	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 CARDIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	481,142	78,042	45,679	103,081	707,944	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,927,571	0	0	0	17,927,571	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	13,992,129	0	0	0	13,992,129	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	13,528,750	0	0	0	13,528,750	73.00
74.00 07400 RENAL DIALYSIS	862,995	51,583	30,192	0	944,770	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	465,706	208,838	122,236	111,418	908,198	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	1,453,668	124,772	73,031	318,664	1,970,135	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	8,575,568	727,921	426,065	1,696,866	11,426,420	91.00
91.20 09101 ACUTE CARE CENTER	3,636,762	0	0	751,511	4,388,273	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	256,657,506	12,042,213	7,048,517	25,458,621	256,550,279	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	565,252	44,907	26,285	36,035	672,479	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	257,222,758	12,087,120	7,074,802	25,494,656	257,222,758	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/26/2015 9:55 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	47,838,889					5.00
6.00	00600	MAINTENANCE & REPAIRS	3,314,620	17,822,203				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	30,852	56,022	221,908			8.00
9.00	00900	HOUSEKEEPING	915,685	481,394	0	5,404,892		9.00
10.00	01000	DIETARY	656,270	512,394	0	160,224	4,201,282	10.00
11.00	01100	CAFETERIA	255,057	190,739	0	59,643	0	11.00
13.00	01300	NURSING ADMINISTRATION	981,487	263,797	0	82,488	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	268,518	303,764	0	94,986	0	14.00
15.00	01500	PHARMACY	1,412,453	222,336	0	69,524	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	602,419	102,009	0	31,898	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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	02302	PARAMED EDUCATION EMS	39,482	106,450	0	33,286	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	97,033	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,008,505	6,870,601	190,076	2,148,413	3,598,619	30.00
31.00	03100	INTENSIVE CARE UNIT	1,809,998	538,013	17,852	168,235	337,985	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	789,157	33,391	13,980	10,441	264,678	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,418,329	1,562,459	0	488,575	0	50.00
51.00	05100	RECOVERY ROOM	341,569	147,142	0	46,011	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	561,902	355,644	0	111,209	0	52.00
53.00	05300	ANESTHESIOLOGY	90,232	10,291	0	3,218	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,376,369	882,683	0	276,012	0	54.00
56.00	05600	RADIOISOTOPE	550,164	84,801	0	26,517	0	56.00
56.01	05603	ULTRASOUND	413,781	32,366	0	10,121	0	56.01
57.00	05700	CT SCAN	394,263	41,504	0	12,978	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	260,938	102,351	0	32,005	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	560,302	788,275	0	246,491	0	59.00
60.00	06000	LABORATORY	2,351,164	267,213	0	83,557	0	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,997	57,900	0	18,105	0	63.00
65.00	06500	RESPIRATORY THERAPY	681,793	161,959	0	50,644	0	65.00
65.01	06501	STRESS TEST	220,865	10,461	0	3,271	0	65.01
66.00	06600	PHYSICAL THERAPY	1,130,058	367,429	0	114,894	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	111,653	27,328	0	8,545	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	161,748	204,659	0	63,996	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,096,002	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,196,852	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,090,981	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	215,856	135,272	0	42,299	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	207,501	547,663	0	171,252	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	450,127	327,206	0	102,316	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,610,651	1,908,922	0	596,913	0	91.00
91.20	09101	ACUTE CARE CENTER	1,002,611	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,685,244	17,704,438	221,908	5,368,067	4,201,282 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	153,645	117,765	0	36,825	0 190.00
194.00	07950	FUNDRAISING	0	0	0	0	0 194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0 194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0 194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0 194.04
194.05	07955	HOSPICE	0	0	0	0	0 194.05
194.06	07956	NEIL MRI	0	0	0	0	0 194.06
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)	47,838,889	17,822,203	221,908	5,404,892	4,201,282 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/26/2015 9:55 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,621,785					11.00
13.00	01300	NURSING ADMINISTRATION	55,493	5,679,085				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,071	0	1,855,599			14.00
15.00	01500	PHARMACY	88,765	0	4,004	7,979,173		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,750	0	0	0	3,404,773	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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	02302	PARAMED EDUCATION EMS	2,713	0	6,305	23,191	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	6,086	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	525,541	3,248,532	125,898	193,038	501,835	30.00
31.00	03100	INTENSIVE CARE UNIT	102,754	581,106	38,356	38,836	59,718	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	48,148	227,290	7,437	418	44,223	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	165,899	552,355	1,027,252	97,058	409,849	50.00
51.00	05100	RECOVERY ROOM	20,825	121,607	1,547	5,524	56,393	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,257	0	9,471	0	23,306	52.00
53.00	05300	ANESTHESIOLOGY	1,837	0	35,014	102,385	59,744	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,896	8,449	49,672	11,000	116,645	54.00
56.00	05600	RADIO SOTOPE	18,760	0	31,959	2,105	65,005	56.00
56.01	05603	ULTRASOUND	26,322	0	7,110	1,421	61,000	56.01
57.00	05700	CT SCAN	19,469	0	19,957	12,556	255,347	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,181	0	6,966	2,235	71,774	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,603	1,326	307,528	9,860	117,578	59.00
60.00	06000	LABORATORY	0	0	0	0	344,910	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	70,308	0	22,692	63.00
65.00	06500	RESPIRATORY THERAPY	42,998	0	20,873	12,685	69,772	65.00
65.01	06501	STRESS TEST	12,967	963	2,070	5,677	57,136	65.01
66.00	06600	PHYSICAL THERAPY	64,952	0	1,157	615	46,945	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	5,966	0	499	0	17,175	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	7,943	0	984	3	7,408	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	7,582	0	94,989	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	5,941	0	154,248	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,172,447	424,684	73.00
74.00	07400	RENAL DIALYSIS	0	0	235	839	11,571	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,586	14,919	815	18	4,879	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	24,556	23,306	13,070	34,868	23,616	90.00
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	130,759	713,595	41,530	200,588	246,152	91.00
91.20	09101	ACUTE CARE CENTER	57,911	185,637	12,036	51,806	36,179	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,619,008	5,679,085	1,855,576	7,979,173	3,404,773	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,777	0	23	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,621,785	5,679,085	1,855,599	7,979,173	3,404,773	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

