

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: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/26/2015 3:54 pm
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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: 3:54 pm	
	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 ADVOCATE CHRIST HOSPITAL (140208) 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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	4,470,060	2,720,871	313	0 1.00
2.00	Subprovider - IPF	0	21,662	0		0 2.00
3.00	Subprovider - IRF	0	-96,099	0		0 3.00
4.00	SUBPROVIDER I	0	0	0		0 4.00
5.00	Swing bed - SNF	0	0	0		0 5.00
6.00	Swing bed - NF	0				0 6.00
10.00	RURAL HEALTH CLINIC I	0		0		0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0 11.00
200.00	Total	0	4,395,623	2,720,871	313	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: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 1:17 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 4440 WEST 95TH STREET			PO Box:						1.00
2.00	City: OAK LAWN			State: IL		Zip Code: 60453-		County: COOK		2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVOCATE CHRIST HOSPITAL	140208	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ADVOCATE CHRIST HOSPITAL - PSYCH	14S208	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	ADVOCATE CHRIST HOSPITAL - REHAB	14T208	16974	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014		12/31/2014		20.00
21.00	Type of Control (see instructions)							1		21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y		Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							2		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	35,053	14,367	0	1,311	2,570	643			24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 1:17 pm		
	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.	406	183	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.				Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.				N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)				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)	N			0.00	0.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140208

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

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

		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)					Y	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)			2.53	12.67	0.166447	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: 140208

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

Worksheet S-2
Part I
Date/Time Prepared:
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	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)	INTERNAL MEDICINE	1400	13.74	62.47	0.180291	65.00
65.01		PEDIATRICS	2000	8.19	39.00	0.173554	65.01
				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	90.83	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)	FAMILY MEDICINE	1350	4.17	18.37	0.185004	67.00
67.01		INTERNAL MEDICINE	1400	0.00	66.93	0.000000	67.01
67.02		OBSTETRICS	1750	0.00	12.42	0.000000	67.02
67.03		PEDIATRICS	2000	0.05	38.70	0.001290	67.03
					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.				Y		70.00

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		1.00	2.00	3.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N	N	0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00		1.00	

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			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.		N		110.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.		N	0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		02/02/2012		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		01/18/2013		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H036	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00131	
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:			
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 1:17 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/29/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 1:17 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVE		STRI EPLI NG	
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630 929-5765		DAVE. STRI EPLI NG@ADVOCATEHEAL TH.COM	

		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)	04/13/2012	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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140208

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

Worksheet S-2
Part V
Date/Time Prepared:
5/26/2015 1:17 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	DAVE	1.00
2.00	Last Name	STRIEPLING	2.00
3.00	Title	SENIOR REIMBURSEMENT SPECIALIST	3.00
4.00	Employer	ADVOCATE HEALTH CARE	4.00
5.00	Phone Number	(630)929-5765	5.00
6.00	E-mail Address	DAVE.STRIEPLING@ADVOCATEHEALTH.COM	6.00
7.00	Department	REIMBURSEMENT	7.00
8.00	Mailing Address 1	3075 HIGHLAND PARKWAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	DOWNERS GROVE	10.00
11.00	State	IL	11.00
12.00	Zip	60515	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/26/2015 1:17 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

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	457	166,805	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)		457	166,805	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	103	37,595	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	37	13,505	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		597	217,905	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	35	12,775		0	16.00
17.00 SUBPROVIDER - IRF	41.00	37	13,505		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		669				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)		15	5,475			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: 140208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	50,454	30,664	142,064			1.00
2.00 HMO and other (see instructions)	18,947	5,154				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	50,454	30,664	142,064			7.00
8.00 INTENSIVE CARE UNIT	11,103	6,281	28,937			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	8,565	10,563			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		3,280	12,293			13.00
14.00 Total (see instructions)	61,557	48,790	193,857	229.70	4,504.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,820	1,275	9,442	0.00	57.00	16.00
17.00 SUBPROVIDER - IRF	6,158	589	11,978	0.00	84.00	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						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	816			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	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)				229.70	4,645.00	27.00
28.00 Observation Bed Days		1,160	7,111			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	643	1,212			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: 140208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	11,244	6,467	37,336	1.00
2.00 HMO and other (see instructions)				0	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
8.01 NEONATAL INTENSIVE CARE UNIT							8.01
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	11,244	6,467	37,336	14.00	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	392	124	1,262	16.00	16.00
17.00 SUBPROVIDER - IRF	0.00	0	464	40	919	17.00	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/26/2015 1:17 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	318,435,068	0	318,435,068	9,345,740.00	34.07	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	15,340,049	0	15,340,049	270,400.00	56.73	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		13,935,284	1,823,343	15,758,627	409,879.00	38.45	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		3,461,893	0	3,461,893	70,008.00	49.45	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,506,648	0	1,506,648	9,088.00	165.78	13.00
14.00	Home office salaries & wage-related costs		32,932,158	0	32,932,158	517,565.00	63.63	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		72,701,346	0	72,701,346			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,494,707	0	3,494,707			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		3,554,470	0	3,554,470			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	4,918,707	0	4,918,707	39,520.00	124.46	26.00
27.00	Administrative & General	5.00	23,185,136	-219,979	22,965,157	647,691.00	35.46	27.00
28.00	Administrative & General under contract (see inst.)		3,404,515	0	3,404,515	44,906.00	75.81	28.00
29.00	Maintenance & Repairs	6.00	3,771,742	0	3,771,742	128,960.00	29.25	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	6,295,895	0	6,295,895	443,040.00	14.21	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	5,012,986	-49,034	4,963,952	304,179.00	16.32	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,380,865	0	2,380,865	49,920.00	47.69	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	11,065,739	-229,819	10,835,920	238,098.00	45.51	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140208

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 1:17 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted 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	Medi cal Records & Medi cal Records Li brary	16.00	3,730,648	0	3,730,648	147,680.00	25.26	41.00
42.00	Soci al Servi ce	17.00	2,192,975	-41,360	2,151,615	59,114.00	36.40	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140208

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2015 1:17 pm

	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)	306,499,534	0	306,499,534	9,120,246.00	33.61	1.00
2.00	Excluded area salaries (see instructions)	13,935,284	1,823,343	15,758,627	409,879.00	38.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	292,564,250	-1,823,343	290,740,907	8,710,367.00	33.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	37,900,699	0	37,900,699	596,661.00	63.52	4.00
5.00	Subtotal wage-related costs (see inst.)	72,701,346	0	72,701,346	0.00	25.01	5.00
6.00	Total (sum of lines 3 thru 5)	403,166,295	-1,823,343	401,342,952	9,307,028.00	43.12	6.00
7.00	Total overhead cost (see instructions)	65,959,208	-540,192	65,419,016	2,103,108.00	31.11	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 1:17 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			5,929,318 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			4,435,080 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			575,940 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			26,132,093 8.00
9.00	Prescription Drug Plan			6,513,558 9.00
10.00	Dental, Hearing and Vision Plan			1,142,305 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			330,980 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)			2,746,905 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			7,625,799 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			21,904,456 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			676,030 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))			440,497 21.00
22.00	Day Care Cost and Allowances			-7,525,436 22.00
23.00	Tuition Reimbursement			1,773,821 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			72,701,346 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

WAGE INDEX PENSION COST SCHEDULE		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/26/2015 1:17 pm
				1.00
Step 1: Determine the 3-Year Averaging Period				
1.00	Wage Index fiscal year ending.		2018	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on line 1.	01/01/2014	12/31/2014	2.00
3.00	Midpoint of provider's cost reporting period shown on line 2. (adjust response to first of month)	07/01/2014		3.00
4.00	Date beginning the 3-year averaging period. (subtract 18 months from midpoint shown on line 3)	01/01/2013		4.00
5.00	Date ending the of the 3-year averaging period. (add 18 months to midpoint shown on line 3)	12/31/2015		5.00
Step 2: Adjust Averaging Period for a New Plan(See Instructions) (Leave lines 6 through 8 blank if the provider has not elected to use an adjusted averaging period)				
6.00	Effective date of pension plan			6.00
7.00	First day of the provider cost reporting period containing the pension plan effective date.			7.00
8.00	Starting date of the adjusted averaging period. (date on line 7 if first of the month, otherwise to first of the month immediately preceding or following the date in line 7). If this date occurs after the period shown on line 2 (Step 1), stop here and see instructions. No cost is reportable for a period which is excluded from the averaging period.			8.00
Step 3: Average Pension Contribution During the Averaging Period				
9.00	Beginning date of averaging period from line 4 or line 8.	01/01/2013		9.00
10.00	Ending date of averaging period from line 5	12/31/2015		10.00
		Deposit Date	Contributions	
		1.00	2.00	
11.00	Enter provider contributions made during the averaging period shown on lines 9 & 10. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			11.00
11.01		07/01/2014	30,960,000	11.01
11.02		07/01/2015	32,880,000	11.02
11.03		07/01/2013	31,680,000	11.03
				1.00
12.00	Total number of months included in the averaging period		36	12.00
13.00	Total contributions made during averaging period		95,520,000	13.00
14.00	Average monthly contribution. (line 13 divided by line 12)		2,653,333	14.00
15.00	Number of months in provider cost reporting period shown on line 2.		12	15.00
16.00	Average pension contributions. (line 14 multiplied by line 15)		31,839,996	16.00
Step 4: Total Pension Cost for Wage Index				
17.00	Annual prefunding installment from line 8 of pension prefunding worksheet, if applicable.		0	17.00
18.00	Reportable prefunding installment. (line 17 multiplied by line 15 divided by 12)		0	18.00
19.00	Total Pension Cost for Wage Index. (line 16 plus line 18)		31,839,996	19.00
		Prepared By	Date	
		1.00	2.00	
100.00	Prepared By and Date Prepared	DAVE STRIEPLING	05/18/2015	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/26/2015 1:17 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,461,893	72,701,346	1.00
2.00	Hospital	3,461,893	70,021,335	2.00
3.00	Subprovider - IPF	0	1,147,811	3.00
4.00	Subprovider - IRF	0	1,532,200	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/26/2015 1:17 pm
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			1.00			
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.272357	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		146,977,735	2.00		
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00		
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00		
6.00	Medicaid charges		650,451,306	6.00		
7.00	Medicaid cost (line 1 times line 6)		177,154,966	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)		30,177,231	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)		30,177,231	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		19,409,367	7,005,123	26,414,490	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		5,286,277	1,907,894	7,194,171	21.00
22.00	Partial payment by patients approved for charity care		475,212	322,827	798,039	22.00
23.00	Cost of charity care (line 21 minus line 22)		4,811,065	1,585,067	6,396,132	23.00
			1.00			
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0			25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		70,710,575			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,650,354			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		69,060,221			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		18,809,035			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		25,205,167			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		55,382,398			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Date/Time Prepared: 5/26/2015 1:17 pm							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	20,291,481	20,291,481	1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	17,777,761	17,777,761	2.00
3.00 00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,918,707	59,487,153	64,405,860	-126,988	64,278,872	4.00
5.01 00540	NONPATIENT TELEPHONES	678,247	1,726,442	2,404,689	-4,136	2,400,553	5.01
5.02 00551	DATA PROCESSING	1,567	26,970,792	26,972,359	-156,956	26,815,403	5.02
5.03 00561	PURCHASING RECEIVING AND STORES	1,472,597	2,783,044	4,255,641	-216,307	4,039,334	5.03
5.04 00570	ADMITTING	2,059	5,471,720	5,473,779	-60,721	5,413,058	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	980,599	13,876,157	14,856,756	-281,934	14,574,822	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	20,050,067	150,488,297	170,538,364	-17,144,343	153,394,021	5.06
6.00 00600	MAINTENANCE & REPAIRS	3,771,742	19,172,868	22,944,610	-157,238	22,787,372	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	2,848,733	2,848,733	-18,395	2,830,338	8.00
9.00 00900	HOUSEKEEPING	6,295,895	4,194,802	10,490,697	-46,078	10,444,619	9.00
10.00 01000	DIETARY	5,012,986	5,201,148	10,214,134	-74,650	10,139,484	10.00
11.00 01100	CAFETERIA	0	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,380,865	1,175,405	3,556,270	-242,472	3,313,798	13.00
15.00 01500	PHARMACY	11,065,739	39,787,973	50,853,712	-38,963,622	11,890,090	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,730,648	2,363,458	6,094,106	-19,090	6,075,016	16.00
17.00 01700	SOCIAL SERVICE	2,192,975	420,212	2,613,187	-41,433	2,571,754	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	15,340,049	0	15,340,049	0	15,340,049	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	16,054,652	16,054,652	-24,412	16,030,240	22.00
23.00 02300	PARAMEDIC	0	0	0	707,172	707,172	23.00
23.01 02301	PASTORAL CARE	0	0	0	174,029	174,029	23.01
23.02 02302	PHARMACY RESIDENCY	0	0	0	241,962	241,962	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	84,117,865	27,001,905	111,119,770	-8,859,757	102,260,013	30.00
31.00 03100	INTENSIVE CARE UNIT	24,792,278	11,864,996	36,657,274	-4,886,692	31,770,582	31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	10,287,100	4,699,985	14,987,085	-5,057,145	9,929,940	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	4,555,877	482,145	5,038,022	-71,052	4,966,970	40.00
41.00 04100	SUBPROVIDER - I RF	6,081,586	2,541,501	8,623,087	-367,990	8,255,097	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	4,862,336	4,862,336	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	27,547,892	91,706,920	119,254,812	-71,500,213	47,754,599	50.00
51.00 05100	RECOVERY ROOM	5,811,071	1,273,113	7,084,184	-393,376	6,690,808	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,544,086	2,222,637	8,766,723	-1,409,438	7,357,285	52.00
53.00 05300	ANESTHESIOLOGY	748,020	2,156,192	2,904,212	-1,488,793	1,415,419	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,305,380	34,291,839	54,597,219	-24,868,905	29,728,314	54.00
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	180,295	30,775,354	30,955,649	-5,935,712	25,019,937	60.00
60.01 06001	BLOOD LABORATORY	0	4,396,745	4,396,745	-849,645	3,547,100	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	12,259,084	7,486,454	19,745,538	-5,951,778	13,793,760	65.00
66.00 06600	PHYSICAL THERAPY	5,065,900	12,805,534	17,871,434	-12,027,463	5,843,971	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,364,301	594,615	4,958,916	-197,149	4,761,767	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	3,375,744	1,626,176	5,001,920	-655,966	4,345,954	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	181,078	67,845	248,923	-49,717	199,206	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	72,817,045	72,817,045	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	51,847,986	51,847,986	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	38,434,500	38,434,500	73.00
74.00 07400	RENAL DIALYSIS	1,595,009	615,743	2,210,752	-402,473	1,808,279	74.00
76.00 03020	DEV EVALUATION	1,332,820	177,045	1,509,865	-44,732	1,465,133	76.00
76.97 07697	CARDIAC REHABILITATION	819,575	139,244	958,819	-53,209	905,610	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003	AMBULATORY CARE	2,722,647	732,653	3,455,300	-370,098	3,085,202	90.03
90.04 09004	OTHER	0	0	0	0	0	90.04
91.00 09100	EMERGENCY	14,554,897	11,302,293	25,857,190	-3,657,210	22,199,980	91.00
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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	977,063	1,011,116	1,988,179	-953,151	1,035,028	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,957,284	1,957,284	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	316,114,310	601,994,906	918,109,216	1,481,117	919,590,333	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	420	420	0	420	190.00
190.01	19001	OTHER NONREIMB	2,320,758	2,390,766	4,711,524	-1,481,117	3,230,407	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		TOTAL (SUM OF LINES 118-199)	318,435,068	604,386,092	922,821,160	0	922,821,160	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A
Date/Time Prepared:
5/26/2015 1:17 pm

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	3,805,488	24,096,969	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	5,779,324	23,557,085	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,491,295	75,770,167	4.00
5.01	00540	NONPATIENT TELEPHONES	-1,748	2,398,805	5.01
5.02	00551	DATA PROCESSING	-13,294,137	13,521,266	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	-38,498	4,000,836	5.03
5.04	00570	ADMINITTING	734	5,413,792	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,102,665	15,677,487	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-67,590,142	85,803,879	5.06
6.00	00600	MAINTENANCE & REPAIRS	-1,061,071	21,726,301	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,830,338	8.00
9.00	00900	HOUSEKEEPING	-23,588	10,421,031	9.00
10.00	01000	DIETARY	-3,200,520	6,938,964	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-14,844	3,298,954	13.00
15.00	01500	PHARMACY	-115,722	11,774,368	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-16,742	6,058,274	16.00
17.00	01700	SOCIAL SERVICE	-189,844	2,381,910	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-150,139	15,189,910	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-725,863	15,304,377	22.00
23.00	02300	PARAMEDIC	0	707,172	23.00
23.01	02301	PASTORAL CARE	0	174,029	23.01
23.02	02302	PHARMACY RESIDENCY	0	241,962	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,062,485	98,197,528	30.00
31.00	03100	INTENSIVE CARE UNIT	-134,584	31,635,998	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	-414,706	9,515,234	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	-127,827	4,839,143	40.00
41.00	04100	SUBPROVIDER - I/RF	-50,591	8,204,506	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	4,862,336	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,888,599	40,866,000	50.00
51.00	05100	RECOVERY ROOM	-1,560	6,689,248	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-19,081	7,338,204	52.00
53.00	05300	ANESTHESIOLOGY	-1,982	1,413,437	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-346,538	29,381,776	54.00
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	-665,052	24,354,885	60.00
60.01	06001	BLOOD LABORATORY	0	3,547,100	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	-362,866	13,430,894	65.00
66.00	06600	PHYSICAL THERAPY	-216,484	5,627,487	66.00
67.00	06700	OCCUPATIONAL THERAPY	-14,891	4,746,876	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,345,954	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-35,514	163,692	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	72,817,045	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	51,847,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	38,434,500	73.00
74.00	07400	RENAL DIALYSIS	-2,274	1,806,005	74.00
76.00	03020	DEV EVALUATION	-8,286	1,456,847	76.00
76.97	07697	CARDIAC REHABILITATION	-14,861	890,749	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	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	-74,572	3,010,630	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	-518,577	21,681,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-52,040	982,988	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
106.00	10600	HEART ACQUISITION	0	1,957,284	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-78,256,722	841,333,611	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	420	190.00
190.01	19001	OTHER NONREIMB	-69,691	3,160,716	190.01
190.02	19002	OTHER	0	0	190.02
200.00		TOTAL (SUM OF LINES 118-199)	-78,326,413	844,494,747	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140208