Period:
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To 12/31/2014

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Cost Center Description	INTERNS & RESIDENTS					PARAMED EDUCATION EMS	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
	19.00	20.00	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
6.00 00600 MAINTENANCE & REPAIRS							6.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS	0						19.00
20.00 02000 NURSING SCHOOL	0	0					20.00
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	0			22.00
23.00 02302 PARAMED EDUCATION EMS	0	0	0	0	384,235		23.00
23.01 02301 CLINICAL PASTORAL EDUCATION	0	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 05603 ULTRASOUND	0	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 LABORATORY	0	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 06501 STRESS TEST	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	384,235	0	91.00
91.20 09101 ACUTE CARE CENTER	0	0	0	0	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	384,235	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	384,235	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02302	PARAMED EDUCATION EMS					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	527,816				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	527,816	66,368,110	0	66,368,110	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,614,935	0	11,614,935	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	4,893,184	0	4,893,184	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	22,683,277	0	22,683,277	50.00
51.00	05100	RECOVERY ROOM	0	2,235,613	0	2,235,613	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,549,147	0	3,549,147	52.00
53.00	05300	ANESTHESIOLOGY	0	697,652	0	697,652	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,809,883	0	8,809,883	54.00
56.00	05600	RADIOISOTOPE	0	3,187,296	0	3,187,296	56.00
56.01	05603	ULTRASOUND	0	2,363,179	0	2,363,179	56.01
57.00	05700	CT SCAN	0	2,481,702	0	2,481,702	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,630,534	0	1,630,534	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,513,320	0	4,513,320	59.00
60.00	06000	LABORATORY	0	13,337,530	0	13,337,530	60.00
60.01	06001	LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	212,004	0	212,004	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,024,827	0	4,024,827	65.00
65.01	06501	STRESS TEST	0	1,280,103	0	1,280,103	65.01
66.00	06600	PHYSICAL THERAPY	0	6,672,142	0	6,672,142	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	659,854	0	659,854	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,154,685	0	1,154,685	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,126,144	0	22,126,144	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,349,170	0	17,349,170	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,216,862	0	24,216,862	73.00
74.00	07400	RENAL DIALYSIS	0	1,350,842	0	1,350,842	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,863,831	0	1,863,831	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,969,200	0	2,969,200	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITROTROPSY	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	18,259,765	0	18,259,765	91.00
91.20	09101	ACUTE CARE CENTER	0	5,734,453	0	5,734,453	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	527,816	256,239,244	0	256,239,244	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	983,514	0	983,514	190.00
194.00	07950	FUNDRAISING	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	194.06
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	527,816	257,222,758	0	257,222,758	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	22,991	13,457	36,448	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	101,588	1,034,404	605,455	1,741,447	5.00
6.00 00600	MAINTENANCE & REPAIRS	35	4,233,665	2,478,039	6,711,739	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,362	12,504	33,866	8.00
9.00 00900	HOUSEKEEPING	0	183,568	107,445	291,013	9.00
10.00 01000	DIETARY	11,658	195,389	114,364	321,411	10.00
11.00 01100	CAFETERIA	0	72,733	42,572	115,305	11.00
13.00 01300	NURSING ADMINISTRATION	0	100,593	58,879	159,472	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	115,833	67,799	183,632	14.00
15.00 01500	PHARMACY	85,857	84,782	49,625	220,264	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,425	38,899	22,768	69,092	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02302	PARAMED EDUCATION EMS	350	40,592	23,759	64,701	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	67,403	2,619,935	1,533,493	4,220,831	30.00
31.00 03100	INTENSIVE CARE UNIT	8,806	205,158	120,083	334,047	31.00
41.00 04100	SUBPROVIDER - I&RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	12,733	7,453	20,186	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	83,317	595,805	348,735	1,027,857	50.00
51.00 05100	RECOVERY ROOM	0	56,109	32,842	88,951	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	135,616	79,378	214,994	52.00
53.00 05300	ANESTHESIOLOGY	0	3,924	2,297	6,221	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,883	336,590	197,012	548,485	54.00
56.00 05600	RADIOISOTOPE	65,702	32,337	18,927	116,966	56.00
56.01 05603	ULTRASOUND	0	12,342	7,224	19,566	56.01
57.00 05700	CT SCAN	0	15,826	9,264	25,090	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	39,029	22,844	61,873	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	300,589	175,940	476,529	59.00
60.00 06000	LABORATORY	0	101,895	59,641	161,536	60.00
60.01 06001	LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	22,079	12,923	35,002	63.00
65.00 06500	RESPIRATORY THERAPY	22,582	61,759	36,149	120,490	65.00
65.01 06501	STRESS TEST	0	3,989	2,335	6,324	65.01
66.00 06600	PHYSICAL THERAPY	304,668	140,110	82,009	526,787	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	10,421	6,099	16,520	69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02 06902	CARDIOLOGY	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	280	78,042	45,679	124,001	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	577	51,583	30,192	82,352	74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	208,838	122,236	331,074	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	124,772	73,031	197,803	90.00
90.01 09001	ADDITION RECOVERY CLINIC	0	0	0	0	90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	90.03
91.00 09100	EMERGENCY	0	727,921	426,065	1,153,986	91.00
91.20 09101	ACUTE CARE CENTER	491,395	0	0	491,395	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,266,526	12,042,213	7,048,517	20,357,256	36,397	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	44,907	26,285	71,192	51	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	1,266,526	12,087,120	7,074,802	20,428,448	36,448	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 9:55 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,745,451					5.00
6.00	00600	MAINTENANCE & REPAIRS	120,935	6,833,566				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,126	21,480	56,497			8.00
9.00	00900	HOUSEKEEPING	33,409	184,581	0	509,804		9.00
10.00	01000	DIETARY	23,944	196,467	0	15,113	557,318	10.00
11.00	01100	CAFETERIA	9,306	73,135	0	5,626	0	11.00
13.00	01300	NURSING ADMINISTRATION	35,810	101,148	0	7,781	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,797	116,472	0	8,959	0	14.00
15.00	01500	PHARMACY	51,534	85,250	0	6,558	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,980	39,113	0	3,009	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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	02302	PARAMED EDUCATION EMS	1,441	40,816	0	3,140	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	3,540	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	328,709	2,634,394	48,393	202,642	477,372	30.00
31.00	03100	INTENSIVE CARE UNIT	66,038	206,290	4,545	15,868	44,835	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	28,793	12,803	3,559	985	35,111	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	124,719	599,094	0	46,084	0	50.00
51.00	05100	RECOVERY ROOM	12,462	56,419	0	4,340	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,501	136,365	0	10,489	0	52.00
53.00	05300	ANESTHESIOLOGY	3,292	3,946	0	304	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,217	338,447	0	26,034	0	54.00
56.00	05600	RADIOISOTOPE	20,073	32,515	0	2,501	0	56.00
56.01	05603	ULTRASOUND	15,097	12,410	0	955	0	56.01
57.00	05700	CT SCAN	14,385	15,914	0	1,224	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,520	39,244	0	3,019	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,443	302,248	0	23,250	0	59.00
60.00	06000	LABORATORY	85,783	102,458	0	7,881	0	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	292	22,201	0	1,708	0	63.00
65.00	06500	RESPIRATORY THERAPY	24,875	62,100	0	4,777	0	65.00
65.01	06501	STRESS TEST	8,058	4,011	0	309	0	65.01
66.00	06600	PHYSICAL THERAPY	41,231	140,883	0	10,837	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	4,074	10,478	0	806	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	5,901	78,472	0	6,036	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	149,444	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	116,638	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	112,776	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,876	51,867	0	3,990	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,571	209,991	0	16,153	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	16,423	125,461	0	9,651	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	95,251	731,938	0	56,302	0	91.00
91.20	09101	ACUTE CARE CENTER	36,581	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	6.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,739,845	6,788,411	56,497	506,331	557,318	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,606	45,155	0	3,473	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,745,451	6,833,566	56,497	509,804	557,318	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 9:55 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	203,620					11.00
13.00	01300	NURSING ADMINISTRATION	6,968	312,207				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,641	0	320,743			14.00
15.00	01500	PHARMACY	11,145	0	692	377,088		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,986	0	0	0	137,768	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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	02302	PARAMED EDUCATION EMS	341	0	1,090	1,096	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	764	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,980	178,589	21,762	9,123	19,896	30.00
31.00	03100	INTENSIVE CARE UNIT	12,901	31,946	6,630	1,835	2,425	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,045	12,495	1,286	20	1,796	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,830	30,366	177,559	4,587	16,642	50.00
51.00	05100	RECOVERY ROOM	2,615	6,685	267	261	2,290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,548	0	1,637	0	946	52.00
53.00	05300	ANESTHESIOLOGY	231	0	6,052	4,839	2,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,148	464	8,586	520	4,736	54.00
56.00	05600	RADIOISOTOPE	2,355	0	5,524	99	2,640	56.00
56.01	05603	ULTRASOUND	3,305	0	1,229	67	2,477	56.01
57.00	05700	CT SCAN	2,444	0	3,450	593	10,368	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,529	0	1,204	106	2,914	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,717	73	53,158	466	4,774	59.00
60.00	06000	LABORATORY	0	0	0	0	14,005	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	12,153	0	921	63.00
65.00	06500	RESPIRATORY THERAPY	5,399	0	3,608	599	2,833	65.00
65.01	06501	STRESS TEST	1,628	53	358	268	2,320	65.01
66.00	06600	PHYSICAL THERAPY	8,155	0	200	29	1,906	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	749	0	86	0	697	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	997	0	170	0	301	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,311	0	3,857	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	1,027	0	6,263	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	338,963	17,244	73.00
74.00	07400	RENAL DIALYSIS	0	0	41	40	470	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,078	820	141	1	198	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,083	1,281	2,259	1,648	959	90.00
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	16,418	39,230	7,179	9,480	9,995	91.00
91.20	09101	ACUTE CARE CENTER	7,271	10,205	2,080	2,448	1,469	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	203,271	312,207	320,739	377,088	137,768	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	349	0	4	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
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)	203,620	312,207	320,743	377,088	137,768	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 9:55 am	
Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
	19.00	20.00	SERVICES-SALARY & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00		
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0			19.00
20.00	02000	NURSING SCHOOL		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02302	PARAMED EDUCATION EMS				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION				23.01
						112, 675
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
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
45.01	04510	ICF/MR				45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				50.00
51.00	05100	RECOVERY ROOM				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				52.00
53.00	05300	ANESTHESIOLOGY				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				54.00
56.00	05600	RADIOISOTOPE				56.00
56.01	05603	ULTRASOUND				56.01
57.00	05700	CT SCAN				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				58.00
59.00	05900	CARDIAC CATHETERIZATION				59.00
60.00	06000	LABORATORY				60.00
60.01	06001	LABORATORY				60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				63.00
65.00	06500	RESPIRATORY THERAPY				65.00
65.01	06501	STRESS TEST				65.01
66.00	06600	PHYSICAL THERAPY				66.00
67.00	06700	OCCUPATIONAL THERAPY				67.00
68.00	06800	SPEECH PATHOLOGY				68.00
69.00	06900	ELECTROCARDIOLOGY				69.00
69.01	06901	ECHOCARDIOGRAM				69.01
69.02	06902	CARDIOLOGY				69.02
70.00	07000	ELECTROENCEPHALOGRAPHY				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT				71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				73.00
74.00	07400	RENAL DIALYSIS				74.00
75.02	07501	OUTPATIENT SURGERY				75.02
76.00	03290	ELECTROMYOGRAPHY				76.00
76.97	07697	CARDIAC REHABILITATION				76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC				90.00
90.01	09001	ADDICTION RECOVERY CLINIC				90.01
90.03	09002	LITHOTRIPSY				90.03
91.00	09100	EMERGENCY				91.00
91.20	09101	ACUTE CARE CENTER				91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OPT				99.20
99.30	09930	OOT				99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
99.40 09940 OSP						99.40
101.00 10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION						109.00
110.00 11000 INTESTINAL ACQUISITION						110.00
111.00 11100 ISLET ACQUISITION						111.00
116.00 11600 HOSPICE						116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 FUNDRAISING						194.00
194.01 07951 MANAGED CARE ADMINISTRATION						194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES						194.02
194.03 07953 HOME MEDICAL EQUIPMENT						194.03
194.04 07954 HOME PHARMACY						194.04
194.05 07955 HOSPICE						194.05
194.06 07956 NEIL MRI						194.06
200.00 Cross Foot Adjustments	0	0	0	0	112,675	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	112,675	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 9:55 am
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Cost Center Description		CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02302	PARAMED EDUCATION EMS				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	4,417			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,217,471	0	8,217,471	30.00
31.00	03100	INTENSIVE CARE UNIT	729,264	0	729,264	31.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	123,971	0	123,971	43.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,050,812	0	2,050,812	50.00
51.00	05100	RECOVERY ROOM	174,676	0	174,676	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	389,004	0	389,004	52.00
53.00	05300	ANESTHESIOLOGY	27,345	0	27,345	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	986,840	0	986,840	54.00
56.00	05600	RADIOISOTOPE	183,021	0	183,021	56.00
56.01	05603	ULTRASOUND	55,594	0	55,594	56.01
57.00	05700	CT SCAN	73,829	0	73,829	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,635	0	119,635	58.00
59.00	05900	CARDIAC CATHETERIZATION	885,207	0	885,207	59.00
60.00	06000	LABORATORY	371,663	0	371,663	60.00
60.01	06001	LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	72,277	0	72,277	63.00
65.00	06500	RESPIRATORY THERAPY	225,478	0	225,478	65.00
65.01	06501	STRESS TEST	23,569	0	23,569	65.01
66.00	06600	PHYSICAL THERAPY	731,232	0	731,232	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	33,521	0	33,521	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	216,025	0	216,025	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	154,612	0	154,612	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	123,928	0	123,928	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	468,983	0	468,983	73.00
74.00	07400	RENAL DIALYSIS	146,636	0	146,636	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	567,186	0	567,186	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	359,023	0	359,023	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	90.03
91.00	09100	EMERGENCY	2,122,202	0	2,122,202	91.00
91.20	09101	ACUTE CARE CENTER	552,522	0	552,522	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OPT	0	0	0	99.20