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

Worksheet Non-CMS W
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.02 DATA PROCESSING	00551		5.02
5.03 PURCHASING RECEIVING AND STORES	00561		5.03
5.04 ADMIN TTING	00570	ADMIN TTING	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00590		5.06
6.00 MAINTENANCE & REPAIRS	00600		6.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00 PARAMEDIC	02300		23.00
23.01 PASTORAL CARE	02301		23.01
23.02 PHARMACY RESIDENCY	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	03101		31.01
32.00 CORONARY CARE UNIT	03200		32.00
33.00 BURN INTENSIVE CARE UNIT	03300		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00 SUBPROVIDER - I PF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.00 DEV EVALUATION	03020	ACUPUNCTURE	76.00
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
90.01 FAMILY PRACTICES	09001		90.01
90.02 WOMEN'S HEALTH CENTER	09002		90.02
90.03 AMBULATORY CARE	09003		90.03
90.04 OTHER	09004		90.04
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140208

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

Worksheet Non-CMS W
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	09910		99.10
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	OTHER NONREIMB	19001		190.01
190.02	OTHER	19002		190.02
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Date/Time Prepared:
5/26/2015 1:17 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	51,847,986	1.00
	TOTALS		0	51,847,986	
B - RECLASS CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	38,434,500	1.00
	TOTALS		0	38,434,500	
C - RECLASS MEDICAL SUPPLIES COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	124,665,031	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	316,996	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	188	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
38.00		0.00	0	0	38.00
	TOTALS		0	124,982,215	
D - RECLASS HOMEBOUND NURSERY					
1.00	NURSERY	43.00	2,831,415	698,498	1.00
	TOTALS		2,831,415	698,498	
E - RECLASS NURSERY					
1.00	NURSERY	43.00	1,205,587	126,836	1.00
	TOTALS		1,205,587	126,836	
F - RECLASS PARAMEDICAL EDUCATION					
1.00	PARAMEDIC	23.00	516,864	190,308	1.00
	TOTALS		516,864	190,308	
G - RECLASS PASTORAL CARE					
1.00	PASTORAL CARE	23.01	166,239	7,790	1.00
	TOTALS		166,239	7,790	
H - RECLASS BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	15,291,312	1.00
	TOTALS		0	15,291,312	
I - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	17,750,729	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

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6

Date/Time Prepared:
5/26/2015 1:17 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
TOTALS			0	17,750,729		
J - RECLASS LAND IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	693,581		1.00
	TOTALS		0	693,581		
K - RECLASS LEASEHOLD IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	519,834		1.00
	TOTALS		0	519,834		
L - RECLASS CAPITAL INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	29,204		1.00
	TOTALS		0	29,204		
M - RECLASS REMEDIATION COST						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	43,833		1.00
	TOTALS		0	43,833		
N - RECLASS VEHICLE DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	27,032		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		0	27,032		
O - RECLASS BUILDING RENT						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	3,713,717		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
	TOTALS		0	3,713,717		

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Period:
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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
P - RECLASS PHARMACY RESIDENCY						
1.00	PHARMACY RESIDENCY		23.02	229,819	12,143	1.00
	TOTALS			229,819	12,143	
Q - RECLASS KIDNEY TRANSP REL COST						
1.00	OPERATING ROOM		50.00	397,156	525,082	1.00
	TOTALS			397,156	525,082	
R - HEART TRANSPL ACQUIS COST						
1.00	HEART ACQUISITION		106.00	1,113,187	732,880	1.00
	TOTALS			1,113,187	732,880	
S - ADDITIONAL TRANSPLANT SALARY						
1.00	KIDNEY ACQUISITION		105.00	83,173	0	1.00
2.00	HEART ACQUISITION		106.00	111,217	0	2.00
3.00			0.00	0	0	3.00
4.00			0.00	0	0	4.00
	TOTALS			194,390	0	
500.00	Grand Total: Increases			6,654,657	255,627,480	500.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS IMPLANT COSTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	51,847,986	0		1.00
	TOTALS		0	51,847,986			
B - RECLASS CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	38,434,500	0		1.00
	TOTALS		0	38,434,500			
C - RECLASS MEDICAL SUPPLIES COST							
1.00	NONPATIENT TELEPHONES	5.01	0	111	0		1.00
2.00	DATA PROCESSING	5.02	0	90	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	43,169	0		3.00
4.00	ADMINISTRATIVE	5.04	0	555	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,431	0		5.00
6.00	SOCIAL SERVICE	17.00	0	73	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	182	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	69	0		8.00
9.00	HOUSEKEEPING	9.00	0	14,707	0		9.00
10.00	DIETARY	10.00	0	809	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	161,072	0		11.00
12.00	PHARMACY	15.00	0	91,021	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	63	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	22,053	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	6,080,560	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	4,364,857	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,309,179	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	55,196	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	252,018	0		19.00
20.00	OPERATING ROOM	50.00	0	64,853,032	0		20.00
21.00	RECOVERY ROOM	51.00	0	157,342	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,034,507	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,266,092	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,862,810	0		24.00
25.00	LABORATORY	60.00	0	5,933,925	0		25.00
26.00	BLOOD LABORATORY	60.01	0	849,645	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	5,553,830	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	11,702,872	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	99,841	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	156,442	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,965	0		31.00
32.00	RENAL DIALYSIS	74.00	0	371,838	0		32.00
33.00	DEV EVALUATION	76.00	0	28,831	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	10,176	0		34.00
35.00	AMBULATORY CARE	90.03	0	262,295	0		35.00
36.00	EMERGENCY	91.00	0	2,354,450	0		36.00
38.00	OTHER NONREIMB	190.01	0	82,107	0		38.00
	TOTALS		0	124,982,215			
D - RECLASS HOMEBOUND NURSERY							
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	2,831,415	698,498	0		1.00
	TOTALS		2,831,415	698,498			
E - RECLASS NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,205,587	126,836	0		1.00
	TOTALS		1,205,587	126,836			
F - RECLASS PARAMEDICAL EDUCATION							
1.00	EMERGENCY	91.00	516,864	190,308	0		1.00
	TOTALS		516,864	190,308			
G - RECLASS PASTORAL CARE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	166,239	7,790	0		1.00
	TOTALS		166,239	7,790			
H - RECLASS BUILDING DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15,291,312	9		1.00
	TOTALS		0	15,291,312			
I - RECLASS EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,778	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	4,025	9		2.00
3.00	DATA PROCESSING	5.02	0	156,866	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	173,138	9		4.00
5.00	ADMINISTRATIVE	5.04	0	60,166	9		5.00

RECLASSIFICATIONS

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	17,187	9	6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	546,733	9	7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	109,954	9	8.00
9.00	HOUSEKEEPING	9.00	0	31,371	9	9.00
10.00	DIETARY	10.00	0	24,574	9	10.00
11.00	NURSING ADMINISTRATION	13.00	0	81,400	9	11.00
12.00	PHARMACY	15.00	0	196,139	9	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	19,027	9	13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,359	9	14.00
15.00	ADULTS & PEDIATRICS	30.00	0	956,094	9	15.00
16.00	INTENSIVE CARE UNIT	31.00	0	521,835	9	16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	218,053	9	17.00
18.00	SUBPROVIDER - IPF	40.00	0	15,856	9	18.00
19.00	SUBPROVIDER - IRF	41.00	0	43,004	9	19.00
20.00	OPERATING ROOM	50.00	0	5,528,557	9	20.00
21.00	RECOVERY ROOM	51.00	0	236,034	9	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	201,044	9	22.00
23.00	ANESTHESIOLOGY	53.00	0	222,701	9	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,277,084	9	24.00
25.00	LABORATORY	60.00	0	1,787	9	25.00
26.00	RESPIRATORY THERAPY	65.00	0	397,948	9	26.00
27.00	PHYSICAL THERAPY	66.00	0	77,591	9	27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	37,829	9	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	499,524	9	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	44,752	9	30.00
31.00	RENAL DIALYSIS	74.00	0	30,635	9	31.00
32.00	DEV EVALUATION	76.00	0	15,901	9	32.00
33.00	CARDIAC REHABILITATION	76.97	0	43,033	9	33.00
34.00	AMBULATORY CARE	90.03	0	107,803	9	34.00
35.00	EMERGENCY	91.00	0	594,945	9	35.00
36.00	KIDNEY ACQUISITION	105.00	0	24,300	9	36.00
37.00	OTHER NONREIMB	190.01	0	211,376	0	37.00
38.00	LAUNDRY & LINEN SERVICE	8.00	0	18,326	0	38.00
	TOTALS		0	17,750,729		
J - RECLASS LAND IMP. DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	693,581	9	1.00
	TOTALS		0	693,581		
K - RECLASS LEASEHOLD IMP. DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	519,834	11	1.00
	TOTALS		0	519,834		
L - RECLASS CAPITAL INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	29,204	11	1.00
	TOTALS		0	29,204		
M - RECLASS REMEDIATION COST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43,833	11	1.00
	TOTALS		0	43,833		
N - RECLASS VEHICLE DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	16,933	9	1.00
2.00	DIETARY	10.00	0	233	9	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	9,223	9	3.00
4.00	EMERGENCY	91.00	0	643	9	4.00
	TOTALS		0	27,032		
O - RECLASS BUILDING RENT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	125,398	10	1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	263,316	10	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	92,140	10	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	47,102	10	4.00
5.00		0.00	0	0	10	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	490,680	10	6.00
7.00	OPERATING ROOM	50.00	0	194,795	10	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	173,887	10	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	729,011	10	9.00
10.00	PHYSICAL THERAPY	66.00	0	247,000	10	10.00
11.00	KIDNEY ACQUISITION	105.00	0	89,786	10	11.00

RECLASSIFICATIONS

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
12.00	OTHER NONREIMB	190.01	0	1,187,634	10	12.00
13.00		0.00	0	0	10	13.00
14.00	SUBPROVIDER - IRF	41.00	0	72,968	0	14.00
	TOTALS		0	3,713,717		
P - RECLASS PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	229,819	12,143	0	1.00
	TOTALS		229,819	12,143		
Q - RECLASS KIDNEY TRANSP REL COST						
1.00	KIDNEY ACQUISITION	105.00	397,156	525,082	0	1.00
	TOTALS		397,156	525,082		
R - HEART TRANSPL ACQUIS COST						
1.00	OPERATING ROOM	50.00	1,113,187	732,880	0	1.00
	TOTALS		1,113,187	732,880		
S - ADDITIONAL TRANSPLANT SALARY						
1.00	DIETARY	10.00	49,034	0	0	1.00
2.00	SOCIAL SERVICE	17.00	41,360	0	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00	50,256	0	0	3.00
4.00	OTHER ADMINISTRATIVE AND	5.06	53,740	0	0	4.00
	GENERAL					
	TOTALS		194,390	0		
500.00	Grand Total: Decreases		6,654,657	255,627,480		500.00

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Period:
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Non-CMS Worksheet
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Increases				Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - RECLASS IMPLANT COSTS								
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	51,847,986	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	51,847,986
	TOTALS		0	51,847,986	TOTALS		0	51,847,986
B - RECLASS CHARGEABLE DRUGS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	38,434,500	PHARMACY	15.00	0	38,434,500
	TOTALS		0	38,434,500	TOTALS		0	38,434,500
C - RECLASS MEDICAL SUPPLIES COST								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	124,665,031	NONPATIENT TELEPHONES	5.01	0	111
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	316,996	DATA PROCESSING	5.02	0	90
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	188	PURCHASING RECEIVING AND STORES	5.03	0	43,169
4.00		0.00	0		ADMINITTING	5.04	0	555
5.00		0.00	0		CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,431
6.00		0.00	0		SOCIAL SERVICE	17.00	0	73
7.00		0.00	0		MAINTENANCE & REPAIRS	6.00	0	182
8.00		0.00	0		LAUNDRY & LINEN SERVICE	8.00	0	69
9.00		0.00	0		HOUSEKEEPING	9.00	0	14,707
10.00		0.00	0		DIETARY	10.00	0	809
11.00		0.00	0		NURSING	13.00	0	161,072
12.00		0.00	0		ADMINISTRATION		0	
13.00		0.00	0		PHARMACY	15.00	0	91,021
14.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	63
15.00		0.00	0		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	22,053
16.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	6,080,560
17.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	4,364,857
18.00		0.00	0		NEONATAL INTENSIVE CARE UNIT	31.01	0	1,309,179
19.00		0.00	0		SUBPROVIDER - I/PF	40.00	0	55,196
20.00		0.00	0		SUBPROVIDER - I/RP	41.00	0	252,018
21.00		0.00	0		OPERATING ROOM	50.00	0	64,853,032
22.00		0.00	0		RECOVERY ROOM	51.00	0	157,342
23.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	1,034,507
24.00		0.00	0		ANESTHESIOLOGY	53.00	0	1,266,092
25.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	17,862,810
26.00		0.00	0		LABORATORY	60.00	0	5,933,925
27.00		0.00	0		BLOOD LABORATORY	60.01	0	849,645
28.00		0.00	0		RESPIRATORY THERAPY	65.00	0	5,553,830
29.00		0.00	0		PHYSICAL THERAPY	66.00	0	11,702,872
30.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	99,841
31.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	156,442
32.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	4,965
33.00		0.00	0		RENAL DIALYSIS	74.00	0	371,838
34.00		0.00	0		DEV EVALUATION	76.00	0	28,831
35.00		0.00	0		CARDIAC REHABILITATION	76.97	0	10,176
36.00		0.00	0		AMBULATORY CARE	90.03	0	262,295
37.00		0.00	0		EMERGENCY	91.00	0	2,354,450
38.00		0.00	0		OTHER NONREIMB	190.01	0	82,107
	TOTALS		0	124,982,215	TOTALS		0	124,982,215
D - RECLASS HOMEBOUND NURSERY								
1.00	NURSERY	43.00	2,831,415	698,498	NEONATAL INTENSIVE CARE UNIT	31.01	2,831,415	698,498
	TOTALS		2,831,415	698,498	TOTALS		2,831,415	698,498
E - RECLASS NURSERY								
1.00	NURSERY	43.00	1,205,587	126,836	ADULTS & PEDIATRICS	30.00	1,205,587	126,836
	TOTALS		1,205,587	126,836	TOTALS		1,205,587	126,836
F - RECLASS PARAMEDICAL EDUCATION								
1.00	PARAMEDIC	23.00	516,864	190,308	EMERGENCY	91.00	516,864	190,308
	TOTALS		516,864	190,308	TOTALS		516,864	190,308
G - RECLASS PASTORAL CARE								
1.00	PASTORAL CARE	23.01	166,239	7,790	OTHER ADMINISTRATIVE AND GENERAL	5.06	166,239	7,790
	TOTALS		166,239	7,790	TOTALS		166,239	7,790

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Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
H - RECLASS BUILDING DEPRECIATION									
1.00	NEW CAP REL	1.00	0	15,291,312	OTHER ADMINISTRATIVE	5.06	0	15,291,312	1.00
	COSTS-BLDG & FIXT				AND GENERAL				
	TOTALS		0	15,291,312	TOTALS		0	15,291,312	
I - RECLASS EQUIPMENT DEPRECIATION									
1.00	NEW CAP REL	2.00	0	17,750,729	EMPLOYEE BENEFITS	4.00	0	1,778	1.00
	COSTS-MVBLE EQUIP				DEPARTMENT				
2.00		0.00	0		NONPATIENT TELEPHONES	5.01	0	4,025	2.00
3.00		0.00	0		DATA PROCESSING	5.02	0	156,866	3.00
4.00		0.00	0		PURCHASING RECEIVING	5.03	0	173,138	4.00
					AND STORES				
5.00		0.00	0		ADMINISTRATIVE	5.04	0	60,166	5.00
6.00		0.00	0		CASHIERING/ACCOUNTS	5.05	0	17,187	6.00
					RECEIVABLE				
7.00		0.00	0		OTHER ADMINISTRATIVE	5.06	0	546,733	7.00
					AND GENERAL				
8.00		0.00	0		MAINTENANCE & REPAIRS	6.00	0	109,954	8.00
9.00		0.00	0		HOUSEKEEPING	9.00	0	31,371	9.00
10.00		0.00	0		DIETARY	10.00	0	24,574	10.00
11.00		0.00	0		NURSING	13.00	0	81,400	11.00
					ADMINISTRATION				
12.00		0.00	0		PHARMACY	15.00	0	196,139	12.00
13.00		0.00	0		MEDICAL RECORDS &	16.00	0	19,027	13.00
					LIBRARY				
14.00		0.00	0		IT & SERVICES-OTHER	22.00	0	2,359	14.00
					PRGM COSTS APPRVD				
15.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	956,094	15.00
16.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	521,835	16.00
17.00		0.00	0		NEONATAL INTENSIVE	31.01	0	218,053	17.00
					CARE UNIT				
18.00		0.00	0		SUBPROVIDER - I PF	40.00	0	15,856	18.00
19.00		0.00	0		SUBPROVIDER - I RF	41.00	0	43,004	19.00
20.00		0.00	0		OPERATING ROOM	50.00	0	5,528,557	20.00
21.00		0.00	0		RECOVERY ROOM	51.00	0	236,034	21.00
22.00		0.00	0		DELIVERY ROOM & LABOR	52.00	0	201,044	22.00
					ROOM				
23.00		0.00	0		ANESTHESIOLOGY	53.00	0	222,701	23.00
24.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	6,277,084	24.00
25.00		0.00	0		LABORATORY	60.00	0	1,787	25.00
26.00		0.00	0		RESPIRATORY THERAPY	65.00	0	397,948	26.00
27.00		0.00	0		PHYSICAL THERAPY	66.00	0	77,591	27.00
28.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	37,829	28.00
29.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	499,524	29.00
30.00		0.00	0		ELECTROENCEPHALOGRAPH	70.00	0	44,752	30.00
					Y				
31.00		0.00	0		RENAL DIALYSIS	74.00	0	30,635	31.00
32.00		0.00	0		DEV EVALUATION	76.00	0	15,901	32.00
33.00		0.00	0		CARDIAC	76.97	0	43,033	33.00
					REHABILITATION				
34.00		0.00	0		AMBULATORY CARE	90.03	0	107,803	34.00
35.00		0.00	0		EMERGENCY	91.00	0	594,945	35.00
36.00		0.00	0		KIDNEY ACQUISITION	105.00	0	24,300	36.00
37.00		0.00	0		OTHER NONREIMB	190.01	0	211,376	37.00
38.00		0.00	0		LAUNDRY & LINEN	8.00	0	18,326	38.00
					SERVICE				
	TOTALS		0	17,750,729	TOTALS		0	17,750,729	
J - RECLASS LAND IMP. DEPRECIATION									
1.00	NEW CAP REL	1.00	0	693,581	OTHER ADMINISTRATIVE	5.06	0	693,581	1.00
	COSTS-BLDG & FIXT				AND GENERAL				
	TOTALS		0	693,581	TOTALS		0	693,581	
K - RECLASS LEASEHOLD IMP. DEPRECIATION									
1.00	NEW CAP REL	1.00	0	519,834	OTHER ADMINISTRATIVE	5.06	0	519,834	1.00
	COSTS-BLDG & FIXT				AND GENERAL				
	TOTALS		0	519,834	TOTALS		0	519,834	
L - RECLASS CAPITAL INTEREST									
1.00	NEW CAP REL	1.00	0	29,204	OTHER ADMINISTRATIVE	5.06	0	29,204	1.00
	COSTS-BLDG & FIXT				AND GENERAL				
	TOTALS		0	29,204	TOTALS		0	29,204	
M - RECLASS REMEDIATION COST									
1.00	NEW CAP REL	1.00	0	43,833	OTHER ADMINISTRATIVE	5.06	0	43,833	1.00
	COSTS-BLDG & FIXT				AND GENERAL				
	TOTALS		0	43,833	TOTALS		0	43,833	