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
99.30	09930	OOT		0	0	0	99.30
99.40	09940	OSP		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	20,185,526	0	20,185,526	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		125,830	0	125,830	190.00
194.00	07950	FUNDRAISING		0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION		0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES		0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT		0	0	0	194.03
194.04	07954	HOME PHARMACY		0	0	0	194.04
194.05	07955	HOSPICE		0	0	0	194.05
194.06	07956	NEIL MRI		0	0	0	194.06
200.00		Cross Foot Adjustments	4,417	117,092	0	117,092	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,417	20,428,448	0	20,428,448	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	742,343				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		742,343			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,412	1,412	94,076,399		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	63,529	63,529	10,345,233	-47,838,889	5.00
6.00 00600	MAINTENANCE & REPAIRS	260,015	260,015	2,304,223	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,312	1,312	65,192	0	8.00
9.00 00900	HOUSEKEEPING	11,274	11,274	2,070,277	0	9.00
10.00 01000	DIETARY	12,000	12,000	989,762	0	10.00
11.00 01100	CAFETERIA	4,467	4,467	641,270	0	11.00
13.00 01300	NURSING ADMINISTRATION	6,178	6,178	2,657,344	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,114	7,114	625,918	0	14.00
15.00 01500	PHARMACY	5,207	5,207	4,250,572	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,389	2,389	1,520,353	0	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02302	PARAMED EDUCATION EMS	2,493	2,493	129,931	0	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	0	0	291,416	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	160,906	160,906	25,165,827	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,600	12,600	4,920,478	0	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	782	782	2,305,627	0	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	36,592	36,592	7,944,229	0	50.00
51.00 05100	RECOVERY ROOM	3,446	3,446	997,213	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,329	8,329	1,353,100	0	52.00
53.00 05300	ANESTHESIOLOGY	241	241	87,986	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,672	20,672	3,107,599	0	54.00
56.00 05600	RADIOISOTOPE	1,986	1,986	898,321	0	56.00
56.01 05603	ULTRASOUND	758	758	1,260,453	0	56.01
57.00 05700	CT SCAN	972	972	932,293	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,397	2,397	583,308	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	18,461	18,461	1,417,553	0	59.00
60.00 06000	LABORATORY	6,258	6,258	0	0	60.00
60.01 06001	LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,356	1,356	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	3,793	3,793	2,059,008	0	65.00
65.01 06501	STRESS TEST	245	245	620,936	0	65.01
66.00 06600	PHYSICAL THERAPY	8,605	8,605	3,110,285	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	640	640	285,690	0	69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02 06902	CARDIOLOGY	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	4,793	4,793	380,375	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	3,168	3,168	0	0	74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	12,826	12,826	411,137	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	7,663	7,663	1,175,885	0	90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	90.03
91.00 09100	EMERGENCY	44,706	44,706	6,261,522	0	91.00
91.20 09101	ACUTE CARE CENTER	0	0	2,773,112	0	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OPT	0	0	0	0	99.20
99.30 09930	OOT	0	0	0	0	99.30
99.40 09940	OSP	0	0	0	0	99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	739,585	739,585	93,943,428	-47,838,889	208,711,390
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,758	2,758	132,971	0	672,479
194.00 07950	FUNDRAISING	0	0	0	0	0
194.01 07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0
194.02 07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0
194.03 07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0
194.04 07954	HOME PHARMACY	0	0	0	0	0
194.05 07955	HOSPICE	0	0	0	0	0
194.06 07956	NEIL MRI	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	12,087,120	7,074,802	25,494,656		47,838,889
203.00	Unit cost multiplier (Wkst. B, Part I)	16.282392	9.530368	0.270999		0.228475
204.00	Cost to be allocated (per Wkst. B, Part II)			36,448		1,745,451
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000387		0.008336

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	417,387				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,312	61,953			8.00
9.00	00900	HOUSEKEEPING	11,274	0	404,801		9.00
10.00	01000	DIETARY	12,000	0	12,000	61,953	10.00
11.00	01100	CAFETERIA	4,467	0	4,467	0	77,660,442
13.00	01300	NURSING ADMINISTRATION	6,178	0	6,178	0	2,657,344
14.00	01400	CENTRAL SERVICES & SUPPLY	7,114	0	7,114	0	625,918
15.00	01500	PHARMACY	5,207	0	5,207	0	4,250,572
16.00	01600	MEDICAL RECORDS & LIBRARY	2,389	0	2,389	0	1,520,353
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02302	PARAMED EDUCATION EMS	2,493	0	2,493	0	129,931
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	291,416
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	160,906	53,066	160,906	53,066	25,165,827
31.00	03100	INTENSIVE CARE UNIT	12,600	4,984	12,600	4,984	4,920,478
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	782	3,903	782	3,903	2,305,627
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,592	0	36,592	0	7,944,229
51.00	05100	RECOVERY ROOM	3,446	0	3,446	0	997,213
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,329	0	8,329	0	1,353,100
53.00	05300	ANESTHESIOLOGY	241	0	241	0	87,986
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,672	0	20,672	0	3,107,599
56.00	05600	RADIOISOTOPE	1,986	0	1,986	0	898,321
56.01	05603	ULTRASOUND	758	0	758	0	1,260,453
57.00	05700	CT SCAN	972	0	972	0	932,293
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,397	0	2,397	0	583,308
59.00	05900	CARDIAC CATHETERIZATION	18,461	0	18,461	0	1,417,553
60.00	06000	LABORATORY	6,258	0	6,258	0	0
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,356	0	1,356	0	0
65.00	06500	RESPIRATORY THERAPY	3,793	0	3,793	0	2,059,008
65.01	06501	STRESS TEST	245	0	245	0	620,936
66.00	06600	PHYSICAL THERAPY	8,605	0	8,605	0	3,110,285
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	640	0	640	0	285,690
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	4,793	0	4,793	0	380,375
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	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	0
74.00	07400	RENAL DIALYSIS	3,168	0	3,168	0	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	12,826	0	12,826	0	411,137
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	7,663	0	7,663	0	1,175,885
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	44,706	0	44,706	0	6,261,522
91.20	09101	ACUTE CARE CENTER	0	0	0	0	2,773,112
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	414,629	61,953	402,043	61,953	77,527,471
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,758	0	2,758	0	132,971
194.00	07950	FUNDRAISING	0	0	0	0	0
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0
194.04	07954	HOME PHARMACY	0	0	0	0	0
194.05	07955	HOSPICE	0	0	0	0	0
194.06	07956	NEILMRI	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,822,203	221,908	5,404,892	4,201,282	1,621,785
203.00		Unit cost multiplier (Wkst. B, Part I)	42.699468	3.581877	13.351973	67.814020	0.020883
204.00		Cost to be allocated (per Wkst. B, Part II)	6,833,566	56,497	509,804	557,318	203,620
205.00		Unit cost multiplier (Wkst. B, Part II)	16.372254	0.911933	1.259394	8.995819	0.002622

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,734,258					13.00
14.00	01400	0	31,867,639				14.00
15.00	01500	0	68,771	15,264,833			15.00
16.00	01600	0	0	0	1,470,840,021		16.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02302	0	108,280	44,366	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	992,025	2,162,160	369,299	216,870,967		30.00
31.00	03100	177,456	658,713	74,296	25,796,030		31.00
41.00	04100	0	0	0	0		41.00
42.00	04200	0	0	0	0		42.00
43.00	04300	69,409	127,720	799	19,102,910		43.00
45.00	04500	0	0	0	0		45.00
45.01	04510	0	0	0	0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	168,676	17,641,722	185,681	177,040,705	0	50.00
51.00	05100	37,136	26,562	10,568	24,359,699	0	51.00
52.00	05200	0	162,660	0	10,067,363	0	52.00
53.00	05300	0	601,333	195,872	25,807,464	0	53.00
54.00	05400	2,580	853,059	21,043	50,386,562	0	54.00
56.00	05600	0	548,858	4,027	28,079,866	0	56.00
56.01	05603	0	122,103	2,718	26,349,931	0	56.01
57.00	05700	0	342,742	24,021	110,301,256	0	57.00
58.00	05800	0	119,627	4,275	31,003,683	0	58.00
59.00	05900	405	5,281,450	18,863	50,789,606	0	59.00
60.00	06000	0	0	0	148,989,071	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	1,207,462	0	9,802,122	0	63.00
65.00	06500	0	358,474	24,267	30,139,046	0	65.00
65.01	06501	294	35,551	10,860	24,680,852	0	65.01
66.00	06600	0	19,863	1,176	20,278,804	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	8,567	0	7,418,846	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	0	0	0	0	69.02
70.00	07000	0	16,893	6	3,199,980	0	70.00
71.00	07100	0	130,214	0	41,031,945	0	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	102,022	0	66,629,944	0	72.00
73.00	07300	0	0	13,721,499	183,448,993	0	73.00
74.00	07400	0	4,036	1,605	4,998,256	0	74.00
75.02	07501	0	0	0	0	0	75.02
76.00	03290	0	0	0	0	0	76.00
76.97	07697	4,556	14,005	35	2,107,760	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	7,117	224,471	66,706	10,201,225	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
91.00	09100	217,915	713,231	383,742	106,329,136	0	91.00
91.20	09101	56,689	206,700	99,109	15,627,999	0	91.20
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,734,258	31,867,249	15,264,833	1,470,840,021	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	390	0	0	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,679,085	1,855,599	7,979,173	3,404,773	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.274648	0.058228	0.522716	0.002315	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	312,207	320,743	377,088	137,768	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.180023	0.010065	0.024703	0.000094	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			0			22.00
23.00 02302 PARAMED EDUCATION EMS				100		23.00
23.01 02301 CLINICAL PASTORAL EDUCATION				0	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	100	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
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
56.01 05603 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 STRESS TEST	0	0	0	0	0	65.01
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
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	100	0	91.00
91.20 09101 ACUTE CARE CENTER	0	0	0	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
		20.00	21.00				22.00	23.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	99.10	
99.20	09920	OPT	0	0	0	0	99.20	
99.30	09930	OOT	0	0	0	0	99.30	
99.40	09940	OSP	0	0	0	0	99.40	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	100	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
194.00	07950	FUNDRAISING	0	0	0	0	194.00	
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	194.01	
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	194.02	
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	194.03	
194.04	07954	HOME PHARMACY	0	0	0	0	194.04	
194.05	07955	HOSPICE	0	0	0	0	194.05	
194.06	07956	NEIL MRI	0	0	0	0	194.06	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers					201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	384,235	527,816	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	3,842.350000	5,278.160000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	112,675	4,417	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	1,126.750000	44.170000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 9:55 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	66,368,110		66,368,110	0	66,368,110	30.00
31.00	03100 INTENSIVE CARE UNIT	11,614,935		11,614,935	29,151	11,644,086	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	4,893,184		4,893,184	0	4,893,184	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
45.01	04510 ICF/MR	0		0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,683,277		22,683,277	0	22,683,277	50.00
51.00	05100 RECOVERY ROOM	2,235,613		2,235,613	0	2,235,613	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,549,147		3,549,147	0	3,549,147	52.00
53.00	05300 ANESTHESIOLOGY	697,652		697,652	0	697,652	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,809,883		8,809,883	0	8,809,883	54.00
56.00	05600 RADIOISOTOPE	3,187,296		3,187,296	0	3,187,296	56.00
56.01	05603 ULTRASOUND	2,363,179		2,363,179	0	2,363,179	56.01
57.00	05700 CT SCAN	2,481,702		2,481,702	0	2,481,702	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,630,534		1,630,534	0	1,630,534	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,513,320		4,513,320	2,899	4,516,219	59.00
60.00	06000 LABORATORY	13,337,530		13,337,530	0	13,337,530	60.00
60.01	06001 LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	212,004		212,004	0	212,004	63.00
65.00	06500 RESPIRATORY THERAPY	4,024,827	0	4,024,827	0	4,024,827	65.00
65.01	06501 STRESS TEST	1,280,103	0	1,280,103	0	1,280,103	65.01
66.00	06600 PHYSICAL THERAPY	6,672,142	0	6,672,142	0	6,672,142	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	659,854		659,854	0	659,854	69.00
69.01	06901 ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902 RADIOLOGY	0		0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,154,685		1,154,685	0	1,154,685	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,126,144		22,126,144	0	22,126,144	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,349,170		17,349,170	0	17,349,170	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	24,216,862		24,216,862	0	24,216,862	73.00
74.00	07400 RENAL DIALYSIS	1,350,842		1,350,842	0	1,350,842	74.00
75.02	07501 OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,863,831		1,863,831	0	1,863,831	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,969,200		2,969,200	1,517	2,970,717	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002 LI THOTRI PSY	0		0	0	0	90.03
91.00	09100 EMERGENCY	18,259,765		18,259,765	1,261,227	19,520,992	91.00
91.20	09101 ACUTE CARE CENTER	5,734,453		5,734,453	0	5,734,453	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,140,646		8,140,646	0	8,140,646	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OPT	0		0	0	0	99.20
99.30	09930 OOT	0		0	0	0	99.30
99.40	09940 OSP	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	264,379,890	0	264,379,890	1,294,794	265,674,684	200.00
201.00	Less Observation Beds	8,140,646		8,140,646	0	8,140,646	201.00
202.00	Total (see instructions)	256,239,244	0	256,239,244	1,294,794	257,534,038	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 9:55 am