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/26/2015 1:17 pm

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
N - RECLASS VEHICLE DEPRECIATION									
1.00	NEW CAP REL	2.00	0	27,032	OTHER ADMINISTRATIVE	5.06	0	16,933	1.00
	COSTS-MVBLE EQUIP				AND GENERAL				
2.00		0.00	0		DIETARY	10.00	0	233	2.00
3.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	9,223	3.00
4.00		0.00	0		EMERGENCY	91.00	0	643	4.00
	TOTALS		0	27,032	TOTALS		0	27,032	
O - RECLASS BUILDING RENT									
1.00	NEW CAP REL	1.00	0	3,713,717	EMPLOYEE BENEFITS	4.00	0	125,398	1.00
	COSTS-BLDG & FIXT				DEPARTMENT				
2.00		0.00	0		CASHIERING/ACCOUNTS	5.05	0	263,316	2.00
3.00		0.00	0		RECEIVABLE				
4.00		0.00	0		OTHER ADMINISTRATIVE	5.06	0	92,140	3.00
					AND GENERAL				
6.00		0.00	0		MAINTENANCE & REPAIRS	6.00	0	47,102	4.00
7.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	490,680	6.00
8.00		0.00	0		OPERATING ROOM	50.00	0	194,795	7.00
					DELIVERY ROOM & LABOR	52.00	0	173,887	8.00
					ROOM				
9.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	729,011	9.00
10.00		0.00	0		PHYSICAL THERAPY	66.00	0	247,000	10.00
11.00		0.00	0		KIDNEY ACQUISITION	105.00	0	89,786	11.00
12.00		0.00	0		OTHER NONREIMB	190.01	0	1,187,634	12.00
14.00		0.00	0		SUBPROVIDER - IIRF	41.00	0	72,968	14.00
	TOTALS		0	3,713,717	TOTALS		0	3,713,717	
P - RECLASS PHARMACY RESIDENCY									
1.00	PHARMACY RESIDENCY	23.02	229,819	12,143	PHARMACY	15.00	229,819	12,143	1.00
	TOTALS		229,819	12,143	TOTALS		229,819	12,143	
Q - RECLASS KIDNEY TRANSP REL COST									
1.00	OPERATING ROOM	50.00	397,156	525,082	KIDNEY ACQUISITION	105.00	397,156	525,082	1.00
	TOTALS		397,156	525,082	TOTALS		397,156	525,082	
R - HEART TRANSPL ACQUIS COST									
1.00	HEART ACQUISITION	106.00	1,113,187	732,880	OPERATING ROOM	50.00	1,113,187	732,880	1.00
	TOTALS		1,113,187	732,880	TOTALS		1,113,187	732,880	
S - ADDITIONAL TRANSPLANT SALARY									
1.00	KIDNEY ACQUISITION	105.00	83,173	0	DIETARY	10.00	49,034	0	1.00
2.00	HEART ACQUISITION	106.00	111,217	0	SOCIAL SERVICE	17.00	41,360	0	2.00
3.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	50,256	0	3.00
4.00		0.00	0	0	OTHER ADMINISTRATIVE	5.06	53,740	0	4.00
					AND GENERAL				
	TOTALS		194,390	0	TOTALS		194,390	0	
500.00	Grand Total:		6,654,657	255,627,480	Grand Total:		6,654,657	255,627,480	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

	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	7,452,884	0	0	0	1.00
2.00	Land Improvements	11,549,982	2,927,824	0	2,927,824	2.00
3.00	Buildings and Fixtures	304,418,166	123,937,830	0	123,937,830	3.00
4.00	Building Improvements	3,916,849	1,764,477	0	1,764,477	4.00
5.00	Fixed Equipment	163,476,209	54,820,510	0	54,820,510	5.00
6.00	Movable Equipment	499,563	51,740	0	51,740	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	491,313,653	183,502,381	0	183,502,381	8.00
9.00	Reconciling Items	-202,950,278	28,820,418	0	28,820,418	9.00
10.00	Total (line 8 minus line 9)	694,263,931	154,681,963	0	154,681,963	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,452,884	0			1.00
2.00	Land Improvements	14,477,806	2,785,606			2.00
3.00	Buildings and Fixtures	428,249,862	82,806,088			3.00
4.00	Building Improvements	5,681,326	548,311			4.00
5.00	Fixed Equipment	217,706,023	92,906,219			5.00
6.00	Movable Equipment	551,303	448,158			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	674,119,204	179,494,382			8.00
9.00	Reconciling Items	-174,129,860	0			9.00
10.00	Total (line 8 minus line 9)	848,249,064	179,494,382			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW 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	NEW 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: 140208

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

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	847,697,760	0	847,697,760	0.999350	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	551,303	0	551,303	0.000650	0	2.00
3.00	Total (sum of lines 1-2)	848,249,063	0	848,249,063	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	19,790,381	3,713,717	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	23,557,085	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	43,347,466	3,713,717	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	592,871	0	0	0	24,096,969	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	23,557,085	2.00
3.00	Total (sum of lines 1-2)	592,871	0	0	0	47,654,054	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140208

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

Worksheet A-8

Date/Time Prepared:
5/26/2015 1:17 pm

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)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		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	-10,124,925				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	-5,301,725				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests		0		0.00		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	A	-3,393	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	2,308,205	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-15,199	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist		0	0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		-395,132	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00		0			0.00	0 33.00
33.01		0			0.00	0 33.01
33.02	NONREIMB PHYSICIAN FEES	-7,492,171	A	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.02
33.03		0			0.00	0 33.03
33.04		0			0.00	0 33.04
33.05		0			0.00	0 33.05
33.06		0			0.00	0 33.06
33.07		0			0.00	0 33.07
33.08		0			0.00	0 33.08
34.00		0			0.00	0 34.00
35.00	MI SC REV	-150	B	NONPATIENT TELEPHONES	5.01	0 35.00
38.00	MI SC REV	-24,450	B	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 38.00
39.00	MI SC REV	-886,490	B	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 39.00
41.00		0			0.00	0 41.00
42.00	MI SC REV	-3,197,013	B	DIETARY	10.00	0 42.00
43.00	MI SC REV	-1,520	B	NURSING ADMINISTRATION	13.00	0 43.00
44.00	MI SC REV	-16,759	B	PHARMACY	15.00	0 44.00
45.00	MI SC REV	-401,041	B	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.00
45.01	MI SC REV	-520	B	DEV EVALUATION	76.00	0 45.01
45.02		0			0.00	0 45.02
45.03		0			0.00	0 45.03
45.04	MI SC REV	-130,196	B	ADULTS & PEDIATRICS	30.00	0 45.04
45.05		0			0.00	0 45.05
45.06		0			0.00	0 45.06
45.07	MI SC REV	-76,251	B	NEONATAL INTENSIVE CARE UNIT	31.01	0 45.07
45.08	MI SC REV	-2,500	B	SUBPROVIDER - IRF	41.00	0 45.08
45.09	MI SC REV	-92,435	B	OPERATING ROOM	50.00	0 45.09
45.10		0			0.00	0 45.10
45.11	MI SC REV	-312,063	B	RADIOLOGY-DIAGNOSTIC	54.00	0 45.11
45.12	MI SC REV	-612,771	B	LABORATORY	60.00	0 45.12
45.13	MI SC REV	-53,668	B	PHYSICAL THERAPY	66.00	0 45.13
45.14	MI SC REV	-1,988	B	RESPIRATORY THERAPY	65.00	0 45.14
45.15		0			0.00	0 45.15
45.16		0			0.00	0 45.16
45.17		0			0.00	0 45.17
45.18	MI SC REV	-4,168	B	CARDIAC REHABILITATION	76.97	0 45.18
45.19		0			0.00	0 45.19
45.20		0			0.00	0 45.20
45.21		0			0.00	0 45.21
45.22	MI SC REV	-279,656	B	EMERGENCY	91.00	0 45.22
45.23		0			0.00	0 45.23
45.24	NONALLOWABLE COSTS	-182,885	A	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.24
45.25		0			0.00	0 45.25
45.26	NONALLOWABLE COSTS	-1,027	A	DATA PROCESSING	5.02	0 45.26
45.27		0			0.00	0 45.27
45.28	NONALLOWABLE COSTS	-38,498	A	PURCHASING RECEIVING AND STORES	5.03	0 45.28
45.29	NONALLOWABLE COSTS	-1,598	A	NONPATIENT TELEPHONES	5.01	0 45.29
45.30		0			0.00	0 45.30
45.31	NONALLOWABLE COSTS	-69,691	A	OTHER NONREIMB	190.01	0 45.31
45.32	NONALLOWABLE COSTS	-23,588	A	HOUSEKEEPING	9.00	0 45.32
45.33	NONALLOWABLE COSTS	-10,267,048	A	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.33
45.34	NONALLOWABLE COSTS	-98,963	A	PHARMACY	15.00	0 45.34
45.35	NONALLOWABLE COSTS	-13,349	A	MEDICAL RECORDS & LIBRARY	16.00	0 45.35
45.36	NONALLOWABLE COSTS	-1,061,071	A	MAINTENANCE & REPAIRS	6.00	0 45.36
45.37	NONALLOWABLE COSTS	-3,507	A	DIETARY	10.00	0 45.37
45.38	NONALLOWABLE COSTS	-13,324	A	NURSING ADMINISTRATION	13.00	0 45.38
45.39	NONALLOWABLE COSTS	734	A	ADMINISTRATIVE	5.04	0 45.39
45.40	NONALLOWABLE COSTS	-10,160	A	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 45.40
45.41	NONALLOWABLE COSTS	-324,822	A	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.41
45.42	NONALLOWABLE COSTS	-189,844	A	SOCIAL SERVICE	17.00	0 45.42
45.43	NONALLOWABLE COSTS	-10,693	A	CARDIAC REHABILITATION	76.97	0 45.43

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
45.44	NONALLOWABLE COSTS	A	-1,026,069	ADULTS & PEDIATRICS	30.00	0	45.44
45.45	NONALLOWABLE COSTS	A	-61,333	INTENSIVE CARE UNIT	31.00	0	45.45
45.46	NONALLOWABLE COSTS	A	-38,455	NEONATAL INTENSIVE CARE UNIT	31.01	0	45.46
45.47	NONALLOWABLE COSTS	A	-1,560	RECOVERY ROOM	51.00	0	45.47
45.48	NONALLOWABLE COSTS	A	-19,081	DELIVERY ROOM & LABOR ROOM	52.00	0	45.48
45.49	NONALLOWABLE COSTS	A	-9,262	SUBPROVIDER - IPF	40.00	0	45.49
45.50	NONALLOWABLE COSTS	A	-48,091	SUBPROVIDER - IRF	41.00	0	45.50
45.51	NONALLOWABLE COSTS	A	-359,846	OPERATING ROOM	50.00	0	45.51
45.52	NONALLOWABLE COSTS	A	-33,211	RADIOLOGY-DIAGNOSTIC	54.00	0	45.52
45.53	NONALLOWABLE COSTS	A	-52,281	LABORATORY	60.00	0	45.53
45.54			0		0.00	0	45.54
45.55	NONALLOWABLE COSTS	A	-1,982	ANESTHESIOLOGY	53.00	0	45.55
45.56	NONALLOWABLE COSTS	A	-2,274	RENAL DIALYSIS	74.00	0	45.56
45.57	NONALLOWABLE COSTS	A	-30,878	RESPIRATORY THERAPY	65.00	0	45.57
45.58	NONALLOWABLE COSTS	A	-25,316	PHYSICAL THERAPY	66.00	0	45.58
45.59	NONALLOWABLE COSTS	A	-14,891	OCCUPATIONAL THERAPY	67.00	0	45.59
45.60	NONALLOWABLE COSTS	A	-7,766	DEV EVALUATION	76.00	0	45.60
45.61	NONALLOWABLE COSTS	A	-35,514	ELECTROENCEPHALOGRAPHY	70.00	0	45.61
45.62	NONALLOWABLE COSTS	A	-7,772	AMBULATORY CARE	90.03	0	45.62
45.63	NONALLOWABLE COSTS	A	-238,921	EMERGENCY	91.00	0	45.63
45.64	NONALLOWABLE COSTS	A	-52,040	KIDNEY ACQUISITION	105.00	0	45.64
45.65	ELIMINATE P/R AND MARKETING	A	-3,130	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.65
45.66	INTEREST OFFSET	A	-7,019,519	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.66
45.67	ELIMINATE MEDICAID ASSESSMENT	A	-29,809,908	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.67
45.71			0		0.00	0	45.71
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-78,326,413				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: 140208

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 1:17 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	11,674,180	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	8,894,571	22,187,681
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	A&G	23,031,699	35,143,575
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAP. -B&F	1,497,283	0
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAP. -M. E.	5,794,523	0
4.02	5.05	CASHIERING/ACCOUNTS RECEIVAB	BUSINESS OFFICE	1,137,275	0
4.03	0.00			0	0
5.00	0			52,029,531	57,331,256

* 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

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

Provider CCN: 140208

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 1:17 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	11,674,180	0		1.00
2.00	-13,293,110	0		2.00
3.00	-12,111,876	0		3.00
4.00	1,497,283	9		4.00
4.01	5,794,523	9		4.01
4.02	1,137,275	0		4.02
4.03	0	0		4.03
5.00	-5,301,725			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	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140208