			Title XVIIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	188,847,191		188,847,191				30.00
31.00	03100	INTENSIVE CARE UNIT	25,796,030		25,796,030				31.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	19,102,910		19,102,910				43.00
45.00	04500	NURSING FACILITY	0		0				45.00
45.01	04510	ICF/MR	0		0				45.01
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	79,597,828	97,442,877	177,040,705	0.128125	0.000000		50.00
51.00	05100	RECOVERY ROOM	10,408,974	13,950,725	24,359,699	0.091775	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,067,363	0	10,067,363	0.352540	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	12,277,262	13,530,202	25,807,464	0.027033	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,324,583	33,061,979	50,386,562	0.174846	0.000000		54.00
56.00	05600	RADIOISOTOPE	4,883,791	23,196,075	28,079,866	0.113508	0.000000		56.00
56.01	05603	ULTRASOUND	5,511,670	20,838,261	26,349,931	0.089684	0.000000		56.01
57.00	05700	CT SCAN	36,234,526	74,066,730	110,301,256	0.022499	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,773,659	22,230,024	31,003,683	0.052592	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	27,299,415	23,490,191	50,789,606	0.088863	0.000000		59.00
60.00	06000	LABORATORY	78,685,135	70,303,936	148,989,071	0.089520	0.000000		60.00
60.01	06001	LABORATORY	0	0	0	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,974,882	1,827,240	9,802,122	0.021628	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	27,758,536	2,380,510	30,139,046	0.133542	0.000000		65.00
65.01	06501	STRESS TEST	11,541,874	13,138,978	24,680,852	0.051866	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	6,461,488	13,817,316	20,278,804	0.329020	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,418,246	4,000,600	7,418,846	0.088943	0.000000		69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	0.000000		69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	600,468	2,599,512	3,199,980	0.360841	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,296,480	14,735,465	41,031,945	0.539242	0.000000		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	48,790,932	17,839,012	66,629,944	0.260381	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,987,624	65,461,369	183,448,993	0.132009	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,998,256	0	4,998,256	0.270263	0.000000		74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	0.000000		75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	86,460	2,021,300	2,107,760	0.884271	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	79,714	10,121,511	10,201,225	0.291063	0.000000		90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	0.000000		90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	0.000000		90.03
91.00	09100	EMERGENCY	31,132,133	75,197,003	106,329,136	0.171729	0.000000		91.00
91.20	09101	ACUTE CARE CENTER	177,954	15,450,045	15,627,999	0.366935	0.000000		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,129,651	19,894,125	28,023,776	0.290491	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OPT	0	0	0				99.20
99.30	09930	OOT	0	0	0				99.30
99.40	09940	OSP	0	0	0				99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	820,245,035	650,594,986	1,470,840,021				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	820,245,035	650,594,986	1,470,840,021				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 9:55 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.128125		50.00
51.00	05100 RECOVERY ROOM	0.091775		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352540		52.00
53.00	05300 ANESTHESIOLOGY	0.027033		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174846		54.00
56.00	05600 RADIOISOTOPE	0.113508		56.00
56.01	05603 ULTRASOUND	0.089684		56.01
57.00	05700 CT SCAN	0.022499		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052592		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.088920		59.00
60.00	06000 LABORATORY	0.089520		60.00
60.01	06001 LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.021628		63.00
65.00	06500 RESPIRATORY THERAPY	0.133542		65.00
65.01	06501 STRESS TEST	0.051866		65.01
66.00	06600 PHYSICAL THERAPY	0.329020		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.088943		69.00
69.01	06901 ECHOCARDIOGRAM	0.000000		69.01
69.02	06902 RADIOLOGY	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.360841		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.539242		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.260381		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132009		73.00
74.00	07400 RENAL DIALYSIS	0.270263		74.00
75.02	07501 OUTPATIENT SURGERY	0.000000		75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.884271		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.291212		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002 LI THOTRI PSY	0.000000		90.03
91.00	09100 EMERGENCY	0.183590		91.00
91.20	09101 ACUTE CARE CENTER	0.366935		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.290491		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
116.00	11600 HOSPICE			116.00
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: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 9:55 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	66,368,110		66,368,110	0	66,368,110	30.00
31.00	03100 INTENSIVE CARE UNIT	11,614,935		11,614,935	29,151	11,644,086	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	4,893,184		4,893,184	0	4,893,184	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
45.01	04510 ICF/MR	0		0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,683,277		22,683,277	0	22,683,277	50.00
51.00	05100 RECOVERY ROOM	2,235,613		2,235,613	0	2,235,613	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,549,147		3,549,147	0	3,549,147	52.00
53.00	05300 ANESTHESIOLOGY	697,652		697,652	0	697,652	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,809,883		8,809,883	0	8,809,883	54.00
56.00	05600 RADIOISOTOPE	3,187,296		3,187,296	0	3,187,296	56.00
56.01	05603 ULTRASOUND	2,363,179		2,363,179	0	2,363,179	56.01
57.00	05700 CT SCAN	2,481,702		2,481,702	0	2,481,702	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,630,534		1,630,534	0	1,630,534	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,513,320		4,513,320	2,899	4,516,219	59.00
60.00	06000 LABORATORY	13,337,530		13,337,530	0	13,337,530	60.00
60.01	06001 LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	212,004		212,004	0	212,004	63.00
65.00	06500 RESPIRATORY THERAPY	4,024,827	0	4,024,827	0	4,024,827	65.00
65.01	06501 STRESS TEST	1,280,103	0	1,280,103	0	1,280,103	65.01
66.00	06600 PHYSICAL THERAPY	6,672,142	0	6,672,142	0	6,672,142	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	659,854		659,854	0	659,854	69.00
69.01	06901 ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902 RADIOLOGY	0		0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,154,685		1,154,685	0	1,154,685	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,126,144		22,126,144	0	22,126,144	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,349,170		17,349,170	0	17,349,170	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	24,216,862		24,216,862	0	24,216,862	73.00
74.00	07400 RENAL DIALYSIS	1,350,842		1,350,842	0	1,350,842	74.00
75.02	07501 OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,863,831		1,863,831	0	1,863,831	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,969,200		2,969,200	1,517	2,970,717	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002 LI THOTRI PSY	0		0	0	0	90.03
91.00	09100 EMERGENCY	18,259,765		18,259,765	1,261,227	19,520,992	91.00
91.20	09101 ACUTE CARE CENTER	5,734,453		5,734,453	0	5,734,453	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,140,646		8,140,646	0	8,140,646	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OPT	0		0	0	0	99.20
99.30	09930 OOT	0		0	0	0	99.30
99.40	09940 OSP	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	264,379,890	0	264,379,890	1,294,794	265,674,684	200.00
201.00	Less Observation Beds	8,140,646		8,140,646	0	8,140,646	201.00
202.00	Total (see instructions)	256,239,244	0	256,239,244	1,294,794	257,534,038	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 9:55 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	188,847,191		188,847,191				30.00
31.00	03100	INTENSIVE CARE UNIT	25,796,030		25,796,030				31.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	19,102,910		19,102,910				43.00
45.00	04500	NURSING FACILITY	0		0				45.00
45.01	04510	ICF/MR	0		0				45.01
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	79,597,828	97,442,877	177,040,705	0.128125	0.000000		50.00
51.00	05100	RECOVERY ROOM	10,408,974	13,950,725	24,359,699	0.091775	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,067,363	0	10,067,363	0.352540	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	12,277,262	13,530,202	25,807,464	0.027033	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,324,583	33,061,979	50,386,562	0.174846	0.000000		54.00
56.00	05600	RADIOISOTOPE	4,883,791	23,196,075	28,079,866	0.113508	0.000000		56.00
56.01	05603	ULTRASOUND	5,511,670	20,838,261	26,349,931	0.089684	0.000000		56.01
57.00	05700	CT SCAN	36,234,526	74,066,730	110,301,256	0.022499	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,773,659	22,230,024	31,003,683	0.052592	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	27,299,415	23,490,191	50,789,606	0.088863	0.000000		59.00
60.00	06000	LABORATORY	78,685,135	70,303,936	148,989,071	0.089520	0.000000		60.00
60.01	06001	LABORATORY	0	0	0	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,974,882	1,827,240	9,802,122	0.021628	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	27,758,536	2,380,510	30,139,046	0.133542	0.000000		65.00
65.01	06501	STRESS TEST	11,541,874	13,138,978	24,680,852	0.051866	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	6,461,488	13,817,316	20,278,804	0.329020	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,418,246	4,000,600	7,418,846	0.088943	0.000000		69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	0.000000		69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	600,468	2,599,512	3,199,980	0.360841	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,296,480	14,735,465	41,031,945	0.539242	0.000000		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	48,790,932	17,839,012	66,629,944	0.260381	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,987,624	65,461,369	183,448,993	0.132009	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,998,256	0	4,998,256	0.270263	0.000000		74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	0.000000		75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	86,460	2,021,300	2,107,760	0.884271	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	79,714	10,121,511	10,201,225	0.291063	0.000000		90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	0.000000		90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	0.000000		90.03
91.00	09100	EMERGENCY	31,132,133	75,197,003	106,329,136	0.171729	0.000000		91.00
91.20	09101	ACUTE CARE CENTER	177,954	15,450,045	15,627,999	0.366935	0.000000		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,129,651	19,894,125	28,023,776	0.290491	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OPT	0	0	0				99.20
99.30	09930	OOT	0	0	0				99.30
99.40	09940	OSP	0	0	0				99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	820,245,035	650,594,986	1,470,840,021				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	820,245,035	650,594,986	1,470,840,021				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 9:55 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
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
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
56.01	05603 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 STRESS TEST	0.000000		65.01
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
69.01	06901 ECHOCARDIOGRAM	0.000000		69.01
69.02	06902 RADIOLOGY	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.02	07501 OUTPATIENT SURGERY	0.000000		75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002 LI THOTRI PSY	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
91.20	09101 ACUTE CARE CENTER	0.000000		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
116.00	11600 HOSPICE			116.00
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: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 9:55 am

		Title V		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	66,368,110	66,368,110	0	66,368,110	30.00	
31.00	03100 INTENSIVE CARE UNIT	11,614,935	11,614,935	29,151	11,644,086	31.00	
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	4,893,184	4,893,184	0	4,893,184	43.00	
45.00	04500 NURSING FACILITY	0	0	0	0	45.00	
45.01	04510 ICF/MR	0	0	0	0	45.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,683,277	22,683,277	0	22,683,277	50.00	
51.00	05100 RECOVERY ROOM	2,235,613	2,235,613	0	2,235,613	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,549,147	3,549,147	0	3,549,147	52.00	
53.00	05300 ANESTHESIOLOGY	697,652	697,652	0	697,652	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,809,883	8,809,883	0	8,809,883	54.00	
56.00	05600 RADIOISOTOPE	3,187,296	3,187,296	0	3,187,296	56.00	
56.01	05603 ULTRASOUND	2,363,179	2,363,179	0	2,363,179	56.01	
57.00	05700 CT SCAN	2,481,702	2,481,702	0	2,481,702	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,630,534	1,630,534	0	1,630,534	58.00	
59.00	05900 CARDIAC CATHETERIZATION	4,513,320	4,513,320	2,899	4,516,219	59.00	
60.00	06000 LABORATORY	13,337,530	13,337,530	0	13,337,530	60.00	
60.01	06001 LABORATORY	0	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	212,004	212,004	0	212,004	63.00	
65.00	06500 RESPIRATORY THERAPY	4,024,827	4,024,827	0	4,024,827	65.00	
65.01	06501 STRESS TEST	1,280,103	1,280,103	0	1,280,103	65.01	
66.00	06600 PHYSICAL THERAPY	6,672,142	6,672,142	0	6,672,142	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	659,854	659,854	0	659,854	69.00	
69.01	06901 ECHOCARDIOGRAM	0	0	0	0	69.01	
69.02	06902 RADIOLOGY	0	0	0	0	69.02	
70.00	07000 ELECTROENCEPHALOGRAPHY	1,154,685	1,154,685	0	1,154,685	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,126,144	22,126,144	0	22,126,144	71.00	
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,349,170	17,349,170	0	17,349,170	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	24,216,862	24,216,862	0	24,216,862	73.00	
74.00	07400 RENAL DIALYSIS	1,350,842	1,350,842	0	1,350,842	74.00	
75.02	07501 OUTPATIENT SURGERY	0	0	0	0	75.02	
76.00	03290 ELECTROMYOGRAPHY	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	1,863,831	1,863,831	0	1,863,831	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000 CLINIC	2,969,200	2,969,200	1,517	2,970,717	90.00	
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	0	90.01	
90.03	09002 LI THOTRI PSY	0	0	0	0	90.03	
91.00	09100 EMERGENCY	18,259,765	18,259,765	1,261,227	19,520,992	91.00	
91.20	09101 ACUTE CARE CENTER	5,734,453	5,734,453	0	5,734,453	91.20	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,140,646	8,140,646	0	8,140,646	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	99.10	
99.20	09920 OPT	0	0	0	0	99.20	
99.30	09930 OOT	0	0	0	0	99.30	
99.40	09940 OSP	0	0	0	0	99.40	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
116.00	11600 HOSPICE	0	0	0	0	116.00	
200.00	Subtotal (see instructions)	264,379,890	264,379,890	1,294,794	265,674,684	200.00	
201.00	Less Observation Beds	8,140,646	8,140,646	0	8,140,646	201.00	
202.00	Total (see instructions)	256,239,244	256,239,244	1,294,794	257,534,038	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 9:55 am

		Title V			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	188,847,191		188,847,191		30.00
31.00	03100	INTENSIVE CARE UNIT	25,796,030		25,796,030		31.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	19,102,910		19,102,910		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	79,597,828	97,442,877	177,040,705	0.128125	50.00
51.00	05100	RECOVERY ROOM	10,408,974	13,950,725	24,359,699	0.091775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,067,363	0	10,067,363	0.352540	52.00
53.00	05300	ANESTHESIOLOGY	12,277,262	13,530,202	25,807,464	0.027033	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,324,583	33,061,979	50,386,562	0.174846	54.00
56.00	05600	RADIOISOTOPE	4,883,791	23,196,075	28,079,866	0.113508	56.00
56.01	05603	ULTRASOUND	5,511,670	20,838,261	26,349,931	0.089684	56.01
57.00	05700	CT SCAN	36,234,526	74,066,730	110,301,256	0.022499	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,773,659	22,230,024	31,003,683	0.052592	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,299,415	23,490,191	50,789,606	0.088863	59.00
60.00	06000	LABORATORY	78,685,135	70,303,936	148,989,071	0.089520	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,974,882	1,827,240	9,802,122	0.021628	63.00
65.00	06500	RESPIRATORY THERAPY	27,758,536	2,380,510	30,139,046	0.133542	65.00
65.01	06501	STRESS TEST	11,541,874	13,138,978	24,680,852	0.051866	65.01
66.00	06600	PHYSICAL THERAPY	6,461,488	13,817,316	20,278,804	0.329020	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,418,246	4,000,600	7,418,846	0.088943	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	600,468	2,599,512	3,199,980	0.360841	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,296,480	14,735,465	41,031,945	0.539242	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	48,790,932	17,839,012	66,629,944	0.260381	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,987,624	65,461,369	183,448,993	0.132009	73.00
74.00	07400	RENAL DIALYSIS	4,998,256	0	4,998,256	0.270263	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	86,460	2,021,300	2,107,760	0.884271	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	79,714	10,121,511	10,201,225	0.291063	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	31,132,133	75,197,003	106,329,136	0.171729	91.00
91.20	09101	ACUTE CARE CENTER	177,954	15,450,045	15,627,999	0.366935	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,129,651	19,894,125	28,023,776	0.290491	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	820,245,035	650,594,986	1,470,840,021		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	820,245,035	650,594,986	1,470,840,021		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 9:55 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
	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
56.01	05603 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 STRESS TEST	0.000000		65.01
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
69.01	06901 ECHOCARDIOGRAM	0.000000		69.01
69.02	06902 RADIOLOGY	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.02	07501 OUTPATIENT SURGERY	0.000000		75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002 LI THOTRI PSY	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
91.20	09101 ACUTE CARE CENTER	0.000000		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
116.00	11600 HOSPICE			116.00
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: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 9:55 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	8,217,471	0	8,217,471	60,485	135.86	30.00
31.00	INTENSIVE CARE UNIT	729,264		729,264	4,984	146.32	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	123,971		123,971	3,903	31.76	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	9,070,706		9,070,706	69,372		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	28,012	3,805,710				
31.00	INTENSIVE CARE UNIT	2,414	353,216				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
45.01	ICF/MR	0	0				
200.00	Total (lines 30-199)	30,426	4,158,926				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 9:55 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,050,812	177,040,705	0.011584	32,857,283	380,619	50.00
51.00	05100	RECOVERY ROOM	174,676	24,359,699	0.007171	4,139,094	29,681	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	389,004	10,067,363	0.038640	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,345	25,807,464	0.001060	4,823,270	5,113	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	986,840	50,386,562	0.019585	9,658,352	189,159	54.00
56.00	05600	RADIOISOTOPE	183,021	28,079,866	0.006518	2,676,169	17,443	56.00
56.01	05603	ULTRASOUND	55,594	26,349,931	0.002110	2,708,319	5,715	56.01
57.00	05700	CT SCAN	73,829	110,301,256	0.000669	16,799,381	11,239	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,635	31,003,683	0.003859	4,328,663	16,704	58.00
59.00	05900	CARDIAC CATHETERIZATION	885,207	50,789,606	0.017429	14,924,080	260,112	59.00
60.00	06000	LABORATORY	371,663	148,989,071	0.002495	39,288,078	98,024	60.00
60.01	06001	LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	72,277	9,802,122	0.007374	3,227,650	23,801	63.00
65.00	06500	RESPIRATORY THERAPY	225,478	30,139,046	0.007481	14,594,579	109,182	65.00
65.01	06501	STRESS TEST	23,569	24,680,852	0.000955	6,706,013	6,404	65.01
66.00	06600	PHYSICAL THERAPY	731,232	20,278,804	0.036059	3,884,097	140,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	33,521	7,418,846	0.004518	2,010,196	9,082	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0.000000	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	216,025	3,199,980	0.067508	357,953	24,165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	154,612	41,031,945	0.003768	12,994,454	48,963	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	123,928	66,629,944	0.001860	22,276,081	41,434	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	468,983	183,448,993	0.002556	54,305,584	138,805	73.00
74.00	07400	RENAL DIALYSIS	146,636	4,998,256	0.029337	3,664,856	107,516	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0.000000	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	567,186	2,107,760	0.269094	46,107	12,407	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	359,023	10,201,225	0.035194	55,388	1,949	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0.000000	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	2,122,202	106,329,136	0.019959	14,818,575	295,764	91.00
91.20	09101	ACUTE CARE CENTER	552,522	15,627,999	0.035355	126,389	4,468	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,007,950	28,023,776	0.035968	4,667,623	167,885	92.00
200.00		Total (lines 50-199)	12,122,770	1,237,093,890		275,938,234	2,145,691	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/26/2015 9:55 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	527,816	0	0	527,816	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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
200.00		Total (lines 30-199)	0	527,816	0	0	527,816	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	60,485	8.73	28,012	244,545		30.00
31.00	03100	INTENSIVE CARE UNIT	4,984	0.00	2,414	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	3,903	0.00	0	0		43.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
45.01	04510	ICF/MR	0	0.00	0	0		45.01
200.00		Total (lines 30-199)	69,372		30,426	244,545		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 9:55 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		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
56.01	05603	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	STRESS TEST	0	0	0	0	65.01
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
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	384,235	0	384,235
91.20	09101	ACUTE CARE CENTER	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	64,743	0	64,743
200.00		Total (lines 50-199)	0	0	448,978	0	448,978