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2015 1:17 pm

	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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	150,139	150,139	0	177,200	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,511,088	2,511,088	0	177,200	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	73,251	73,251	0	177,200	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	300,000	300,000	0	177,200	0	4.00
5.00	40.00	SUBPROVIDER - IPF	118,565	118,565	0	154,100	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	6,436,318	5,684,019	0	208,000	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,264	1,264	0	208,000	0	8.00
9.00	65.00	RESPIRATORY THERAPY	330,000	330,000	0	225,300	0	9.00
10.00	66.00	PHYSICAL THERAPY	137,500	137,500	0	177,200	0	10.00
11.00	90.03	AMBULATORY CARE	66,800	66,800	0	208,000	0	11.00
200.00			10,124,925	9,372,626	0		0	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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	10.00
11.00	90.03	AMBULATORY CARE	0	0	0	0	0	11.00
200.00			0	0	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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	150,139		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,511,088		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	73,251		3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	300,000		4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	118,565		5.00
6.00	0.00		0	0	0	0		6.00
7.00	50.00	OPERATING ROOM	0	0	0	6,436,318		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,264		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	330,000		9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	137,500		10.00
11.00	90.03	AMBULATORY CARE	0	0	0	66,800		11.00
200.00			0	0	0	10,124,925		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	24,096,969	24,096,969				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	23,557,085		23,557,085			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	75,770,167	143,739	2,360	75,916,266		4.00
5.01 00540 NONPATIENT TELEPHONES	2,398,805	7,779	5,342	164,234	2,576,160	5.01
5.02 00551 DATA PROCESSING	13,521,266	40,363	208,178	379	28,029	5.02
5.03 00561 PURCHASING RECEIVING AND STORES	4,000,836	1,105	229,772	356,582	28,029	5.03
5.04 00570 ADMINITTING	5,413,792	3,122	79,847	499	21,659	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	15,677,487	300,295	22,809	237,447	142,695	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	85,803,879	8,746,891	725,557	4,801,757	229,332	5.06
6.00 00600 MAINTENANCE & REPAIRS	21,726,301	4,305,523	145,921	913,308	129,955	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	2,830,338	0	24,321	0	0	8.00
9.00 00900 HOUSEKEEPING	10,421,031	481	41,633	1,524,519	16,563	9.00
10.00 01000 DIETARY	6,938,964	5,866	32,612	1,201,996	56,059	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	3,298,954	570,102	108,026	576,515	34,400	13.00
15.00 01500 PHARMACY	11,774,368	31,294	259,063	2,623,864	42,044	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,058,274	26,845	25,251	903,358	66,251	16.00
17.00 01700 SOCIAL SERVICE	2,381,910	0	0	521,003	22,933	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	15,189,910	0	0	3,714,516	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	15,304,377	0	3,131	0	72,622	22.00
23.00 02300 PARAMEDIC	707,172	18,100	24,052	125,156	15,289	23.00
23.01 02301 PASTORAL CARE	174,029	927	15	40,254	6,370	23.01
23.02 02302 PHARMACY RESIDENCY	241,962	148	1,234	55,650	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	98,197,528	1,912,978	1,249,895	20,076,639	440,826	30.00
31.00 03100 INTENSIVE CARE UNIT	31,635,998	110,909	692,530	6,003,326	48,414	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	9,515,234	282,582	201,670	1,805,357	45,866	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	4,839,143	15,107	21,043	1,103,183	94,281	40.00
41.00 04100 SUBPROVIDER - I RF	8,204,506	135,403	57,071	1,472,626	29,304	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	4,862,336	191,835	106,651	977,540	42,044	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	40,866,000	1,680,928	7,344,333	6,497,201	170,725	50.00
51.00 05100 RECOVERY ROOM	6,689,248	31,047	313,242	1,407,122	10,193	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,338,204	270,489	266,806	1,584,618	31,852	52.00
53.00 05300 ANESTHESIOLOGY	1,413,437	0	295,548	181,129	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	29,381,776	2,254,007	8,330,351	4,916,846	200,028	54.00
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	24,354,885	347,920	2,372	43,658	115,940	60.00
60.01 06001 BLOOD LABORATORY	3,547,100	1,185	0	0	10,193	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	13,430,894	1,193	528,119	2,968,476	33,126	65.00
66.00 06600 PHYSICAL THERAPY	5,627,487	321,735	102,971	1,226,682	26,755	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,746,876	343	50,203	1,044,624	61,155	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	4,345,954	491	662,921	817,420	47,140	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	163,692	40,336	59,391	43,847	6,370	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	72,817,045	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	51,847,986	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	38,434,500	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,806,005	283,784	40,656	386,223	0	74.00
76.00 03020 DEV EVALUATION	1,456,847	1,072	21,102	322,736	30,578	76.00
76.97 07697 CARDIAC REHABILITATION	890,749	0	57,109	198,456	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	3,010,630	1,520	143,066	659,275	62,429	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	21,681,403	524,851	765,502	3,399,240	127,407	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	982,988	62,242	19,149	160,562	0	105.00
106.00 10600 HEART ACQUISITION	1,957,284	85,883	5,742	296,483	0	106.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	841,333,611	22,760,420	23,276,567	75,354,306	2,546,856	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	420	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	3,160,716	1,336,549	280,518	561,960	29,304	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	844,494,747	24,096,969	23,557,085	75,916,266	2,576,160	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/26/2015 1:17 pm	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING	13,798,215					5.02
5.03	00561	PURCHASING RECEIVING AND STORES	0	4,616,324				5.03
5.04	00570	ADMINITTING	0	0	5,518,919			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,340	0	16,382,073		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	43,009	0	0	100,350,425	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	43,915	0	0	27,264,923	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	65	0	0	2,854,724	8.00
9.00	00900	HOUSEKEEPING	0	36,431	0	0	12,040,658	9.00
10.00	01000	DIETARY	0	161,158	0	0	8,396,655	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,779	0	0	4,594,776	13.00
15.00	01500	PHARMACY	0	10,991	0	0	14,741,624	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,628	0	0	7,081,607	16.00
17.00	01700	SOCIAL SERVICE	0	309	0	0	2,926,155	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	18,904,426	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,901	0	0	15,387,031	22.00
23.00	02300	PARAMEDIC	0	1,610	0	0	891,379	23.00
23.01	02301	PASTORAL CARE	0	81	0	0	221,676	23.01
23.02	02302	PHARMACY RESIDENCY	0	53	0	0	299,047	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,744,534	254,809	957,645	2,071,334	126,906,188	30.00
31.00	03100	INTENSIVE CARE UNIT	718,439	155,930	406,644	853,023	40,625,213	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	193,420	35,621	109,477	229,652	12,418,879	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	98,430	2,743	55,712	116,869	6,346,511	40.00
41.00	04100	SUBPROVIDER - I/RF	94,590	11,156	53,539	112,310	10,170,505	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	108,074	18,005	61,171	128,319	6,495,975	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,387,697	2,230,231	500,545	1,647,652	62,325,312	50.00
51.00	05100	RECOVERY ROOM	237,599	7,455	54,365	282,107	9,032,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	191,047	37,449	80,967	226,835	10,028,267	52.00
53.00	05300	ANESTHESIOLOGY	309,921	41,899	111,265	367,978	2,721,177	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,803,112	589,965	487,764	2,140,885	50,104,734	54.00
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	1,050,762	190,884	415,902	1,247,599	27,769,922	60.00
60.01	06001	BLOOD LABORATORY	136,908	27,346	62,133	162,555	3,947,420	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	599,596	183,326	326,539	711,917	18,783,186	65.00
66.00	06600	PHYSICAL THERAPY	242,023	379,386	76,963	287,360	8,291,362	66.00
67.00	06700	OCCUPATIONAL THERAPY	99,155	4,484	36,010	117,729	6,160,579	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	290,116	7,898	97,480	344,463	6,613,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,550	282	6,350	16,088	349,906	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	553,920	0	238,787	657,684	74,267,436	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	782,721	0	349,979	929,346	53,910,032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,832,456	0	756,723	2,174,798	43,198,477	73.00
74.00	07400	RENAL DIALYSIS	39,658	12,566	19,876	47,087	2,635,855	74.00
76.00	03020	DEV EVALUATION	15,948	1,802	5,794	18,935	1,874,814	76.00
76.97	07697	CARDIAC REHABILITATION	17,310	1,043	2,811	20,552	1,188,030	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	72,654	10,162	385	86,264	4,046,385	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,153,344	89,080	237,736	1,369,398	29,347,961	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,853	959	1,049	2,200	1,231,002	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
106.00	10600	HEART ACQUISITION	9,378	3,336	5,308	11,134	2,374,548	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,798,215	4,612,087	5,518,919	16,382,073	839,121,043	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	420	190.00
190.01	19001	OTHER NONREIMB	0	4,237	0	0	5,373,284	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	13,798,215	4,616,324	5,518,919	16,382,073	844,494,747	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/26/2015 1:17 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	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	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	100,350,425					5.06
6.00	00600	MAINTENANCE & REPAIRS	3,676,757	30,941,680				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	384,968	50,070	3,289,762			8.00
9.00	00900	HOUSEKEEPING	1,623,719	417,996	0	14,082,373		9.00
10.00	01000	DIETARY	1,132,314	1,028,449	0	658,622	11,216,040	10.00
11.00	01100	CAFETERIA	0	0	0	0	6,191,062	11.00
13.00	01300	NURSING ADMINISTRATION	619,619	201,791	0	157,999	0	13.00
15.00	01500	PHARMACY	1,987,952	406,362	0	156,924	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	954,976	181,749	0	114,163	0	16.00
17.00	01700	SOCIAL SERVICE	394,601	45,163	0	20,170	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,549,319	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,074,987	467,998	0	145,359	0	22.00
23.00	02300	PARAMEDIC	120,205	45,231	6,773	104,212	0	23.00
23.01	02301	PASTORAL CARE	29,894	19,458	0	15,598	0	23.01
23.02	02302	PHARMACY RESIDENCY	40,327	1,922	0	403	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,114,011	9,293,693	1,674,415	2,416,379	3,723,128	30.00
31.00	03100	INTENSIVE CARE UNIT	5,478,432	1,923,504	377,158	986,991	748,311	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,674,723	389,855	36,566	33,751	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	855,846	528,982	48,193	190,003	244,002	40.00
41.00	04100	SUBPROVIDER - I/RF	1,371,523	780,878	64,569	149,931	309,537	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	876,002	339,270	29,570	108,381	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,404,755	5,052,265	94,655	533,567	0	50.00
51.00	05100	RECOVERY ROOM	1,218,043	885,171	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,352,342	892,549	73,793	34,827	0	52.00
53.00	05300	ANESTHESIOLOGY	366,959	55,458	0	6,992	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,756,774	3,326,091	430,658	2,005,717	0	54.00
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	3,744,857	814,921	22,902	491,613	0	60.00
60.01	06001	BLOOD LABORATORY	532,321	0	0	29,717	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,532,969	162,360	0	158,941	0	65.00
66.00	06600	PHYSICAL THERAPY	1,118,115	368,303	77,792	258,000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	830,773	298,020	0	350,153	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	891,902	325,303	31,866	148,049	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,186	59,611	25,104	34,558	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,015,187	0	0	865,164	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,269,930	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,825,444	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	355,453	115,138	0	19,767	0	74.00
76.00	03020	DEV EVALUATION	252,824	161,673	0	83,370	0	76.00
76.97	07697	CARDIAC REHABILITATION	160,209	135,729	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	545,667	631,250	24,096	267,321	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,957,661	1,213,493	227,092	1,715,805	0	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	166,004	0	0	0	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
106.00	10600 HEART ACQUISITION	320,215	38,402	0	0	0	106.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	99,625,765	30,658,108	3,245,202	12,249,447	11,216,040	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	57	71,245	0	53,787	0	190.00
190.01	19001 OTHER NONREIMB	724,603	212,327	44,560	1,779,139	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	100,350,425	30,941,680	3,289,762	14,082,373	11,216,040	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/26/2015 1:17 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	6,191,062					11.00
13.00	01300	NURSING ADMINISTRATION	39,676	5,613,861				13.00
15.00	01500	PHARMACY	188,460	0	17,481,322			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	117,374	0	0	8,449,869		16.00
17.00	01700	SOCIAL SERVICE	47,941	2,034	0	6,431	3,442,495	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	214,910	2,317	0	0	0	22.00
23.00	02300	PARAMEDIC	13,225	9	3,541	0	0	23.00
23.01	02301	PASTORAL CARE	11,572	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	6,613	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,990,394	2,557,520	4,176,229	2,920,157	2,701,446	30.00
31.00	03100	INTENSIVE CARE UNIT	557,113	822,781	2,635,090	12,340	542,960	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	158,703	213,376	427,115	539,154	198,089	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	104,149	150,998	49,882	399,064	0	40.00
41.00	04100	SUBPROVIDER - I/RF	140,518	187,762	86,077	421,833	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	82,658	133,295	193,905	99,766	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	586,870	390,212	3,494,788	1,015,910	0	50.00
51.00	05100	RECOVERY ROOM	125,640	155,882	266,667	42,409	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	158,703	216,897	639,241	66,742	0	52.00
53.00	05300	ANESTHESIOLOGY	23,144	22,923	901,699	27,983	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	441,392	125,639	880,054	874,256	0	54.00
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	1,653	0	0	308,162	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	20,509	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	305,834	93	3,772	102,721	0	65.00
66.00	06600	PHYSICAL THERAPY	110,761	4,208	131,672	74,042	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	100,842	1,217	0	47,276	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	84,311	84,720	70,380	509,432	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,613	7,321	0	5,040	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	94,726	0	73.00
74.00	07400	RENAL DIALYSIS	31,410	41,282	14,396	2,781	0	74.00
76.00	03020	DEV EVALUATION	28,104	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,532	15,082	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	56,207	45,110	400,770	1,217	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	360,388	424,952	3,080,580	857,918	0	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,613	126	0	0	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
106.00	10600 HEART ACQUISITION	18,185	750	0	0	0	106.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	6,136,508	5,606,506	17,455,858	8,449,869	3,442,495	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	54,554	7,355	25,464	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
200.00	20000 Cross Foot Adjustments						200.00
201.00	20100 Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	6,191,062	5,613,861	17,481,322	8,449,869	3,442,495	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS		Subtotal	PARAMEDIC	PASTORAL CARE	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00551 DATA PROCESSING						5.02
5.03 00561 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	21,453,745					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	18,292,602				22.00
23.00 02300 PARAMEDIC	0	0	1,184,575	1,184,575		23.00
23.01 02301 PASTORAL CARE	0	0	298,198	419	298,617	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	348,312	489	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,662,061	9,943,693	197,079,314	276,622	200,386	30.00
31.00 03100 INTENSIVE CARE UNIT	2,284,595	1,947,967	58,942,455	82,814	39,031	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	877,631	748,315	17,716,157	24,891	14,238	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	0	8,917,630	12,529	12,727	40.00
41.00 04100 SUBPROVIDER - I/RP	0	0	13,683,133	19,225	16,145	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	8,358,822	11,744	16,090	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,247,207	1,916,088	86,061,629	120,917	0	50.00
51.00 05100 RECOVERY ROOM	0	0	11,726,190	16,475	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	13,463,361	18,916	0	52.00
53.00 05300 ANESTHESIOLOGY	477,187	406,875	5,010,397	7,040	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	64,945,315	91,248	0	54.00
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	33,154,030	46,581	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	4,529,967	6,365	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	22,049,876	30,980	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	10,421,255	14,642	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	7,788,860	10,943	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	355,185	302,849	9,417,880	13,232	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	535,339	752	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	85,147,787	119,633	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	61,179,962	85,958	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	49,118,647	69,012	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	3,216,082	4,519	0	74.00
76.00 03020 DEV EVALUATION	0	0	2,400,785	3,373	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	1,515,582	2,129	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	6,018,023	8,455	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	3,549,879	3,026,815	47,762,544	67,106	0	91.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

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Cost Center Description	INTERNS & RESIDENTS		Subtotal	PARAMEDIC	PASTORAL CARE			
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00						
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,403,745	1,972	0	105.00
106.00	10600	HEART ACQUISITION	0	0	2,752,100	3,867	0	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,453,745	18,292,602	836,147,952	1,172,848	298,617	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	125,509	176	0	190.00
190.01	19001	OTHER NONREIMB	0	0	8,221,286	11,551	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	21,453,745	18,292,602	844,494,747	1,184,575	298,617	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

Period:
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Cost Center Description			Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23A. 01	23. 02	24. 00	25. 00	26. 00	
GENERAL SERVICE COST CENTERS								
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT						1. 00
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	00540	NONPATIENT TELEPHONES						5. 01
5. 02	00551	DATA PROCESSING						5. 02
5. 03	00561	PURCHASING RECEIVING AND STORES						5. 03
5. 04	00570	ADMITTING						5. 04
5. 05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5. 05
5. 06	00590	OTHER ADMINISTRATIVE AND GENERAL						5. 06
6. 00	00600	MAINTENANCE & REPAIRS						6. 00
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
15. 00	01500	PHARMACY						15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY						16. 00
17. 00	01700	SOCIAL SERVICE						17. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22. 00
23. 00	02300	PARAMEDIC						23. 00
23. 01	02301	PASTORAL CARE						23. 01
23. 02	02302	PHARMACY RESIDENCY	348, 801	348, 801				23. 02
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	197, 556, 322	81, 759	197, 638, 081	-21, 605, 754	176, 032, 327	30. 00
31. 00	03100	INTENSIVE CARE UNIT	59, 064, 300	24, 394	59, 088, 694	-4, 232, 562	54, 856, 132	31. 00
31. 01	03101	NEONATAL INTENSIVE CARE UNIT	17, 755, 286	7, 333	17, 762, 619	-1, 625, 946	16, 136, 673	31. 01
32. 00	03200	CORONARY CARE UNIT	0	0	0	0	0	32. 00
33. 00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 00
34. 00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34. 00
40. 00	04000	SUBPROVIDER - IPF	8, 942, 886	3, 693	8, 946, 579	0	8, 946, 579	40. 00
41. 00	04100	SUBPROVIDER - IRF	13, 718, 503	5, 666	13, 724, 169	0	13, 724, 169	41. 00
42. 00	04200	SUBPROVIDER	0	0	0	0	0	42. 00
43. 00	04300	NURSERY	8, 386, 656	3, 464	8, 390, 120	0	8, 390, 120	43. 00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATING ROOM	86, 182, 546	35, 593	86, 218, 139	-4, 163, 295	82, 054, 844	50. 00
51. 00	05100	RECOVERY ROOM	11, 742, 665	4, 850	11, 747, 515	0	11, 747, 515	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	13, 482, 277	5, 568	13, 487, 845	0	13, 487, 845	52. 00
53. 00	05300	ANESTHESIOLOGY	5, 017, 437	2, 072	5, 019, 509	-884, 062	4, 135, 447	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	65, 036, 563	26, 860	65, 063, 423	0	65, 063, 423	54. 00
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	33, 200, 611	13, 712	33, 214, 323	0	33, 214, 323	60. 00
60. 01	06001	BLOOD LABORATORY	4, 536, 332	1, 874	4, 538, 206	0	4, 538, 206	60. 01
62. 00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62. 00
65. 00	06500	RESPIRATORY THERAPY	22, 080, 856	9, 119	22, 089, 975	0	22, 089, 975	65. 00
66. 00	06600	PHYSICAL THERAPY	10, 435, 897	4, 310	10, 440, 207	0	10, 440, 207	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	7, 799, 803	3, 221	7, 803, 024	0	7, 803, 024	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	9, 431, 112	3, 895	9, 435, 007	-658, 034	8, 776, 973	69. 00
70. 00	07000	ELECTROENCEPHALOGRAPHY	536, 091	221	536, 312	0	536, 312	70. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85, 267, 420	35, 215	85, 302, 635	0	85, 302, 635	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	61, 265, 920	25, 303	61, 291, 223	0	61, 291, 223	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	49, 187, 659	20, 315	49, 207, 974	0	49, 207, 974	73. 00
74. 00	07400	RENAL DIALYSIS	3, 220, 601	1, 330	3, 221, 931	0	3, 221, 931	74. 00
76. 00	03020	DEV EVALUATION	2, 404, 158	993	2, 405, 151	0	2, 405, 151	76. 00
76. 97	07697	CARDIAC REHABILITATION	1, 517, 711	627	1, 518, 338	0	1, 518, 338	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	FAMILY PRACTICES	0	0	0	0	0	90. 01
90. 02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90. 02
90. 03	09003	AMBULATORY CARE	6, 026, 478	2, 489	6, 028, 967	0	6, 028, 967	90. 03
90. 04	09004	OTHER	0	0	0	0	0	90. 04
91. 00	09100	EMERGENCY	47, 829, 650	19, 754	47, 849, 404	-6, 576, 694	41, 272, 710	91. 00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
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Cost Center Description		Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23A.01	23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,405,717	581	1,406,298	0	1,406,298	105.00
106.00	10600	HEART ACQUISITION	2,755,967	1,138	2,757,105	0	2,757,105	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	836,136,225	345,349	836,132,773	-39,746,347	796,386,426	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	125,685	52	125,737	0	125,737	190.00
190.01	19001	OTHER NONREIMB	8,232,837	3,400	8,236,237	0	8,236,237	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	844,494,747	348,801	844,494,747	-39,746,347	804,748,400	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140208