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 9:55 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		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	177,040,705	0.000000	0.000000	32,857,283	50.00
51.00	05100	RECOVERY ROOM	0	24,359,699	0.000000	0.000000	4,139,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,067,363	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	25,807,464	0.000000	0.000000	4,823,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	50,386,562	0.000000	0.000000	9,658,352	54.00
56.00	05600	RADIOISOTOPE	0	28,079,866	0.000000	0.000000	2,676,169	56.00
56.01	05603	ULTRASOUND	0	26,349,931	0.000000	0.000000	2,708,319	56.01
57.00	05700	CT SCAN	0	110,301,256	0.000000	0.000000	16,799,381	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	31,003,683	0.000000	0.000000	4,328,663	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	50,789,606	0.000000	0.000000	14,924,080	59.00
60.00	06000	LABORATORY	0	148,989,071	0.000000	0.000000	39,288,078	60.00
60.01	06001	LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,802,122	0.000000	0.000000	3,227,650	63.00
65.00	06500	RESPIRATORY THERAPY	0	30,139,046	0.000000	0.000000	14,594,579	65.00
65.01	06501	STRESS TEST	0	24,680,852	0.000000	0.000000	6,706,013	65.01
66.00	06600	PHYSICAL THERAPY	0	20,278,804	0.000000	0.000000	3,884,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,418,846	0.000000	0.000000	2,010,196	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0.000000	0.000000	0	69.01
69.02	06902	CARDIOLOGY	0	0	0.000000	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,199,980	0.000000	0.000000	357,953	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,031,945	0.000000	0.000000	12,994,454	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	66,629,944	0.000000	0.000000	22,276,081	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	183,448,993	0.000000	0.000000	54,305,584	73.00
74.00	07400	RENAL DIALYSIS	0	4,998,256	0.000000	0.000000	3,664,856	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0.000000	0.000000	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,107,760	0.000000	0.000000	46,107	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	10,201,225	0.000000	0.000000	55,388	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0.000000	0.000000	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	384,235	106,329,136	0.003614	0.003614	14,818,575	91.00
91.20	09101	ACUTE CARE CENTER	0	15,627,999	0.000000	0.000000	126,389	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	64,743	28,023,776	0.002310	0.002310	4,667,623	92.00
200.00		Total (lines 50-199)	448,978	1,237,093,890			275,938,234	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 9:55 am
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	26,896,210	0	50.00
51.00	05100 RECOVERY ROOM	0	3,008,007	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,552,001	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,990,952	0	54.00
56.00	05600 RADIOISOTOPE	0	8,799,900	0	56.00
56.01	05603 ULTRASOUND	0	3,457,560	0	56.01
57.00	05700 CT SCAN	0	19,972,784	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,493,237	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	12,303,668	0	59.00
60.00	06000 LABORATORY	0	16,029,032	0	60.00
60.01	06001 LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	689,940	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	701,599	0	65.00
65.01	06501 STRESS TEST	0	3,721,070	0	65.01
66.00	06600 PHYSICAL THERAPY	0	118,326	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	1,227,906	0	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0	69.01
69.02	06902 CARDIOLOGY	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	686,731	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,534,279	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,286,959	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	19,887,953	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	902,562	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	4,294,304	0	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	90.01
90.03	09002 LITHOTRIPSY	0	0	0	90.03
91.00	09100 EMERGENCY	53,554	13,016,866	47,043	91.00
91.20	09101 ACUTE CARE CENTER	0	1,152,471	0	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,782	7,390,921	17,073	92.00
200.00	Total (lines 50-199)	64,336	177,115,238	64,116	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 9:55 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	0.128125	26,896,210	0	0	3,446,077	50.00
51.00	05100 RECOVERY ROOM	0.091775	3,008,007	0	0	276,060	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352540	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.027033	3,552,001	0	0	96,021	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174846	10,990,952	0	0	1,921,724	54.00
56.00	05600 RADIOISOTOPE	0.113508	8,799,900	0	0	998,859	56.00
56.01	05603 ULTRASOUND	0.089684	3,457,560	0	0	310,088	56.01
57.00	05700 CT SCAN	0.022499	19,972,784	0	0	449,368	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052592	6,493,237	0	0	341,492	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.088863	12,303,668	0	0	1,093,341	59.00
60.00	06000 LABORATORY	0.089520	16,029,032	0	0	1,434,919	60.00
60.01	06001 LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.021628	689,940	0	0	14,922	63.00
65.00	06500 RESPIRATORY THERAPY	0.133542	701,599	0	0	93,693	65.00
65.01	06501 STRESS TEST	0.051866	3,721,070	0	0	192,997	65.01
66.00	06600 PHYSICAL THERAPY	0.329020	118,326	0	0	38,932	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.088943	1,227,906	0	0	109,214	69.00
69.01	06901 ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0.000000	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.360841	686,731	0	0	247,801	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.539242	4,534,279	0	0	2,445,074	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.260381	7,286,959	0	0	1,897,386	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132009	19,887,953	0	96,803	2,625,389	73.00
74.00	07400 RENAL DIALYSIS	0.270263	0	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.884271	902,562	0	0	798,109	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.291063	4,294,304	0	0	1,249,913	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.171729	13,016,866	0	0	2,235,373	91.00
91.20	09101 ACUTE CARE CENTER	0.366935	1,152,471	0	0	422,882	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.290491	7,390,921	0	0	2,146,996	92.00
200.00	Subtotal (see instructions)		177,115,238	0	96,803	24,886,630	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		177,115,238	0	96,803	24,886,630	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140202