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

Worksheet Non-CMS W
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	ACTUAL	DEPR	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	EQUIP	DEPR NEW	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS	SALARIES	4.00
5.01	NONPATIENT TELEPHONES	7	PHONES		5.01
5.02	DATA PROCESSING	C	GROSS CHARGES		5.02
5.03	PURCHASING RECEIVING AND STORES	9	SUPPLIES	EXPENSE	5.03
5.04	ADMINISTRATIVE	I	INPATIENT CHARGES		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS CHARGES		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST		5.06
6.00	MAINTENANCE & REPAIRS	12	SQUARE	FEET	6.00
8.00	LAUNDRY & LINEN SERVICE	13	POUNDS		8.00
9.00	HOUSEKEEPING	14	HSK HOURS		9.00
10.00	DIETARY	15	MEALS		10.00
11.00	CAFETERIA	16	FTE'S		11.00
13.00	NURSING ADMINISTRATION	18	NURSING	HOURS	13.00
15.00	PHARMACY	20	DRUGS		15.00
16.00	MEDICAL RECORDS & LIBRARY	21	MR TIME		16.00
17.00	SOCIAL SERVICE	22	SS TIME		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	26	IR TIME		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	26	IR TIME		22.00
23.00	PARAMEDIC	-28	ACCUM.	COST	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	63	143,739	2,360	146,162	146,162 4.00
5.01 00540	NONPATIENT TELEPHONES	11	7,779	5,342	13,132	316 5.01
5.02 00551	DATA PROCESSING	0	40,363	208,178	248,541	1 5.02
5.03 00561	PURCHASING RECEIVING AND STORES	682,386	1,105	229,772	913,263	686 5.03
5.04 00570	ADMITTING	0	3,122	79,847	82,969	1 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	300,295	22,809	323,104	457 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	82,713	8,746,891	725,557	9,555,161	9,241 5.06
6.00 00600	MAINTENANCE & REPAIRS	3,637	4,305,523	145,921	4,455,081	1,758 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	24,321	24,321	0 8.00
9.00 00900	HOUSEKEEPING	0	481	41,633	42,114	2,934 9.00
10.00 01000	DIETARY	5,331	5,866	32,612	43,809	2,313 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	570,102	108,026	678,128	1,109 13.00
15.00 01500	PHARMACY	716	31,294	259,063	291,073	5,050 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	26,845	25,251	52,096	1,738 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	1,003 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	7,148 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,131	3,131	0 22.00
23.00 02300	PARAMEDIC	0	18,100	24,052	42,152	241 23.00
23.01 02301	PASTORAL CARE	0	927	15	942	77 23.01
23.02 02302	PHARMACY RESIDENCY	0	148	1,234	1,382	107 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,207,369	1,912,978	1,249,895	4,370,242	38,701 30.00
31.00 03100	INTENSIVE CARE UNIT	14,903	110,909	692,530	818,342	11,553 31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	32,970	282,582	201,670	517,222	3,474 31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I PF	0	15,107	21,043	36,150	2,123 40.00
41.00 04100	SUBPROVIDER - I RF	112	135,403	57,071	192,586	2,834 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	191,835	106,651	298,486	1,881 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	343,201	1,680,928	7,344,333	9,368,462	12,504 50.00
51.00 05100	RECOVERY ROOM	0	31,047	313,242	344,289	2,708 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	270,489	266,806	537,295	3,050 52.00
53.00 05300	ANESTHESIOLOGY	10,722	0	295,548	306,270	349 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,192,448	2,254,007	8,330,351	13,776,806	9,462 54.00
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	347,920	2,372	350,292	84 60.00
60.01 06001	BLOOD LABORATORY	0	1,185	0	1,185	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	106,026	1,193	528,119	635,338	5,713 65.00
66.00 06600	PHYSICAL THERAPY	10,300	321,735	102,971	435,006	2,361 66.00
67.00 06700	OCCUPATIONAL THERAPY	6,398	343	50,203	56,944	2,010 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	491	662,921	663,412	1,573 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	178	40,336	59,391	99,905	84 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	2,515	283,784	40,656	326,955	743 74.00
76.00 03020	DEV EVALUATION	270	1,072	21,102	22,444	621 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	57,109	57,109	382 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	FAMILY PRACTICES	0	0	0	0	0 90.01
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0	0	0 90.02
90.03 09003	AMBULATORY CARE	0	1,520	143,066	144,586	1,269 90.03
90.04 09004	OTHER	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	12,395	524,851	765,502	1,302,748	6,542 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	62,242	19,149	81,391	309	105.00
106.00 10600 HEART ACQUISITION	0	85,883	5,742	91,625	571	106.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	5,714,664	22,760,420	23,276,567	51,751,651	145,081	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	9,006	1,336,549	280,518	1,626,073	1,081	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00				0	0	200.00
201.00				0	0	201.00
202.00	5,723,670	24,096,969	23,557,085	53,377,724	146,162	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 1:17 pm			
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES	13,448					5.01
5.02	00551 DATA PROCESSING	146	248,688				5.02
5.03	00561 PURCHASING RECEIVING AND STORES	146	0	914,095			5.03
5.04	00570 ADMINISTRATIVE	113	0	0	83,083		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	745	0	265	0	324,571	5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	1,197	0	8,516	0	0	5.06
6.00	00600 MAINTENANCE & REPAIRS	678	0	8,696	0	0	6.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	13	0	0	8.00
9.00	00900 HOUSEKEEPING	86	0	7,214	0	0	9.00
10.00	01000 DIETARY	293	0	31,911	0	0	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	180	0	1,342	0	0	13.00
15.00	01500 PHARMACY	219	0	2,176	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	346	0	322	0	0	16.00
17.00	01700 SOCIAL SERVICE	120	0	61	0	0	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	379	0	1,366	0	0	22.00
23.00	02300 PARAMEDIC	80	0	319	0	0	23.00
23.01	02301 PASTORAL CARE	33	0	16	0	0	23.01
23.02	02302 PHARMACY RESIDENCY	0	0	10	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	2,304	31,423	50,455	14,776	41,035	30.00
31.00	03100 INTENSIVE CARE UNIT	253	12,941	30,876	6,090	16,899	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	239	3,484	7,053	1,639	4,550	31.01
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	492	1,773	543	834	2,315	40.00
41.00	04100 SUBPROVIDER - I/RF	153	1,704	2,209	802	2,225	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	219	1,947	3,565	916	2,542	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	891	24,996	441,625	7,496	32,641	50.00
51.00	05100 RECOVERY ROOM	53	4,280	1,476	814	5,589	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	166	3,441	7,415	1,213	4,494	52.00
53.00	05300 ANESTHESIOLOGY	0	5,582	8,296	1,666	7,290	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,044	32,478	116,820	7,305	42,413	54.00
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	605	18,927	37,797	6,228	24,716	60.00
60.01	06001 BLOOD LABORATORY	53	2,466	5,415	930	3,220	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	173	10,800	36,301	4,890	14,104	65.00
66.00	06600 PHYSICAL THERAPY	140	4,359	75,123	1,153	5,693	66.00
67.00	06700 OCCUPATIONAL THERAPY	319	1,786	888	539	2,332	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	246	5,226	1,564	1,460	6,824	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	33	244	56	95	319	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,977	0	3,576	13,029	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	14,099	0	5,241	18,411	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	33,157	0	11,332	43,112	73.00
74.00	07400 RENAL DIALYSIS	0	714	2,488	298	933	74.00
76.00	03020 DEV EVALUATION	160	287	357	87	375	76.00
76.97	07697 CARDIAC REHABILITATION	0	312	206	42	407	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	326	1,309	2,012	6	1,709	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	665	20,774	17,639	3,560	27,129	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	33	190	16	44	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

Period:
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
106.00	10600 HEART ACQUISITION	0	169	660	79	221	106.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,295	248,688	913,256	83,083	324,571	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	153	0	839	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	13,448	248,688	914,095	83,083	324,571	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 1:17 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	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	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	9,574,115					5.06
6.00	00600	MAINTENANCE & REPAIRS	350,790	4,817,003				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,729	7,795	68,858			8.00
9.00	00900	HOUSEKEEPING	154,915	65,074	0	272,337		9.00
10.00	01000	DIETARY	108,031	160,109	0	12,737	359,203	10.00
11.00	01100	CAFETERIA	0	0	0	0	198,275	11.00
13.00	01300	NURSING ADMINISTRATION	59,116	31,415	0	3,056	0	13.00
15.00	01500	PHARMACY	189,666	63,263	0	3,035	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	91,112	28,295	0	2,208	0	16.00
17.00	01700	SOCIAL SERVICE	37,648	7,031	0	390	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	243,224	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	197,970	72,858	0	2,811	0	22.00
23.00	02300	PARAMEDIC	11,468	7,042	142	2,015	0	23.00
23.01	02301	PASTORAL CARE	2,852	3,029	0	302	0	23.01
23.02	02302	PHARMACY RESIDENCY	3,848	299	0	8	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,632,729	1,446,842	35,049	46,729	119,236	30.00
31.00	03100	INTENSIVE CARE UNIT	522,684	299,451	7,894	19,087	23,965	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	159,781	60,693	765	653	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	81,654	82,352	1,009	3,674	7,814	40.00
41.00	04100	SUBPROVIDER - I/RF	130,854	121,567	1,351	2,899	9,913	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	83,577	52,818	619	2,096	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	801,877	786,537	1,981	10,319	0	50.00
51.00	05100	RECOVERY ROOM	116,211	137,803	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	129,024	138,952	1,545	674	0	52.00
53.00	05300	ANESTHESIOLOGY	35,011	8,634	0	135	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	644,648	517,806	9,014	38,788	0	54.00
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	357,288	126,867	479	9,507	0	60.00
60.01	06001	BLOOD LABORATORY	50,788	0	0	575	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	241,664	25,276	0	3,074	0	65.00
66.00	06600	PHYSICAL THERAPY	106,677	57,338	1,628	4,738	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	79,262	46,396	0	6,772	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	85,094	50,643	667	2,863	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,502	9,280	525	668	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	955,525	0	0	16,731	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	693,606	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	555,792	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	33,913	17,925	0	382	0	74.00
76.00	03020	DEV EVALUATION	24,121	25,169	0	1,612	0	76.00
76.97	07697	CARDIAC REHABILITATION	15,285	21,130	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	52,061	98,273	504	5,170	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	377,591	188,917	4,753	33,182	0	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	15,838	0	0	0	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
106.00	10600 HEART ACQUISITION	30,551	5,978	0	0	0	106.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,504,977	4,772,857	67,925	236,890	359,203	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5	11,091	0	1,040	0	190.00
190.01	19001 OTHER NONREIMB	69,133	33,055	933	34,407	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	9,574,115	4,817,003	68,858	272,337	359,203	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 1:17 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	198,275					11.00
13.00	01300	NURSING ADMINISTRATION	1,271	775,617				13.00
15.00	01500	PHARMACY	6,036	0	560,518			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,759	0	0	179,876		16.00
17.00	01700	SOCIAL SERVICE	1,535	281	0	137	48,206	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,883	320	0	0	0	22.00
23.00	02300	PARAMEDIC	424	1	114	0	0	23.00
23.01	02301	PASTORAL CARE	371	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	212	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,743	353,350	133,907	62,161	37,829	30.00
31.00	03100	INTENSIVE CARE UNIT	17,842	113,677	84,491	263	7,603	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	5,083	29,480	13,695	11,477	2,774	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	3,335	20,862	1,599	8,495	0	40.00
41.00	04100	SUBPROVIDER - I/RF	4,500	25,941	2,760	8,980	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,647	18,416	6,217	2,124	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,795	53,912	112,056	21,626	0	50.00
51.00	05100	RECOVERY ROOM	4,024	21,537	8,550	903	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,083	29,967	20,496	1,421	0	52.00
53.00	05300	ANESTHESIOLOGY	741	3,167	28,912	596	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,136	17,359	28,218	18,611	0	54.00
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	53	0	0	6,560	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	437	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	9,795	13	121	2,187	0	65.00
66.00	06600	PHYSICAL THERAPY	3,547	581	4,222	1,576	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,230	168	0	1,006	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,700	11,705	2,257	10,845	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	212	1,011	0	107	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,016	0	73.00
74.00	07400	RENAL DIALYSIS	1,006	5,704	462	59	0	74.00
76.00	03020	DEV EVALUATION	900	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	529	2,084	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	1,800	6,232	12,850	26	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	11,542	58,712	98,775	18,263	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	212	17	0	0	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
106.00	10600 HEART ACQUISITION	582	104	0	0	0	106.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	196,528	774,601	559,702	179,876	48,206	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	1,747	1,016	816	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	198,275	775,617	560,518	179,876	48,206	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMEDIC	PASTORAL CARE	PHARMACY RESIDENCY	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00551	DATA PROCESSING					5.02
5.03 00561	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
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
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	250,372				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		285,718			22.00
23.00 02300	PARAMEDIC			63,998		23.00
23.01 02301	PASTORAL CARE				7,622	23.01
23.02 02302	PHARMACY RESIDENCY					5,866
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
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
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	BLOOD LABORATORY					60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
65.00 06500	RESPIRATORY THERAPY					65.00
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
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
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
76.00 03020	DEV EVALUATION					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	FAMILY PRACTICES					90.01
90.02 09002	WOMEN'S HEALTH CENTER					90.02
90.03 09003	AMBULATORY CARE					90.03
90.04 09004	OTHER					90.04
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF					99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDIC	PASTORAL CARE	PHARMACY RESIDENCY		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00					
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION				105.00	
106.00	10600	HEART ACQUISITION				106.00	
109.00	10900	PANCREAS ACQUISITION				109.00	
110.00	11000	INTESTINAL ACQUISITION				110.00	
111.00	11100	ISLET ACQUISITION				111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				190.00	
190.01	19001	OTHER NONREIMB				190.01	
190.02	19002	OTHER				190.02	
200.00		Cross Foot Adjustments	250,372	285,718	63,998	7,622	5,866
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	250,372	285,718	63,998	7,622	5,866

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 1:17 pm
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01 00540	NONPATIENT TELEPHONES			5.01
5.02 00551	DATA PROCESSING			5.02
5.03 00561	PURCHASING RECEIVING AND STORES			5.03
5.04 00570	ADMITTING			5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00 00600	MAINTENANCE & REPAIRS			6.00
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
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 02300	PARAMEDIC			23.00
23.01 02301	PASTORAL CARE			23.01
23.02 02302	PHARMACY RESIDENCY			23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	8,480,511	0	8,480,511
31.00 03100	INTENSIVE CARE UNIT	1,993,911	0	1,993,911
31.01 03101	NEONATAL INTENSIVE CARE UNIT	822,062	0	822,062
32.00 03200	CORONARY CARE UNIT	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0
40.00 04000	SUBPROVIDER - IPF	255,024	0	255,024
41.00 04100	SUBPROVIDER - IRF	511,278	0	511,278
42.00 04200	SUBPROVIDER	0	0	0
43.00 04300	NURSERY	478,070	0	478,070
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	11,695,718	0	11,695,718
51.00 05100	RECOVERY ROOM	648,237	0	648,237
52.00 05200	DELIVERY ROOM & LABOR ROOM	884,236	0	884,236
53.00 05300	ANESTHESIOLOGY	406,649	0	406,649
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,274,908	0	15,274,908
57.00 05700	CT SCAN	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0
60.00 06000	LABORATORY	939,403	0	939,403
60.01 06001	BLOOD LABORATORY	65,069	0	65,069
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0
65.00 06500	RESPIRATORY THERAPY	989,449	0	989,449
66.00 06600	PHYSICAL THERAPY	704,142	0	704,142
67.00 06700	OCCUPATIONAL THERAPY	201,652	0	201,652
68.00 06800	SPEECH PATHOLOGY	0	0	0
69.00 06900	ELECTROCARDIOLOGY	847,079	0	847,079
70.00 07000	ELECTROENCEPHALOGRAPHY	117,041	0	117,041
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	998,838	0	998,838
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	731,357	0	731,357
73.00 07300	DRUGS CHARGED TO PATIENTS	645,409	0	645,409
74.00 07400	RENAL DIALYSIS	391,582	0	391,582
76.00 03020	DEV EVALUATION	76,133	0	76,133
76.97 07697	CARDIAC REHABILITATION	97,486	0	97,486
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
90.00 09000	CLINIC	0	0	0
90.01 09001	FAMILY PRACTICES	0	0	0
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0
90.03 09003	AMBULATORY CARE	328,133	0	328,133
90.04 09004	OTHER	0	0	0
91.00 09100	EMERGENCY	2,170,792	0	2,170,792
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
OTHER REIMBURSABLE COST CENTERS				
99.10 09910	CORF	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	98,050	0	98,050	105.00
106.00	10600	HEART ACQUISITION	130,540	0	130,540	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	50,982,759	0	50,982,759	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,136	0	12,136	190.00
190.01	19001	OTHER NONREIMB	1,769,253	0	1,769,253	190.01
190.02	19002	OTHER	0	0	0	190.02
200.00		Cross Foot Adjustments	613,576	0	613,576	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	53,377,724	0	53,377,724	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	21,427,335					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		17,750,729				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	127,815	1,778	313,516,361			4.00
5.01 00540 NONPATIENT TELEPHONES	6,917	4,025	678,247	2,022		5.01
5.02 00551 DATA PROCESSING	35,891	156,866	1,567	22	2,924,049,478	5.02
5.03 00561 PURCHASING RECEIVING AND STORES	983	173,138	1,472,597	22		5.03
5.04 00570 ADMINISTRATION	2,776	60,166	2,059	17		5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	267,026	17,187	980,599	112		5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	7,777,847	546,722	19,830,088	180		5.06
6.00 00600 MAINTENANCE & REPAIRS	3,828,527	109,954	3,771,742	102		6.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	18,326	0	0		8.00
9.00 00900 HOUSEKEEPING	428	31,371	6,295,895	13		9.00
10.00 01000 DIETARY	5,216	24,574	4,963,952	44		10.00
11.00 01100 CAFETERIA	0	0	0	0		11.00
13.00 01300 NURSING ADMINISTRATION	506,942	81,400	2,380,865	27		13.00
15.00 01500 PHARMACY	27,827	195,209	10,835,920	33		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	23,871	19,027	3,730,648	52		16.00
17.00 01700 SOCIAL SERVICE	0	0	2,151,615	18		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	15,340,049	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,359	0	57		22.00
23.00 02300 PARAMEDIC	16,095	18,124	516,864	12		23.00
23.01 02301 PASTORAL CARE	824	11	166,239	5		23.01
23.02 02302 PHARMACY RESIDENCY	132	930	229,819	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,701,045	941,821	82,912,278	346	369,683,082	30.00
31.00 03100 INTENSIVE CARE UNIT	98,622	521,835	24,792,278	38	152,243,965	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	251,276	151,962	7,455,685	36	40,987,400	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	13,433	15,856	4,555,877	74	20,858,275	40.00
41.00 04100 SUBPROVIDER - I/RF	120,402	43,004	6,081,586	23	20,044,569	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	170,582	80,364	4,037,002	33	22,901,810	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,494,703	5,534,101	26,831,861	134	294,065,965	50.00
51.00 05100 RECOVERY ROOM	27,607	236,034	5,811,071	8	50,349,359	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	240,522	201,044	6,544,086	25	40,484,531	52.00
53.00 05300 ANESTHESIOLOGY	0	222,701	748,020	0	65,675,233	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,004,292	6,277,084	20,305,380	157	382,096,261	54.00
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	309,375	1,787	180,295	91	222,666,305	60.00
60.01 06001 BLOOD LABORATORY	1,054	0	0	8	29,012,123	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	1,061	397,948	12,259,084	26	127,060,035	65.00
66.00 06600 PHYSICAL THERAPY	286,091	77,591	5,065,900	21	51,286,857	66.00
67.00 06700 OCCUPATIONAL THERAPY	305	37,829	4,314,045	48	21,011,796	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	437	499,524	3,375,744	37	61,478,385	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	35,867	44,752	181,078	5	2,871,275	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	117,380,729	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	165,865,809	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	388,393,823	73.00
74.00 07400 RENAL DIALYSIS	252,344	30,635	1,595,009	0	8,403,945	74.00
76.00 03020 DEV EVALUATION	953	15,901	1,332,820	24	3,379,512	76.00
76.97 07697 CARDIAC REHABILITATION	0	43,033	819,575	0	3,668,105	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	1,352	107,803	2,722,647	49	15,396,112	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	466,704	576,821	14,038,033	100	244,404,407	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
	1.00	2.00	4.00	5.01	5.02	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	55,346	14,429	663,080	0	392,610	105.00
106.00 10600 HEART ACQUISITION	76,368	4,327	1,224,404	0	1,987,200	106.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	20,238,858	17,539,353	311,195,603	1,999	2,924,049,478	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	1,188,477	211,376	2,320,758	23	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	24,096,969	23,557,085	75,916,266	2,576,160	13,798,215	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.124590	1.327105	0.242145	1,274.065282	0.004719	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			146,162	13,448	248,688	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000466	6.650841	0.000085	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES	143,429,469					5.03
5.04	00570	ADMITTING	0	2,065,974,610				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	41,647	0	2,924,049,478			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,336,293	0	0	-100,350,425	744,144,322	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,364,451	0	0	0	27,264,923	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,009	0	0	0	2,854,724	8.00
9.00	00900	HOUSEKEEPING	1,131,911	0	0	0	12,040,658	9.00
10.00	01000	DIETARY	5,007,227	0	0	0	8,396,655	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	210,614	0	0	0	4,594,776	13.00
15.00	01500	PHARMACY	341,497	0	0	0	14,741,624	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	50,573	0	0	0	7,081,607	16.00
17.00	01700	SOCIAL SERVICE	9,611	0	0	0	2,926,155	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	18,904,426	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	214,414	0	0	0	15,387,031	22.00
23.00	02300	PARAMEDIC	50,011	0	0	0	891,379	23.00
23.01	02301	PASTORAL CARE	2,507	0	0	0	221,676	23.01
23.02	02302	PHARMACY RESIDENCY	1,633	0	0	0	299,047	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,917,013	358,272,157	369,683,082	0	126,906,188	30.00
31.00	03100	INTENSIVE CARE UNIT	4,844,790	152,243,965	152,243,965	0	40,625,213	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,106,757	40,987,400	40,987,400	0	12,418,879	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	85,237	20,858,275	20,858,275	0	6,346,511	40.00
41.00	04100	SUBPROVIDER - IRF	346,611	20,044,569	20,044,569	0	10,170,505	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	559,422	22,901,810	22,901,810	0	6,495,975	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	69,292,861	187,400,036	294,065,965	0	62,325,312	50.00
51.00	05100	RECOVERY ROOM	231,630	20,353,944	50,349,359	0	9,032,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,163,556	30,313,257	40,484,531	0	10,028,267	52.00
53.00	05300	ANESTHESIOLOGY	1,301,808	41,656,555	65,675,233	0	2,721,177	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,330,435	182,614,936	382,096,261	0	50,104,734	54.00
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	5,930,837	155,710,074	222,666,305	0	27,769,922	60.00
60.01	06001	BLOOD LABORATORY	849,645	23,261,919	29,012,123	0	3,947,420	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,695,992	122,253,325	127,060,035	0	18,783,186	65.00
66.00	06600	PHYSICAL THERAPY	11,787,655	28,814,419	51,286,857	0	8,291,362	66.00
67.00	06700	OCCUPATIONAL THERAPY	139,307	13,481,715	21,011,796	0	6,160,579	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	245,379	36,495,830	61,478,385	0	6,613,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,761	2,377,245	2,871,275	0	349,906	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,399,823	117,380,729	0	74,267,436	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	131,029,233	165,865,809	0	53,910,032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	283,310,607	388,393,823	0	43,198,477	73.00
74.00	07400	RENAL DIALYSIS	390,431	7,441,585	8,403,945	0	2,635,855	74.00
76.00	03020	DEV EVALUATION	55,986	2,169,200	3,379,512	0	1,874,814	76.00
76.97	07697	CARDIAC REHABILITATION	32,399	1,052,485	3,668,105	0	1,188,030	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	315,731	144,087	15,396,112	0	4,046,385	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,767,744	89,006,349	244,404,407	0	29,347,961	91.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	29,811	392,610	392,610	0	1,231,002	105.00
106.00	10600	HEART ACQUISITION	103,636	1,987,200	1,987,200	0	2,374,548	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	143,297,832	2,065,974,610	2,924,049,478	-100,350,425	738,770,618	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	0	420	190.00
190.01	19001	OTHER NONREIMB	131,636	0	0	0	5,373,284	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,616,324	5,518,919	16,382,073		100,350,425	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.032185	0.002671	0.005603		0.134853	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	914,095	83,083	324,571		9,574,115	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006373	0.000040	0.000111		0.012866	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		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	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	901,610				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,459	4,655,625			8.00
9.00	00900	HOUSEKEEPING	12,180	0	104,727		9.00
10.00	01000	DIETARY	29,968	0	4,898	1,451,498	10.00
11.00	01100	CAFETERIA	0	0	0	801,202	11.00
13.00	01300	NURSING ADMINISTRATION	5,880	0	1,175	0	24 13.00
15.00	01500	PHARMACY	11,841	0	1,167	0	114 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,296	0	849	0	71 16.00
17.00	01700	SOCIAL SERVICE	1,316	0	150	0	29 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,637	0	1,081	0	130 22.00
23.00	02300	PARAMEDIC	1,318	9,585	775	0	8 23.00
23.01	02301	PASTORAL CARE	567	0	116	0	7 23.01
23.02	02302	PHARMACY RESIDENCY	56	0	3	0	4 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	270,809	2,369,609	17,970	481,820	1,204 30.00
31.00	03100	INTENSIVE CARE UNIT	56,049	533,748	7,340	96,841	337 31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,360	51,747	251	0	96 31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - I/PF	15,414	68,202	1,413	31,577	63 40.00
41.00	04100	SUBPROVIDER - I/RF	22,754	91,377	1,115	40,058	85 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	9,886	41,847	806	0	50 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	147,218	133,955	3,968	0	355 50.00
51.00	05100	RECOVERY ROOM	25,793	0	0	0	76 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,008	104,431	259	0	96 52.00
53.00	05300	ANESTHESIOLOGY	1,616	0	52	0	14 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,919	609,461	14,916	0	267 54.00
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	23,746	32,410	3,656	0	1 60.00
60.01	06001	BLOOD LABORATORY	0	0	221	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	4,731	0	1,182	0	185 65.00
66.00	06600	PHYSICAL THERAPY	10,732	110,090	1,822	0	67 66.00
67.00	06700	OCCUPATIONAL THERAPY	8,684	0	2,604	0	61 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	9,479	45,096	1,101	0	51 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,737	35,527	257	0	4 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,434	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	3,355	0	147	0	19 74.00
76.00	03020	DEV EVALUATION	4,711	0	620	0	17 76.00
76.97	07697	CARDIAC REHABILITATION	3,955	0	0	0	10 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	FAMILY PRACTICES	0	0	0	0	0 90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0 90.02
90.03	09003	AMBULATORY CARE	18,394	34,101	1,988	0	34 90.03
90.04	09004	OTHER	0	0	0	0	0 90.04
91.00	09100	EMERGENCY	35,360	321,378	12,760	0	218 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	4
106.00	10600	HEART ACQUISITION	1,119	0	0	0	11
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	893,347	4,592,564	91,096	1,451,498	3,712
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,076	0	400	0	0
190.01	19001	OTHER NONREIMB	6,187	63,061	13,231	0	33
190.02	19002	OTHER	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	30,941,680	3,289,762	14,082,373	11,216,040	6,191,062
203.00		Unit cost multiplier (Wkst. B, Part I)	34.318253	0.706621	134.467453	7.727217	1,653.154072
204.00		Cost to be allocated (per Wkst. B, Part II)	4,817,003	68,858	272,337	359,203	198,275
205.00		Unit cost multiplier (Wkst. B, Part II)	5.342668	0.014790	2.600447	0.247471	52.943925

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (IR TIME)	
	(NURSING HOURS)					
	13.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00551 DATA PROCESSING						5.02
5.03 00561 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	8,433,295					13.00
15.00 01500 PHARMACY	0	2,956,784				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	48,616			16.00
17.00 01700 SOCIAL SERVICE	3,056	0	37	60,321		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21,805	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,480	0	0	0	0	22.00
23.00 02300 PARAMEDIC	13	599	0	0	0	23.00
23.01 02301 PASTORAL CARE	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,841,975	706,366	16,801	47,336	11,853	30.00
31.00 03100 INTENSIVE CARE UNIT	1,236,004	445,698	71	9,514	2,322	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	320,540	72,242	3,102	3,471	892	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	226,834	8,437	2,296	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	282,061	14,559	2,427	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	200,239	32,797	574	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	586,188	591,107	5,845	0	2,284	50.00
51.00 05100 RECOVERY ROOM	234,171	45,104	244	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	325,828	108,121	384	0	0	52.00
53.00 05300 ANESTHESIOLOGY	34,435	152,513	161	0	485	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	188,739	148,852	5,030	0	0	54.00
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	1,773	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	118	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	140	638	591	0	0	65.00
66.00 06600 PHYSICAL THERAPY	6,322	22,271	426	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,828	0	272	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	127,269	11,904	2,931	0	361	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	10,998	0	29	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	545	0	0	73.00
74.00 07400 RENAL DIALYSIS	62,015	2,435	16	0	0	74.00
76.00 03020 DEV EVALUATION	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	22,656	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	67,765	67,786	7	0	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	638,374	521,048	4,936	0	3,608	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (IR TIME)	
	(NURSING HOURS)					
	13.00	15.00	16.00	17.00	21.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	190	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	1,126	0	0	0	0	106.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,422,246	2,952,477	48,616	60,321	21,805	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	11,049	4,307	0	0	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	5,613,861	17,481,322	8,449,869	3,442,495	21,453,745	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.665678	5.912276	173.808396	57.069594	983.891080	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	775,617	560,518	179,876	48,206	250,372	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.091971	0.189570	3.699934	0.799158	11.482321	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1
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Cost Center Description		INTERNS & RESIDENTS	Reconciliation	PARAMEDIC (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	
		SERVICES-OTHER PRGM COSTS (I.R TIME)					
		22.00	23A	23.00	23.01	23A.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,805				22.00
23.00	02300	PARAMEDIC		-1,184,575	843,310,172		23.00
23.01	02301	PASTORAL CARE		0	298,198	221,543	23.01
23.02	02302	PHARMACY RESIDENCY		0	348,312	0	-348,801
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,853	0	197,079,314	148,666	0
31.00	03100	INTENSIVE CARE UNIT	2,322	0	58,942,455	28,957	0
31.01	03101	NEONATAL INTENSIVE CARE UNIT	892	0	17,716,157	10,563	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	8,917,630	9,442	0
41.00	04100	SUBPROVIDER - IRF	0	0	13,683,133	11,978	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	8,358,822	11,937	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,284	0	86,061,629	0	0
51.00	05100	RECOVERY ROOM	0	0	11,726,190	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	13,463,361	0	0
53.00	05300	ANESTHESIOLOGY	485	0	5,010,397	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	64,945,315	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	33,154,030	0	0
60.01	06001	BLOOD LABORATORY	0	0	4,529,967	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	22,049,876	0	0
66.00	06600	PHYSICAL THERAPY	0	0	10,421,255	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,788,860	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	361	0	9,417,880	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	535,339	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	85,147,787	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	61,179,962	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	49,118,647	0	0
74.00	07400	RENAL DIALYSIS	0	0	3,216,082	0	0
76.00	03020	DEV EVALUATION	0	0	2,400,785	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	1,515,582	0	0
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	0	0	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0
90.03	09003	AMBULATORY CARE	0	0	6,018,023	0	0
90.04	09004	OTHER	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,608	0	47,762,544	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

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Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	Reconciliation	PARAMEDIC (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation			
	SERVICES-OTHER							
	PRGM COSTS (I.R. TIME)							
	22.00	23A	23.00	23.01	23A.02			
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,403,745	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	2,752,100	0	0	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,805	-1,184,575	834,963,377	221,543	-348,801	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	125,509	0	0	190.00
190.01	19001	OTHER NONREIMB	0	0	8,221,286	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	18,292,602		1,184,575	298,617		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	838.917771		0.001405	1.347896		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	285,718		63,998	7,622		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	13.103325		0.000076	0.034404		205.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00551	DATA PROCESSING	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMINISTRATIVE	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
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
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMEDIC	23.00
23.01	02301	PASTORAL CARE	23.01
23.02	02302	PHARMACY RESIDENCY	23.02
		844,145,946	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - I/P	40.00
41.00	04100	SUBPROVIDER - I/R	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
		197,556,322	
		59,064,300	
		17,755,286	
		0	
		0	
		0	
		8,942,886	
		13,718,503	
		0	
		8,386,656	
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
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	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
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
76.00	03020	DEV EVALUATION	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
		86,182,546	
		11,742,665	
		13,482,277	
		5,017,437	
		65,036,563	
		0	
		0	
		0	
		33,200,611	
		4,536,332	
		0	
		22,080,856	
		10,435,897	
		7,799,803	
		0	
		9,431,112	
		536,091	
		85,267,420	
		61,265,920	
		49,187,659	
		3,220,601	
		2,404,158	
		1,517,711	
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	FAMILY PRACTICES	90.01
90.02	09002	WOMEN'S HEALTH CENTER	90.02
90.03	09003	AMBULATORY CARE	90.03
90.04	09004	OTHER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
		0	