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

Worksheet D
Part V
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description		Costs		Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
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
56.01	05603 ULTRASOUND	0	0		56.01
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
60.01	06001 LABORATORY	0	0		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
65.01	06501 STRESS TEST	0	0		65.01
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
69.01	06901 ECHOCARDIOGRAM	0	0		69.01
69.02	06902 RADIOLOGY	0	0		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,779		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
75.02	07501 OUTPATIENT SURGERY	0	0		75.02
76.00	03290 ELECTROMYOGRAPHY	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000 CLINIC	0	0		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03	09002 LITHOTRIPSY	0	0		90.03
91.00	09100 EMERGENCY	0	0		91.00
91.20	09101 ACUTE CARE CENTER	0	0		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Subtotal (see instructions)	0	12,779		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	12,779		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 9:55 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	0.128125	0	0	8,410,644	0
51.00 05100 RECOVERY ROOM	0.091775	0	0	1,492,617	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.352540	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.027033	0	0	1,264,593	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.174846	0	0	3,838,646	0
56.00 05600 RADIOISOTOPE	0.113508	0	0	1,961,611	0
56.01 05603 ULTRASOUND	0.089684	0	0	5,791,909	0
57.00 05700 CT SCAN	0.022499	0	0	10,611,367	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052592	0	0	3,045,499	0
59.00 05900 CARDIAC CATHETERIZATION	0.088863	0	0	645,191	0
60.00 06000 LABORATORY	0.089520	0	0	13,777,176	0
60.01 06001 LABORATORY	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.021628	0	0	288,359	0
65.00 06500 RESPIRATORY THERAPY	0.133542	0	0	549,943	0
65.01 06501 STRESS TEST	0.051866	0	0	2,139,361	0
66.00 06600 PHYSICAL THERAPY	0.329020	0	0	2,717,974	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.088943	0	0	556,950	0
69.01 06901 ECHOCARDIOGRAM	0.000000	0	0	0	0
69.02 06902 RADIOLOGY	0.000000	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.360841	0	0	449,999	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.539242	0	0	1,057,030	0
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.260381	0	0	1,007,284	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.132009	0	0	9,386,752	0
74.00 07400 RENAL DIALYSIS	0.270263	0	0	0	0
75.02 07501 OUTPATIENT SURGERY	0.000000	0	0	0	0
76.00 03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.884271	0	0	24,212	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.291063	0	0	856,125	0
90.01 09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0
90.03 09002 LI THOTRI PSY	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.171729	0	0	19,829,838	0
91.20 09101 ACUTE CARE CENTER	0.366935	0	0	2,837,244	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.290491	0	0	2,910,067	0
200.00 Subtotal (see instructions)		0	0	95,450,391	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	95,450,391	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 9:55 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	0	1,077,614		50.00
51.00 05100 RECOVERY ROOM	0	136,985		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	34,186		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	671,172		54.00
56.00 05600 RADIOISOTOPE	0	222,659		56.00
56.01 05603 ULTRASOUND	0	519,442		56.01
57.00 05700 CT SCAN	0	238,745		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	160,169		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	57,334		59.00
60.00 06000 LABORATORY	0	1,233,333		60.00
60.01 06001 LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	6,237		63.00
65.00 06500 RESPIRATORY THERAPY	0	73,440		65.00
65.01 06501 STRESS TEST	0	110,960		65.01
66.00 06600 PHYSICAL THERAPY	0	894,268		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	49,537		69.00
69.01 06901 ECHOCARDIOGRAM	0	0		69.01
69.02 06902 RADIOLOGY	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	162,378		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	569,995		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	262,278		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,239,136		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.02 07501 OUTPATIENT SURGERY	0	0		75.02
76.00 03290 ELECTROMYOGRAPHY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	21,410		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	249,186		90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03 09002 LITHOTRIPSY	0	0		90.03
91.00 09100 EMERGENCY	0	3,405,358		91.00
91.20 09101 ACUTE CARE CENTER	0	1,041,084		91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	845,348		92.00
200.00 Subtotal (see instructions)	0	13,282,254		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	13,282,254		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2015 9:55 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)		60,485	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,485	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)		53,066	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		28,012	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)		66,368,110	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)		66,368,110	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)		66,368,110	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,097.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		30,736,727	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)		30,736,727	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XVIII		Hospital		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	11,644,086	4,984	2,336.29	2,414	5,639,804	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)					41,504,175	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					77,880,706	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)					4,403,471	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,210,027	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,613,498	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					71,267,208	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)					7,419	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,097.27	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,140,646	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 9:55 am	
		Title XVIII		Hospital		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	8,217,471	66,368,110	0.123817	8,140,646	1,007,950	90.00
91.00	Nursing School cost	0	66,368,110	0.000000	8,140,646	0	91.00
92.00	Allied health cost	527,816	66,368,110	0.007953	8,140,646	64,743	92.00
93.00	All other Medical Education	0	66,368,110	0.000000	8,140,646	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/26/2015 9:55 am
		Hospital		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)		60,485	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,485	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)		53,066	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)		10,762	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,903	15.00
16.00	Nursery days (title V or XIX only)		1,861	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)		66,368,110	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)		66,368,110	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)		66,368,110	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,097.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,808,820	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)		11,808,820	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 9:55 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)	
Title XIX		1.00	2.00	3.00	4.00	5.00	
Hospital		4,893,184	3,903	1,253.70	1,861	2,333,136	
Cost							
42.00	NURSERY (title V & XIX only)	4,893,184	3,903	1,253.70	1,861	2,333,136	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,614,935	4,984	2,330.44	351	817,984	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)					9,240,793	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,200,733	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)					7,419	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,097.27	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,140,646	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 9:55 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	8,217,471	66,368,110	0.123817	8,140,646	1,007,950	90.00
91.00	Nursing School cost	0	66,368,110	0.000000	8,140,646	0	91.00
92.00	Allied health cost	0	66,368,110	0.000000	8,140,646	0	92.00
93.00	All other Medical Education	0	66,368,110	0.000000	8,140,646	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 9:55 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		89,355,915	30.00
31.00	03100	INTENSIVE CARE UNIT		12,329,650	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128125	32,857,283	50.00
51.00	05100	RECOVERY ROOM	0.091775	4,139,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352540	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027033	4,823,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174846	9,658,352	54.00
56.00	05600	RADIOLOGY	0.113508	2,676,169	56.00
56.01	05603	ULTRASOUND	0.089684	2,708,319	56.01
57.00	05700	CT SCAN	0.022499	16,799,381	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052592	4,328,663	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088920	14,924,080	59.00
60.00	06000	LABORATORY	0.089520	39,288,078	60.00
60.01	06001	LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.021628	3,227,650	63.00
65.00	06500	RESPIRATORY THERAPY	0.133542	14,594,579	65.00
65.01	06501	STRESS TEST	0.051866	6,706,013	65.01
66.00	06600	PHYSICAL THERAPY	0.329020	3,884,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088943	2,010,196	69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	69.01
69.02	06902	CARDIOLOGY	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.360841	357,953	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.539242	12,994,454	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.260381	22,276,081	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132009	54,305,584	73.00
74.00	07400	RENAL DIALYSIS	0.270263	3,664,856	74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.884271	46,107	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.291212	55,388	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	90.01
90.03	09002	LITHOTRIPSY	0.000000	0	90.03
91.00	09100	EMERGENCY	0.183590	14,818,575	91.00
91.20	09101	ACUTE CARE CENTER	0.366935	126,389	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.290491	4,667,623	92.00
200.00		Total (sum of lines 50-94 and 96-98)		275,938,234	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)		275,938,234	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 9:55 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		18,925,760	30.00
31.00	03100	INTENSIVE CARE UNIT		2,243,452	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		19,102,910	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128125	6,434,204	824,382 50.00
51.00	05100	RECOVERY ROOM	0.091775	966,761	88,724 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352540	5,754,689	2,028,758 52.00
53.00	05300	ANESTHESIOLOGY	0.027033	1,363,777	36,867 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174846	1,350,956	236,209 54.00
56.00	05600	RADIOISOTOPE	0.113508	290,560	32,981 56.00
56.01	05603	ULTRASOUND	0.089684	673,561	60,408 56.01
57.00	05700	CT SCAN	0.022499	3,485,323	78,416 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052592	830,261	43,665 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088863	1,076,178	95,632 59.00
60.00	06000	LABORATORY	0.089520	8,711,588	779,861 60.00
60.01	06001	LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.021628	1,400,373	30,287 63.00
65.00	06500	RESPIRATORY THERAPY	0.133542	2,507,089	334,802 65.00
65.01	06501	STRESS TEST	0.051866	706,412	36,639 65.01
66.00	06600	PHYSICAL THERAPY	0.329020	298,008	98,051 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.088943	189,648	16,868 69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0 69.01
69.02	06902	CARDIOLOGY	0.000000	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.360841	41,457	14,959 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.539242	1,935,113	1,043,494 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.260381	2,500,897	651,186 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132009	13,911,300	1,836,417 73.00
74.00	07400	RENAL DIALYSIS	0.270263	316,925	85,653 74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0 75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.884271	1,620	1,433 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.291063	1,492	434 90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0 90.01
90.03	09002	LITHOTRIPSY	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.171729	3,318,632	569,905 91.00
91.20	09101	ACUTE CARE CENTER	0.366935	8,846	3,246 91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.290491	728,132	211,516 92.00
200.00		Total (sum of lines 50-94 and 96-98)		58,803,802	9,240,793 200.00
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)		58,803,802	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 9:55 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		43,532,819	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,510,940	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		798,262	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		250.67	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.01	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.82	31.00
32.00	Sum of lines 30 and 31		25.83	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.52	33.00
34.00	Disproportionate share adjustment (see instructions)		1,526,551	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 9:55 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	9,046,380,143	35.00
35.01	Factor 3 (see instructions)		0.000433876	0.000433876	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,925,007	3,622,529	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,935,689	913,077	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,848,766		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		64,217,338		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		64,217,338		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,002,711		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		98		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		244,545		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		64,336		58.00
59.00	Total (sum of amounts on lines 49 through 58)		69,529,028		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		69,529,028		61.00
62.00	Deductibles billed to program beneficiaries		5,782,176		62.00
63.00	Coinurance billed to program beneficiaries		110,960		63.00
64.00	Allowable bad debts (see instructions)		761,546		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		495,005		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		626,055		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		64,130,897		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		0		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 9:55 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		64,130,897		71.00
71.01	Sequestration adjustment (see instructions)		1,282,618		71.01
72.00	Interim payments		62,840,649		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)		7,630		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		2,175,347		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		1,564,908		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		161,507		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 9:55 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,779	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,822,514	2.00
3.00	PPS payments		26,259,562	3.00
4.00	Outlier payment (see instructions)		15,011	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		64,116	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,779	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		96,803	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		96,803	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)		96,803	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		84,024	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)		12,779	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)		26,338,689	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,441,001	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		20,910,467	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		20,910,467	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		20,910,467	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		686,610	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		446,297	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		581,610	36.00
37.00	Subtotal (see instructions)		21,356,764	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		21,356,764	40.00
40.01	Sequestration adjustment (see instructions)		427,135	40.01
41.00	Interim payments		21,109,552	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-179,923	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)		64,329	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: 140202

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 9:55 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		62,695,057		21,019,461	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/18/2014	190,040	08/18/2014	90,091	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	12/16/2014	44,448		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)		145,592		90,091	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)		62,840,649		21,109,552	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		7,630		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		179,923	6.02	
7.00	Total Medicare program liability (see instructions)		62,848,279		20,929,629	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: 140202

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

Worksheet E-1
Part II
Date/Time Prepared:
5/26/2015 9:55 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			16,172 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			30,426 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,229 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			58,050 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,470,840,021 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			41,660,000 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			724,291 8.00
9.00	Sequestration adjustment amount (see instructions)			14,486 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			709,805 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			727,652 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)			-17,847 32.00

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

Provider CCN: 140202

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

Worksheet G

Date/Time Prepared:
5/26/2015 9:55 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	19,919,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	42,417,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	7,965,000	0	0	0	9.00
10.00	Due from other funds	5,017,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	75,318,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	54,923,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	252,684,000	0	0	0	15.00
16.00	Accumulated depreciation	0	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	56,613,000	0	0	0	23.00
24.00	Accumulated depreciation	-88,489,000	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)	275,731,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	77,228,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	131,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	77,359,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	428,408,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,296,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,013,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	10,378,000	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	37,694,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	81,381,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	29,516,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,578,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	38,094,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	119,475,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	308,933,000	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)	308,933,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	428,408,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140202

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

Worksheet G-1

Date/Time Prepared:
5/26/2015 9:55 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		266,741,944		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		42,191,056			2.00
3.00	Total (sum of line 1 and line 2)		308,933,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		308,933,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		308,933,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	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: 140202

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2015 9:55 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	207,950,101		207,950,101	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	207,950,101		207,950,101	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,796,030		25,796,030	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)	25,796,030		25,796,030	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	233,746,131		233,746,131	17.00
18.00	Ancillary services	578,191,299	615,250,815	1,193,442,114	18.00
19.00	Outpatient services	177,954	15,450,045	15,627,999	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		1	1	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OBSERVATION	8,129,651	19,894,125	28,023,776	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	820,245,035	650,594,986	1,470,840,021	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		289,662,578		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		289,662,578		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140202

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

Worksheet G-3

Date/Time Prepared:
5/26/2015 9:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,470,840,021	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,143,235,599	2.00
3.00	Net patient revenues (line 1 minus line 2)	327,604,422	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	289,662,578	4.00
5.00	Net income from service to patients (line 3 minus line 4)	37,941,844	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	256	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	868,384	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	35,348	17.00
18.00	Revenue from sale of medical records and abstracts	163,975	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	253,333	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	298,664	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	721,028	22.00
23.00	Governmental appropriations	397,322	23.00
24.00	OTHER OPERATING REVENUE	1,537,528	24.00
25.00	Total other income (sum of lines 6-24)	4,275,838	25.00
26.00	Total (line 5 plus line 25)	42,217,682	26.00
27.00	NET NON-OPERATING REVENUE	26,626	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	26,626	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	42,191,056	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140202

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

Worksheet I-5
Date/Time Prepared:
5/26/2015 9:55 am

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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140202	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 9:55 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,637,291	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		116,397	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)		161.92	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.01	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.82	8.00
9.00	Sum of lines 7 and 8		25.83	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.37	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		249,023	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		5,002,711	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