COST ALLOCATION - STATISTICAL BASIS

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Period:
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Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	1,405,717	105.00
106.00	10600 HEART ACQUISITION	2,755,967	106.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	835,787,424	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	125,685	190.00
190.01	19001 OTHER NONREIMB	8,232,837	190.01
190.02	19002 OTHER	0	190.02
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)	348,801	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000413	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,866	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000007	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 1:17 pm
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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		176,032,327	0	176,032,327	30.00
31.00	03100 INTENSIVE CARE UNIT		54,856,132	0	54,856,132	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		16,136,673	0	16,136,673	31.01
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF		8,946,579	0	8,946,579	40.00
41.00	04100 SUBPROVIDER - I RF		13,724,169	0	13,724,169	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		8,390,120	0	8,390,120	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		82,054,844	0	82,054,844	50.00
51.00	05100 RECOVERY ROOM		11,747,515	0	11,747,515	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		13,487,845	0	13,487,845	52.00
53.00	05300 ANESTHESIOLOGY		4,135,447	0	4,135,447	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		65,063,423	0	65,063,423	54.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		33,214,323	0	33,214,323	60.00
60.01	06001 BLOOD LABORATORY		4,538,206	0	4,538,206	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	22,089,975	0	22,089,975	65.00
66.00	06600 PHYSICAL THERAPY	0	10,440,207	0	10,440,207	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,803,024	0	7,803,024	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		8,776,973	0	8,776,973	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		536,312	0	536,312	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		85,302,635	0	85,302,635	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		61,291,223	0	61,291,223	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		49,207,974	0	49,207,974	73.00
74.00	07400 RENAL DIALYSIS		3,221,931	0	3,221,931	74.00
76.00	03020 DEV EVALUATION		2,405,151	0	2,405,151	76.00
76.97	07697 CARDIAC REHABILITATION		1,518,338	0	1,518,338	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	0	0	90.00
90.01	09001 FAMILY PRACTICES		0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER		0	0	0	90.02
90.03	09003 AMBULATORY CARE		6,028,967	0	6,028,967	90.03
90.04	09004 OTHER		0	0	0	90.04
91.00	09100 EMERGENCY		41,272,710	0	41,272,710	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,391,264	0	8,391,264	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		1,406,298	0	1,406,298	105.00
106.00	10600 HEART ACQUISITION		2,757,105	0	2,757,105	106.00
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)		804,777,690	0	804,777,690	200.00
201.00	Less Observation Beds		8,391,264	0	8,391,264	201.00
202.00	Total (see instructions)		796,386,426	0	796,386,426	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	351,616,491		351,616,491			30.00
31.00 03100 INTENSIVE CARE UNIT	152,243,965		152,243,965			31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	40,987,400		40,987,400			31.01
32.00 03200 CORONARY CARE UNIT	0		0			32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		0			33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00 04000 SUBPROVIDER - I/PF	20,858,275		20,858,275			40.00
41.00 04100 SUBPROVIDER - I/RP	20,044,569		20,044,569			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	22,901,810		22,901,810			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	187,400,036	106,665,929	294,065,965	0.279036	0.000000	50.00
51.00 05100 RECOVERY ROOM	20,353,944	29,995,415	50,349,359	0.233320	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	30,313,257	10,171,274	40,484,531	0.333160	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	41,656,555	24,018,678	65,675,233	0.062968	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	182,614,936	199,481,325	382,096,261	0.170280	0.000000	54.00
57.00 05700 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 06000 LABORATORY	155,710,074	66,956,231	222,666,305	0.149166	0.000000	60.00
60.01 06001 BLOOD LABORATORY	23,261,919	5,750,204	29,012,123	0.156424	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	122,253,325	4,806,710	127,060,035	0.173855	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	28,814,419	22,472,438	51,286,857	0.203565	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	13,481,715	7,530,081	21,011,796	0.371364	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	36,495,830	24,982,555	61,478,385	0.142765	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,377,245	494,030	2,871,275	0.186785	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	89,399,823	27,980,906	117,380,729	0.726718	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	131,029,233	34,836,576	165,865,809	0.369523	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	283,310,607	105,083,216	388,393,823	0.126696	0.000000	73.00
74.00 07400 RENAL DIALYSIS	7,441,585	962,360	8,403,945	0.383383	0.000000	74.00
76.00 03020 DEV EVALUATION	2,169,200	1,210,312	3,379,512	0.711686	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	1,052,485	2,615,620	3,668,105	0.413930	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	0	0	0	0.000000	0.000000	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0.000000	0.000000	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0.000000	0.000000	90.02
90.03 09003 AMBULATORY CARE	144,087	15,252,025	15,396,112	0.391590	0.000000	90.03
90.04 09004 OTHER	0	0	0	0.000000	0.000000	90.04
91.00 09100 EMERGENCY	89,006,349	155,398,058	244,404,407	0.168871	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,655,666	11,410,925	18,066,591	0.464463	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	392,610	0	392,610			105.00
106.00 10600 HEART ACQUISITION	1,987,200	0	1,987,200			106.00
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
200.00	Subtotal (see instructions)	2,065,974,610	858,074,868	2,924,049,478		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	2,065,974,610	858,074,868	2,924,049,478		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 1:17 pm
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
31.01	03101 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.279036		50.00
51.00	05100 RECOVERY ROOM	0.233320		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.333160		52.00
53.00	05300 ANESTHESIOLOGY	0.062968		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.170280		54.00
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	0.149166		60.00
60.01	06001 BLOOD LABORATORY	0.156424		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.173855		65.00
66.00	06600 PHYSICAL THERAPY	0.203565		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.371364		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.142765		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.186785		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.726718		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.369523		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.126696		73.00
74.00	07400 RENAL DIALYSIS	0.383383		74.00
76.00	03020 DEV EVALUATION	0.711686		76.00
76.97	07697 CARDIAC REHABILITATION	0.413930		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	0.000000		90.00
90.01	09001 FAMILY PRACTICES	0.000000		90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000		90.02
90.03	09003 AMBULATORY CARE	0.391590		90.03
90.04	09004 OTHER	0.000000		90.04
91.00	09100 EMERGENCY	0.168871		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.464463		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 1:17 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,480,511	0	8,480,511	149,175	56.85	30.00
31.00	INTENSIVE CARE UNIT	1,993,911		1,993,911	28,937	68.91	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	822,062		822,062	10,563	77.82	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	255,024	0	255,024	9,442	27.01	40.00
41.00	SUBPROVIDER - IRF	511,278	0	511,278	11,978	42.68	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	478,070		478,070	12,293	38.89	43.00
200.00	Total (Lines 30-199)	12,540,856		12,540,856	222,388		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	50,454	2,868,310				30.00
31.00	INTENSIVE CARE UNIT	11,103	765,108				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	3,820	103,178				40.00
41.00	SUBPROVIDER - IRF	6,158	262,823				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	71,535	3,999,419				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 1:17 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,695,718	294,065,965	0.039772	57,560,852	2,289,310	50.00
51.00	05100 RECOVERY ROOM	648,237	50,349,359	0.012875	7,215,357	92,898	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	884,236	40,484,531	0.021841	81,986	1,791	52.00
53.00	05300 ANESTHESIOLOGY	406,649	65,675,233	0.006192	11,958,592	74,048	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,274,908	382,096,261	0.039977	70,093,291	2,802,119	54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	939,403	222,666,305	0.004219	54,958,905	231,872	60.00
60.01	06001 BLOOD LABORATORY	65,069	29,012,123	0.002243	7,477,932	16,773	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	989,449	127,060,035	0.007787	34,896,333	271,738	65.00
66.00	06600 PHYSICAL THERAPY	704,142	51,286,857	0.013729	6,130,093	84,160	66.00
67.00	06700 OCCUPATIONAL THERAPY	201,652	21,011,796	0.009597	135,799	1,303	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	847,079	61,478,385	0.013778	14,170,856	195,246	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	117,041	2,871,275	0.040763	766,416	31,241	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	998,838	117,380,729	0.008509	27,302,677	232,318	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	731,357	165,865,809	0.004409	50,112,970	220,948	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	645,409	388,393,823	0.001662	89,922,200	149,451	73.00
74.00	07400 RENAL DIALYSIS	391,582	8,403,945	0.046595	3,860,575	179,883	74.00
76.00	03020 DEV EVALUATION	76,133	3,379,512	0.022528	425	10	76.00
76.97	07697 CARDIAC REHABILITATION	97,486	3,668,105	0.026577	453,918	12,064	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	0	0	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	328,133	15,396,112	0.021313	73,588	1,568	90.03
90.04	09004 OTHER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	2,170,792	244,404,407	0.008882	30,361,015	269,667	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	404,258	18,066,591	0.022376	0	0	92.00
200.00	Total (Lines 50-199)	38,617,571	2,313,017,158		467,533,780	7,158,408	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/26/2015 1:17 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	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	558,767	0	0	558,767	30.00
31.00	03100	INTENSIVE CARE UNIT	0	146,239	0	0	146,239	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	46,462	0	0	46,462	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	28,949	0	0	28,949	40.00
41.00	04100	SUBPROVIDER - IRF	0	41,036	0	0	41,036	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	31,298	0	0	31,298	43.00
200.00		Total (lines 30-199)	0	852,751	0	0	852,751	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	149,175	3.75	50,454	189,203	0	30.00
31.00	03100	INTENSIVE CARE UNIT	28,937	5.05	11,103	56,070	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	10,563	4.40	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,442	3.07	3,820	11,727	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,978	3.43	6,158	21,122	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	12,293	2.55	0	0	0	43.00
200.00		Total (lines 30-199)	222,388		71,535	278,122	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0			31.01
32.00	03200	CORONARY CARE UNIT	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	156,510	0	156,510	50.00
51.00	05100	RECOVERY ROOM	0	0	21,325	0	21,325	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	24,484	0	24,484	52.00
53.00	05300	ANESTHESIOLOGY	0	0	9,112	0	9,112	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	118,108	0	118,108	54.00
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	60,293	0	60,293	60.00
60.01	06001	BLOOD LABORATORY	0	0	8,239	0	8,239	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	40,099	0	40,099	65.00
66.00	06600	PHYSICAL THERAPY	0	0	18,952	0	18,952	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	14,164	0	14,164	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	17,127	0	17,127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	973	0	973	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	154,848	0	154,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	111,261	0	111,261	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	89,327	0	89,327	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,849	0	5,849	74.00
76.00	03020	DEV EVALUATION	0	0	4,366	0	4,366	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	2,756	0	2,756	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	10,944	0	10,944	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	86,860	0	86,860	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	26,634	0	26,634	92.00
200.00		Total (lines 50-199)	0	0	982,231	0	982,231	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
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Cost Center Description		Title XVIII				Hospital	
		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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	156,510	294,065,965	0.000532	0.000532	57,560,852	50.00
51.00	05100 RECOVERY ROOM	21,325	50,349,359	0.000424	0.000424	7,215,357	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	24,484	40,484,531	0.000605	0.000605	81,986	52.00
53.00	05300 ANESTHESIOLOGY	9,112	65,675,233	0.000139	0.000139	11,958,592	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	118,108	382,096,261	0.000309	0.000309	70,093,291	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	60,293	222,666,305	0.000271	0.000271	54,958,905	60.00
60.01	06001 BLOOD LABORATORY	8,239	29,012,123	0.000284	0.000284	7,477,932	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	40,099	127,060,035	0.000316	0.000316	34,896,333	65.00
66.00	06600 PHYSICAL THERAPY	18,952	51,286,857	0.000370	0.000370	6,130,093	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,164	21,011,796	0.000674	0.000674	135,799	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	17,127	61,478,385	0.000279	0.000279	14,170,856	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	973	2,871,275	0.000339	0.000339	766,416	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	154,848	117,380,729	0.001319	0.001319	27,302,677	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	111,261	165,865,809	0.000671	0.000671	50,112,970	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	89,327	388,393,823	0.000230	0.000230	89,922,200	73.00
74.00	07400 RENAL DIALYSIS	5,849	8,403,945	0.000696	0.000696	3,860,575	74.00
76.00	03020 DEV EVALUATION	4,366	3,379,512	0.001292	0.001292	425	76.00
76.97	07697 CARDIAC REHABILITATION	2,756	3,668,105	0.000751	0.000751	453,918	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	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	10,944	15,396,112	0.000711	0.000711	73,588	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	86,860	244,404,407	0.000355	0.000355	30,361,015	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	26,634	18,066,591	0.001474	0.001474	0	92.00
200.00	Total (Lines 50-199)	982,231	2,313,017,158			467,533,780	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title VIII		11.00	12.00	13.00	21.00	22.00	
Hospital							
PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	30,622	22,111,057	11,763	0	0	50.00
51.00	05100 RECOVERY ROOM	3,059	7,760,550	3,290	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	50	34,073	21	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,662	4,215,296	586	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,659	58,251,210	18,000	0	0	54.00
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	14,894	13,450,210	3,645	0	0	60.00
60.01	06001 BLOOD LABORATORY	2,124	1,177,468	334	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	11,027	1,028,864	325	0	0	65.00
66.00	06600 PHYSICAL THERAPY	2,268	253,764	94	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	92	456,762	308	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,954	6,159,913	1,719	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	260	41,332	14	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	36,012	8,311,993	10,964	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	33,626	12,155,542	8,156	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,682	27,495,853	6,324	0	0	73.00
74.00	07400 RENAL DIALYSIS	2,687	427,930	298	0	0	74.00
76.00	03020 DEV EVALUATION	1	1,508	2	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	341	1,057,389	794	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	52	5,841,408	4,153	0	0	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	10,778	18,760,394	6,660	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,028,370	7,412	0	0	92.00
200.00	Total (Lines 50-199)	195,850	194,020,886	84,862	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	DEV EVALUATION	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	FAMILY PRACTICES	0	0		90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0		90.02
90.03	09003	AMBULATORY CARE	0	0		90.03
90.04	09004	OTHER	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.279036	22,111,057	0	0	6,169,781	50.00
51.00	05100	RECOVERY ROOM	0.233320	7,760,550	0	0	1,810,692	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.333160	34,073	0	0	11,352	52.00
53.00	05300	ANESTHESIOLOGY	0.062968	4,215,296	0	0	265,429	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170280	58,251,210	0	0	9,919,016	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.149166	13,450,210	0	0	2,006,314	60.00
60.01	06001	BLOOD LABORATORY	0.156424	1,177,468	0	0	184,184	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.173855	1,028,864	0	0	178,873	65.00
66.00	06600	PHYSICAL THERAPY	0.203565	253,764	0	0	51,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.371364	456,762	0	0	169,625	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142765	6,159,913	0	0	879,420	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.186785	41,332	0	0	7,720	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.726718	8,311,993	0	0	6,040,475	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.369523	12,155,542	0	0	4,491,752	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126696	27,495,853	0	0	3,483,615	73.00
74.00	07400	RENAL DIALYSIS	0.383383	427,930	0	0	164,061	74.00
76.00	03020	DEV EVALUATION	0.711686	1,508	0	0	1,073	76.00
76.97	07697	CARDIAC REHABILITATION	0.413930	1,057,389	0	0	437,685	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.391590	5,841,408	0	0	2,287,437	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.168871	18,760,394	0	0	3,168,086	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.464463	5,028,370	0	0	2,335,492	92.00
200.00		Subtotal (see instructions)		194,020,886	0	0	44,063,739	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		194,020,886	0	0	44,063,739	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140208

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

Worksheet D
Part V
Date/Time Prepared:
5/26/2015 1:17 pm

		Title XVIII		Hospital	PPS
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	DEV EVALUATION	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	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208 Component CCN: 14S208		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 1:17 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,695,718	294,065,965	0.039772	8,670	345	50.00
51.00	05100	RECOVERY ROOM	648,237	50,349,359	0.012875	2,366	30	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	884,236	40,484,531	0.021841	0	0	52.00
53.00	05300	ANESTHESIOLOGY	406,649	65,675,233	0.006192	1,897	12	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,274,908	382,096,261	0.039977	309,020	12,354	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	939,403	222,666,305	0.004219	730,440	3,082	60.00
60.01	06001	BLOOD LABORATORY	65,069	29,012,123	0.002243	809	2	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	989,449	127,060,035	0.007787	147,325	1,147	65.00
66.00	06600	PHYSICAL THERAPY	704,142	51,286,857	0.013729	85,710	1,177	66.00
67.00	06700	OCCUPATIONAL THERAPY	201,652	21,011,796	0.009597	90,375	867	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	847,079	61,478,385	0.013778	169,426	2,334	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,041	2,871,275	0.040763	4,590	187	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	998,838	117,380,729	0.008509	65,990	562	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	731,357	165,865,809	0.004409	340	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	645,409	388,393,823	0.001662	1,391,824	2,313	73.00
74.00	07400	RENAL DIALYSIS	391,582	8,403,945	0.046595	5,280	246	74.00
76.00	03020	DEV EVALUATION	76,133	3,379,512	0.022528	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	97,486	3,668,105	0.026577	0	0	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	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	328,133	15,396,112	0.021313	51	1	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	2,170,792	244,404,407	0.008882	778,312	6,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,066,591	0.000000	0	0	92.00
200.00		Total (Lines 50-199)	38,213,313	2,313,017,158		3,792,425	31,573	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	156,510	0	156,510	50.00
51.00	05100 RECOVERY ROOM	0	0	21,325	0	21,325	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	24,484	0	24,484	52.00
53.00	05300 ANESTHESIOLOGY	0	0	9,112	0	9,112	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	118,108	0	118,108	54.00
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	60,293	0	60,293	60.00
60.01	06001 BLOOD LABORATORY	0	0	8,239	0	8,239	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	40,099	0	40,099	65.00
66.00	06600 PHYSICAL THERAPY	0	0	18,952	0	18,952	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	14,164	0	14,164	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	17,127	0	17,127	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	973	0	973	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	154,848	0	154,848	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	111,261	0	111,261	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	89,327	0	89,327	73.00
74.00	07400 RENAL DIALYSIS	0	0	5,849	0	5,849	74.00
76.00	03020 DEV EVALUATION	0	0	4,366	0	4,366	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	2,756	0	2,756	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	10,944	0	10,944	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	86,860	0	86,860	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	955,597	0	955,597	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	156,510	294,065,965	0.000532	0.000532	8,670	50.00
51.00	05100 RECOVERY ROOM	21,325	50,349,359	0.000424	0.000424	2,366	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	24,484	40,484,531	0.000605	0.000605	0	52.00
53.00	05300 ANESTHESIOLOGY	9,112	65,675,233	0.000139	0.000139	1,897	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	118,108	382,096,261	0.000309	0.000309	309,020	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	60,293	222,666,305	0.000271	0.000271	730,440	60.00
60.01	06001 BLOOD LABORATORY	8,239	29,012,123	0.000284	0.000284	809	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	40,099	127,060,035	0.000316	0.000316	147,325	65.00
66.00	06600 PHYSICAL THERAPY	18,952	51,286,857	0.000370	0.000370	85,710	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,164	21,011,796	0.000674	0.000674	90,375	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	17,127	61,478,385	0.000279	0.000279	169,426	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	973	2,871,275	0.000339	0.000339	4,590	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	154,848	117,380,729	0.001319	0.001319	65,990	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	111,261	165,865,809	0.000671	0.000671	340	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	89,327	388,393,823	0.000230	0.000230	1,391,824	73.00
74.00	07400 RENAL DIALYSIS	5,849	8,403,945	0.000696	0.000696	5,280	74.00
76.00	03020 DEV EVALUATION	4,366	3,379,512	0.001292	0.001292	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,756	3,668,105	0.000751	0.000751	0	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	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	10,944	15,396,112	0.000711	0.000711	51	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	86,860	244,404,407	0.000355	0.000355	778,312	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	18,066,591	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	955,597	2,313,017,158			3,792,425	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	1	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	95	0	0	0	0	54.00
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	198	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	47	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	32	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	61	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	47	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	87	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	320	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	4	0	0	0	0	74.00
76.00	03020 DEV EVALUATION	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	0	0	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	276	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	1,175	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
Title XVII		Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 DEV EVALUATION	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 FAMILY PRACTICES	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	90.03
90.04 09004 OTHER	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 1:17 pm		
		Component CCN: 14T208		Title XVIII		Subprovider - IRF		
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	11,695,718	294,065,965	0.039772	89,159	3,546	50.00
51.00	05100	RECOVERY ROOM	648,237	50,349,359	0.012875	29,960	386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	884,236	40,484,531	0.021841	0	0	52.00
53.00	05300	ANESTHESIOLOGY	406,649	65,675,233	0.006192	16,087	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,274,908	382,096,261	0.039977	555,402	22,203	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	939,403	222,666,305	0.004219	1,285,913	5,425	60.00
60.01	06001	BLOOD LABORATORY	65,069	29,012,123	0.002243	49,640	111	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	989,449	127,060,035	0.007787	428,264	3,335	65.00
66.00	06600	PHYSICAL THERAPY	704,142	51,286,857	0.013729	8,165	112	66.00
67.00	06700	OCCUPATIONAL THERAPY	201,652	21,011,796	0.009597	6,568,885	63,042	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	847,079	61,478,385	0.013778	122,874	1,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,041	2,871,275	0.040763	8,165	333	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	998,838	117,380,729	0.008509	504,386	4,292	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	731,357	165,865,809	0.004409	7,395	33	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	645,409	388,393,823	0.001662	3,438,542	5,715	73.00
74.00	07400	RENAL DIALYSIS	391,582	8,403,945	0.046595	193,785	9,029	74.00
76.00	03020	DEV EVALUATION	76,133	3,379,512	0.022528	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	97,486	3,668,105	0.026577	520	14	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	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	328,133	15,396,112	0.021313	2,645	56	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	2,170,792	244,404,407	0.008882	14,999	133	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,066,591	0.000000	0	0	92.00
200.00		Total (Lines 50-199)	38,213,313	2,313,017,158		13,324,786	119,558	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	156,510	0	156,510	50.00
51.00	05100 RECOVERY ROOM	0	0	21,325	0	21,325	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	24,484	0	24,484	52.00
53.00	05300 ANESTHESIOLOGY	0	0	9,112	0	9,112	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	118,108	0	118,108	54.00
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	60,293	0	60,293	60.00
60.01	06001 BLOOD LABORATORY	0	0	8,239	0	8,239	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	40,099	0	40,099	65.00
66.00	06600 PHYSICAL THERAPY	0	0	18,952	0	18,952	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	14,164	0	14,164	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	17,127	0	17,127	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	973	0	973	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	154,848	0	154,848	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	111,261	0	111,261	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	89,327	0	89,327	73.00
74.00	07400 RENAL DIALYSIS	0	0	5,849	0	5,849	74.00
76.00	03020 DEV EVALUATION	0	0	4,366	0	4,366	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	2,756	0	2,756	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	10,944	0	10,944	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	86,860	0	86,860	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	955,597	0	955,597	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	156,510	294,065,965	0.000532	0.000532	89,159	50.00
51.00	05100 RECOVERY ROOM	21,325	50,349,359	0.000424	0.000424	29,960	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	24,484	40,484,531	0.000605	0.000605	0	52.00
53.00	05300 ANESTHESIOLOGY	9,112	65,675,233	0.000139	0.000139	16,087	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	118,108	382,096,261	0.000309	0.000309	555,402	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	60,293	222,666,305	0.000271	0.000271	1,285,913	60.00
60.01	06001 BLOOD LABORATORY	8,239	29,012,123	0.000284	0.000284	49,640	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	40,099	127,060,035	0.000316	0.000316	428,264	65.00
66.00	06600 PHYSICAL THERAPY	18,952	51,286,857	0.000370	0.000370	8,165	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,164	21,011,796	0.000674	0.000674	6,568,885	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	17,127	61,478,385	0.000279	0.000279	122,874	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	973	2,871,275	0.000339	0.000339	8,165	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	154,848	117,380,729	0.001319	0.001319	504,386	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	111,261	165,865,809	0.000671	0.000671	7,395	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	89,327	388,393,823	0.000230	0.000230	3,438,542	73.00
74.00	07400 RENAL DIALYSIS	5,849	8,403,945	0.000696	0.000696	193,785	74.00
76.00	03020 DEV EVALUATION	4,366	3,379,512	0.001292	0.001292	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,756	3,668,105	0.000751	0.000751	520	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	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	10,944	15,396,112	0.000711	0.000711	2,645	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	86,860	244,404,407	0.000355	0.000355	14,999	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	18,066,591	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	955,597	2,313,017,158			13,324,786	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	47	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	13	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	2	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	172	0	0	0	0	54.00
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	348	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	14	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	135	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,427	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	34	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	665	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	5	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	791	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	135	0	0	0	0	74.00
76.00	03020 DEV EVALUATION	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	2	0	0	0	0	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	5	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	6,801	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:17 pm
	Title XVII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 DEV EVALUATION	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 FAMILY PRACTICES	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	90.03
90.04 09004 OTHER	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2015 1:17 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		149,175	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		149,175	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)		142,064	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)		50,454	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)		176,032,327	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)		176,032,327	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)		176,032,327	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)		1,180.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		59,537,738	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)		59,537,738	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		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	54,856,132	28,937	1,895.71	11,103	21,048,068	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	16,136,673	10,563	1,527.66	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					105,936,243	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					186,522,049	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)					3,878,691	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,354,258	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					11,232,949	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					175,289,100	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)					7,111	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,180.04	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,391,264	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 1:17 pm	
		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	8,480,511	176,032,327	0.048176	8,391,264	404,258	90.00
91.00	Nursing School cost	0	176,032,327	0.000000	8,391,264	0	91.00
92.00	Allied health cost	558,767	176,032,327	0.003174	8,391,264	26,634	92.00
93.00	All other Medical Education	0	176,032,327	0.000000	8,391,264	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,442	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,442	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)		9,442	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,820	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)		8,946,579	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)		8,946,579	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)		8,946,579	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)		947.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,619,565	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)		3,619,565	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14S208				Date/Time Prepared: 5/26/2015 1:17 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					624,361		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,243,926		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)					114,905		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					32,748		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					147,653		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,096,273		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14S208		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 1:17 pm	
		Title XVIII		Subprovider - IPF		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	255,024	8,946,579	0.028505	0	0	90.00
91.00	Nursing School cost	0	8,946,579	0.000000	0	0	91.00
92.00	Allied health cost	28,949	8,946,579	0.003236	0	0	92.00
93.00	All other Medical Education	0	8,946,579	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			11,978 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,978 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)			11,978 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)			6,158 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			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)			13,724,169 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)			13,724,169 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)			13,724,169 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)			1,145.78 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,055,713 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)			7,055,713 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T208				Date/Time Prepared: 5/26/2015 1:17 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,744,674	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,800,387	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)					283,945	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					126,359	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					410,304	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,390,083	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14T208		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 1:17 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	511,278	13,724,169	0.037254	0	0	90.00
91.00	Nursing School cost	0	13,724,169	0.000000	0	0	91.00
92.00	Allied health cost	41,036	13,724,169	0.002990	0	0	92.00
93.00	All other Medical Education	0	13,724,169	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 1:17 pm	
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		124,583,128	30.00
31.00	03100	INTENSIVE CARE UNIT		58,821,217	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.279036	57,560,852	50.00
51.00	05100	RECOVERY ROOM	0.233320	7,215,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.333160	81,986	52.00
53.00	05300	ANESTHESIOLOGY	0.062968	11,958,592	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170280	70,093,291	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.149166	54,958,905	60.00
60.01	06001	BLOOD LABORATORY	0.156424	7,477,932	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.173855	34,896,333	65.00
66.00	06600	PHYSICAL THERAPY	0.203565	6,130,093	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.371364	135,799	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142765	14,170,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.186785	766,416	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.726718	27,302,677	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.369523	50,112,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126696	89,922,200	73.00
74.00	07400	RENAL DIALYSIS	0.383383	3,860,575	74.00
76.00	03020	DEV EVALUATION	0.711686	425	76.00
76.97	07697	CARDIAC REHABILITATION	0.413930	453,918	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.391590	73,588	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.168871	30,361,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.464463	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		467,533,780	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)		467,533,780	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14S208		Date/Time Prepared: 5/26/2015 1:17 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		7,727,129	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.279036	8,670	50.00
51.00	05100	RECOVERY ROOM	0.233320	2,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.333160	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062968	1,897	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170280	309,020	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.149166	730,440	60.00
60.01	06001	BLOOD LABORATORY	0.156424	809	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.173855	147,325	65.00
66.00	06600	PHYSICAL THERAPY	0.203565	85,710	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.371364	90,375	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142765	169,426	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.186785	4,590	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.726718	65,990	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.369523	340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126696	1,391,824	73.00
74.00	07400	RENAL DIALYSIS	0.383383	5,280	74.00
76.00	03020	DEV EVALUATION	0.711686	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.413930	0	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	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.391590	51	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.168871	778,312	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.464463	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,792,425	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)		3,792,425	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T208		Date/Time Prepared: 5/26/2015 1:17 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		10,394,449	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.279036	89,159	50.00
51.00	05100	RECOVERY ROOM	0.233320	29,960	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.333160	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062968	16,087	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170280	555,402	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.149166	1,285,913	60.00
60.01	06001	BLOOD LABORATORY	0.156424	49,640	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.173855	428,264	65.00
66.00	06600	PHYSICAL THERAPY	0.203565	8,165	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.371364	6,568,885	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142765	122,874	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.186785	8,165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.726718	504,386	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.369523	7,395	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126696	3,438,542	73.00
74.00	07400	RENAL DIALYSIS	0.383383	193,785	74.00
76.00	03020	DEV EVALUATION	0.711686	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.413930	520	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.391590	2,645	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.168871	14,999	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.464463	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		13,324,786	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)		13,324,786	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:17 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	690	1,180.04	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,895.71	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,527.66	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		690		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.279036	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.233320	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.333160	0	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.062968	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.170280	716,231	121,960	12.00	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	0	17.00
18.00	LABORATORY	60.00	0.149166	1,591,404	237,383	18.00	18.00
18.01	BLOOD LABORATORY	60.01	0.156424	30,415	4,758	18.01	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.173855	0	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.203565	0	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.371364	6,500	2,414	25.00	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.142765	271,515	38,763	27.00	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.186785	0	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.726718	0	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.369523	0	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.126696	112,056	14,197	31.00	31.00
32.00	RENAL DIALYSIS	74.00	0.383383	0	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	33.00
34.00	DEV EVALUATION	76.00	0.711686	0	0	0	34.00
34.97	CARDIAC REHABILITATION	76.97	0.413930	0	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	0	37.00
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	0	37.01
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	0	37.02
37.03	AMBULATORY CARE	90.03	0.391590	0	0	0	37.03
37.04	OTHER	90.04	0.000000	0	0	0	37.04
38.00	EMERGENCY	91.00	0.168871	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.464463	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)			2,728,121	419,475	41.00	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:17 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	0	51.02
51.03	AMBULATORY CARE	23.03	0	0.000000	0	0	51.03
51.04	OTHER	23.04	0	0.000000	0	0	51.04
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	419,475		2,728,811			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,406,298		442,818			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	1,825,773		3,171,629			61.00
62.00	Total Usable Organs (see instructions)		46				62.00
63.00	Medicare Usable Organs (see instructions)		42				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.913043				64.00
65.00	Medicare Cost/Charges (see instructions)	1,667,009		2,895,834			65.00
66.00	Revenue for Organs Sold	159,637		567,071			66.00
67.00	Subtotal (line 65 minus line 66)	1,507,372		2,328,763			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,507,372	0	2,328,763	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		3	38			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	5			73.00
74.00	Total (sum of lines 70 thru 73)		3	43			74.00
75.00	Organs Transplanted		3	5	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	38	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		3	43			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:17 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,180.04	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,895.71	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,527.66	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.279036	2,735	763	8.00	
9.00	RECOVERY ROOM	51.00	0.233320	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.333160	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.062968	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.170280	91,631	15,603	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.149166	449,415	67,037	18.00	
18.01	BLOOD LABORATORY	60.01	0.156424	387	61	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.173855	22,205	3,860	23.00	
24.00	PHYSICAL THERAPY	66.00	0.203565	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.371364	500	186	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.142765	29,650	4,233	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.186785	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.726718	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.369523	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.126696	1,179	149	31.00	
32.00	RENAL DIALYSIS	74.00	0.383383	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DEV EVALUATION	76.00	0.711686	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.413930	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	37.01	
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	37.02	
37.03	AMBULATORY CARE	90.03	0.391590	0	0	37.03	
37.04	OTHER	90.04	0.000000	0	0	37.04	
38.00	EMERGENCY	91.00	0.168871	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.464463	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			597,702	91,892	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:17 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	0	51.02
51.03	AMBULATORY CARE	23.03	0	0.000000	0	0	51.03
51.04	OTHER	23.04	0	0.000000	0	0	51.04
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	91,892		597,702			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	2,757,105		1,042,848			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	2,848,997		1,640,550			61.00
62.00	Total Usable Organs (see instructions)		23				62.00
63.00	Medicare Usable Organs (see instructions)		15				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.652174				64.00
65.00	Medicare Cost/Charges (see instructions)	1,858,042		1,069,924			65.00
66.00	Revenue for Organs Sold	33,608		119,383			66.00
67.00	Subtotal (line 65 minus line 66)	1,824,434		950,541			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,824,434	0	950,541	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	10			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	13			73.00
74.00	Total (sum of lines 70 thru 73)		0	23			74.00
75.00	Organs Transplanted		0	15	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	8	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	23			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		87,894,327	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		30,218,685	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)		11,760,361	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		32,656,349	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		590.28	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)		171.79	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).		41.83	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)		15.53	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)		229.15	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		227.81	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.12	11.00
12.00	Current year allowable FTE (see instructions)		228.93	12.00
13.00	Total allowable FTE count for the prior year.		226.03	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.		214.23	14.00
15.00	Sum of lines 12 through 14 divided by 3.		223.06	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		223.06	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.377888	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.385642	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.377888	21.00
22.00	IME payment adjustment (see instructions)		28,215,883	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)		-1.34	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)		28,215,883	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)		3.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.65	31.00
32.00	Sum of lines 30 and 31		31.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.15	33.00
34.00	Disproportionate share adjustment (see instructions)		4,473,531	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 1:17 pm	
		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	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.001448871	0.001419941	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		13,107,037	10,859,202	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		9,803,343	2,737,116	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		12,540,459		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)		175,103,246		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)		175,103,246		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		11,542,406		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).		10,758,410		52.00
53.00	Nursing and Allied Health Managed Care payment		196,489		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)		3,331,806		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).		245,273		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		195,850		58.00
59.00	Total (sum of amounts on lines 49 through 58)		201,373,480		59.00
60.00	Primary payer payments		70,802		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		201,302,678		61.00
62.00	Deductibles billed to program beneficiaries		8,881,792		62.00
63.00	Coinurance billed to program beneficiaries		888,640		63.00
64.00	Allowable bad debts (see instructions)		1,448,948		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		941,816		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,091,122		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		192,474,062		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)		353,353		70.93
70.94	HRR adjustment amount (see instructions)		-1,002,808		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 1:17 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		191,824,607		71.00
71.01	Sequestration adjustment (see instructions)		3,836,492		71.01
72.00	Interim payments		183,518,055		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		4,470,060		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)		5,487,338		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVIII	Hospital	PPS

	Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
	1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	3.79	0.00	0.00	3.79	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	27.65	0.00		27.65	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	31.44	0.00		31.44	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban			Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	590.28	0.00		590.28	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	15.15	0.00		15.15	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes			Yes	7.00
8.00	S-2, Line 22	Yes			Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes			No	9.00
10.00	S-2, Line 45	Yes			Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes			Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	3.79	0.00	0.00	3.79	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes			Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	2.07	0.00	0.00	3.79	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	35,053	0		35,053	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	14,367	0		14,367	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0		0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	1,311	0		1,311	18.00
18.01	N/A	0	0		0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	2,570	0		2,570	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	643	0		643	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	53,944	0		53,944	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	193,857	0		193,857	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,212	0		1,212	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0		0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0		0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	195,069	0		195,069	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	27.65	0.00		27.65	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140208		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH Date/Time Prepared: 5/26/2015 1:17 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	15.15		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		15.15		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		15.15		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	15.15	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	15.15	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	15.15	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	43,978,877		2.00
3.00	PPS payments	40,442,486		3.00
4.00	Outlier payment (see instructions)	68,013		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.897		5.00
6.00	Line 2 times line 5	39,449,053		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	84,862		9.00
10.00	Organ acquisitions	0		10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0		11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000		17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	40,595,361		24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)	7,672,441		25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0		26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	32,922,920		27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	2,314,206		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)	35,237,126		30.00
31.00	Primary payer payments	4,119		31.00
32.00	Subtotal (line 30 minus line 31)	35,233,007		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)	990,325		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	643,711		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	766,416		36.00
37.00	Subtotal (see instructions)	35,876,718		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)	35,876,718		40.00
40.01	Sequestration adjustment (see instructions)	717,534		40.01
41.00	Interim payments	32,438,313		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (see instructions)	2,720,871		43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money	0.00		92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 1:17 pm
		Component CCN: 14S208	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 1:17 pm
		Component CCN: 14T208	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		182,465,842		32,178,374	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	12/09/2014	696,605	12/09/2014	86,500	3.01	
3.02		08/22/2014	355,608	08/22/2014	173,439	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,052,213		259,939	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)		183,518,055		32,438,313	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		4,470,060		2,720,871	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		187,988,115		35,159,184	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208
Component CCN: 14S208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,126,520		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,126,520		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		21,662		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,148,182		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208
Component CCN: 14T208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 1:17 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		9,423,945		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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/09/2014	69,072		0	3.01
3.02		08/22/2014	9,187		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		78,259		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,502,204		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		96,099		0	6.02
7.00	Total Medicare program liability (see instructions)		9,406,105		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		37,336	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		61,557	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		18,947	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		181,564	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		2,924,049,478	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		26,414,490	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)		712,507	8.00
9.00	Sequestration adjustment amount (see instructions)		14,250	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		698,257	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		697,944	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)		313	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/26/2015 1:17 pm
		Component CCN: 14S208	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,306,493	1.00
2.00	Net IPF PPS Outlier Payments		60,656	2.00
3.00	Net IPF PPS ECT Payments		68,524	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.55	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		25,868,493	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,435,673	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		3,435,673	16.00
17.00	Primary payer payments		59	17.00
18.00	Subtotal (line 16 less line 17).		3,435,614	18.00
19.00	Deductibles		258,784	19.00
20.00	Subtotal (line 18 minus line 19)		3,176,830	20.00
21.00	Coinsurance		29,792	21.00
22.00	Subtotal (line 20 minus line 21)		3,147,038	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		80,755	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		52,491	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		67,891	25.00
26.00	Subtotal (sum of lines 22 and 24)		3,199,529	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		12,902	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		3,212,431	31.00
31.01	Sequestration adjustment (see instructions)		64,249	31.01
32.00	Interim payments		3,126,520	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		21,662	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		60,656	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			9,032,817 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0207 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			196,012 3.00
4.00	Outlier Payments			476,962 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.21 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			32.816438 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			9,705,791 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			9,705,791 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			9,705,791 19.00
20.00	Deductibles			42,496 20.00
21.00	Subtotal (line 19 minus line 20)			9,663,295 21.00
22.00	Coinsurance			105,488 22.00
23.00	Subtotal (line 21 minus line 22)			9,557,807 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			18,978 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			12,336 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			16,666 26.00
27.00	Subtotal (sum of lines 23 and 25)			9,570,143 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			27,923 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			9,598,066 32.00
32.01	Sequestration adjustment (see instructions)			191,961 32.01
33.00	Interim payments			9,502,204 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			-96,099 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			311,112 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			476,962 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 1:17 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			171.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			49.93	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			8.82	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			230.54	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			230.55	6.00
7.00	Enter the lesser of line 5 or line 6			230.54	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	139.89	80.15	220.04	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	139.88	80.15	220.03	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.92		10.00
11.00	Total weighted FTE count	139.88	81.07		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	136.77	80.27		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	135.06	76.59		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	137.24	79.31		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	137.24	79.31		17.00
18.00	Per resident amount	143,172.97	135,572.17		18.00
19.00	Approved amount for resident costs	19,649,058	10,752,229	30,401,287	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.01	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			30,401,287	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	71,535	18,947		26.00
27.00	Total Inpatient Days (see instructions)	204,196	204,196		27.00
28.00	Ratio of inpatient days to total inpatient days	0.350325	0.092788		28.00
29.00	Program direct GME amount	10,650,331	2,820,875		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		398,590		30.00
31.00	Net Program direct GME amount			13,072,616	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		5,849	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		8,403,945	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000696	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		201,566,362	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		3,331,806	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		70,861	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		204,827,307	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		44,063,739	42.00
43.00	Primary payer payments (see instructions)		4,119	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		44,059,620	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		248,886,927	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.822973	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.177027	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		13,072,616	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		10,758,410	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,314,206	50.00

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

Provider CCN: 140208

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

Worksheet G

Date/Time Prepared:
5/26/2015 1:17 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	148,055,000	0	0	0	1.00
2.00	Temporary investments	78,257,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	500,298,000	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	161,836,000	0	0	0	9.00
10.00	Due from other funds	26,699,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	915,145,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	112,769,000	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	2,353,442,000	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	1,234,419,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,002,101,000	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)	1,698,529,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,254,171,000	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	383,091,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,637,262,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,250,936,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	263,764,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	415,910,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	29,129,000	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	440,019,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,148,822,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,424,101,000	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	936,224,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,360,325,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,509,147,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,741,789,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,741,789,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,250,936,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140208

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

Worksheet G-1

Date/Time Prepared:
5/26/2015 1:17 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,562,059,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		74,167,000			2.00
3.00	Total (sum of line 1 and line 2)		3,636,226,000		0	3.00
4.00	ADDITIONAL SYSTEM INCOME	105,563,000		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		105,563,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,741,789,000		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)		3,741,789,000		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	ADDITIONAL SYSTEM INCOME		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: 140208

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2015 1:17 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	358,611,796		358,611,796	1.00
2.00	SUBPROVIDER - IPF	20,858,275		20,858,275	2.00
3.00	SUBPROVIDER - IRF	20,044,569		20,044,569	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	399,514,640		399,514,640	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	152,243,965		152,243,965	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	40,987,400		40,987,400	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	193,231,365		193,231,365	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	592,746,005		592,746,005	17.00
18.00	Ancillary services	1,376,089,976	712,411,071	2,088,501,047	18.00
19.00	Outpatient services	89,006,349	155,398,058	244,404,407	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	AMBULATORY CARE	144,087	15,252,025	15,396,112	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,057,986,417	883,061,154	2,941,047,571	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		922,821,160		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)		922,821,160		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140208

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

Worksheet G-3

Date/Time Prepared:
5/26/2015 1:17 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,941,047,571	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,955,377,422	2.00
3.00	Net patient revenues (line 1 minus line 2)	985,670,149	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	922,821,160	4.00
5.00	Net income from service to patients (line 3 minus line 4)	62,848,989	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,197,013	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	11,731	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	8,109,267	24.00
25.00	Total other income (sum of lines 6-24)	11,318,011	25.00
26.00	Total (line 5 plus line 25)	74,167,000	26.00
27.00	NET NONOPERATING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	74,167,000	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140208

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

Worksheet I-5

Date/Time Prepared:
5/26/2015 1:17 pm

		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: 140208	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 1:17 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		9,439,834	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		217,437	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)		500.76	3.00
4.00	Number of interns & residents (see instructions)		223.06	4.00
5.00	Indirect medical education percentage (see instructions)		13.39	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		1,263,994	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.65	8.00
9.00	Sum of lines 7 and 8		31.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.58	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		621,141	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		11,542,406	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