

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: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/21/2015 1:14 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/21/2015 Time: 1:14 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 LUTHERAN GENERAL HOSPITAL (140223) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,955,273	729,163	-29,341	0	1.00
2.00 Subprovider - IPF	0	44,800	328		0	2.00
3.00 Subprovider - IRF	0	-35,862	750		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
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	1,964,211	730,241	-29,341	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: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/21/2015 1:13 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00 Street: 1775 W. DEMPSTER STREET		2.00 PO Box:		3.00 Zip Code: 60068-		4.00 County: COOK				
2.00 City: PARK RIDGE		3.00 State: IL		4.00						
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
V		XVIII		XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVOCATE LUTHERAN GENERAL HOSPITAL	140223	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16974	4	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16974	5	07/01/1984	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
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.					1	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.	22,345	6,682	0	957	1,470	550		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	677	369	0	0	44			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/21/2015 1:13 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
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		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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
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)			10.41	73.07	0.124701	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	
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)	FAMILY MEDICINE	1350	9.97	26.06	0.276714	65.00
65.01		INTERNAL MEDICINE	1400	11.35	54.94	0.171217	65.01
65.02		INTERNAL MEDICINE	3900	2.17	7.43	0.226042	65.02
65.03		PEDIATRICS	2000	7.34	35.78	0.170223	65.03

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			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)(i)? 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	109.00
			1.00					
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N			110.00	
			1.00	2.00	3.00			
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, §2208.1.			N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00	
			Premiums	Losses	Insurance			
			1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:			2,023,011	9,815,167	21,110,190	118.01	

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		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	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: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:			
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515		
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00	
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/21/2015 1:13 pm		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.25	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2014	12/31/2014		170.00
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/21/2015 1:13 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	03/06/2015	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			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.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			Y	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/22/2014	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: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/21/2015 1:13 pm		
	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.	0	1.00	2.00	3.00	21.00
			N		N	
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
					Y/N	Date
					1.00	2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
					1.00	2.00
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JULIE		BARGER		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH AND HOSPITALS CORP.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5758		JULIE.BARGER@ADVOCATEHEALTH.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/22/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2015 1:13 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	415	151,475	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)		415	151,475	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,585	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	32	11,680	0.00	0	9.00
9.01 NEONATAL CARE UNIT	32.01	54	19,710	0.00	0	9.01
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)		530	193,450	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	50	18,250		0	16.00
17.00 SUBPROVIDER - IRF	41.00	45	16,425		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	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	99.00				0	25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		625				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)		17	6,205			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: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2015 1:13 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)	36,585	16,837	94,589			1.00
2.00 HMO and other (see instructions)	4,461	1,470				2.00
3.00 HMO IPF Subprovider	375	445				3.00
4.00 HMO IRF Subprovider	359	44				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)	36,585	16,837	94,589			7.00
8.00 INTENSIVE CARE UNIT	1,149	1,676	6,422			8.00
9.00 CORONARY CARE UNIT	3,950	748	7,092			9.00
9.01 NEONATAL CARE UNIT	0	7,968	15,389			9.01
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		2,756	8,591			13.00
14.00 Total (see instructions)	41,684	29,985	132,083	205.37	3,252.62	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,379	1,930	10,674	3.34	79.06	16.00
17.00 SUBPROVIDER - IRF	7,315	1,046	12,543	0.00	79.24	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	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	463			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				208.71	3,410.92	27.00
28.00 Observation Bed Days		1,688	21,590			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	550	1,434			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			42			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2015 1:13 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	8,802	4,786	30,003	1.00
2.00 HMO and other (see instructions)			877	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NEONATAL CARE UNIT						9.01
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	8,802	4,786	30,003	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	329	230	1,263	16.00
17.00 SUBPROVIDER - IRF	0.00	0	549	46	939	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						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	0.00					25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140223

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2015 1:13 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	227,813,467	0	227,813,467	6,966,965.00	32.70
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		2,646,133	0	2,646,133	21,082.00	125.52
4.01	Physicians - Part A - Teaching		831,891	0	831,891	10,080.00	82.53
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	12,416,005	0	12,416,005	468,083.00	26.53
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		12,069,782	-684,121	11,385,661	364,333.00	31.25
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		398,555	0	398,555	3,593.00	110.93
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		6,242,008	0	6,242,008	59,429.00	105.03
14.00	Home office salaries & wage-related costs		22,910,153	0	22,910,153	360,058.00	63.63
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		55,198,542	0	55,198,542		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,095,018	0	3,095,018		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		540,458	0	540,458		
22.01	Physician Part A - Teaching		194,314	0	194,314		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,006,379	0	3,006,379		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	4,787,727	0	4,787,727	35,298.00	135.64
27.00	Administrative & General	5.00	23,136,860	-666,775	22,470,085	642,075.00	35.00
28.00	Administrative & General under contract (see inst.)		1,268,016	0	1,268,016	6,203.00	204.42
29.00	Maintenance & Repairs	6.00	5,230,155	0	5,230,155	195,686.00	26.73
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	4,842,362	-33,532	4,808,830	321,318.00	14.97
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	4,060,683	-2,396,021	1,664,662	105,394.00	15.79
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	2,396,021	2,396,021	152,256.00	15.74
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,790,266	1,516,701	4,306,967	85,571.00	50.33
39.00	Central Services and Supply	14.00	917,132	0	917,132	97,302.00	9.43
40.00	Pharmacy	15.00	8,129,472	-292,108	7,837,364	200,533.00	39.08

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140223

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2015 1:13 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	3,774,067	0	3,774,067	160,160.00	23.56	41.00
42.00	Social Service	17.00	1,748,231	0	1,748,231	45,760.00	38.20	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140223

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2015 1:13 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	215,833,587	0	215,833,587	6,495,005.00	33.23	1.00
2.00	Excluded area salaries (see instructions)	12,069,782	-684,121	11,385,661	364,333.00	31.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	203,763,805	684,121	204,447,926	6,130,672.00	33.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	29,550,716	0	29,550,716	423,080.00	69.85	4.00
5.00	Subtotal wage-related costs (see inst.)	55,739,000	0	55,739,000	0.00	27.26	5.00
6.00	Total (sum of lines 3 thru 5)	289,053,521	684,121	289,737,642	6,553,752.00	44.21	6.00
7.00	Total overhead cost (see instructions)	60,684,971	524,286	61,209,257	2,047,556.00	29.89	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/21/2015 1:13 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,756,707	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	3,082,721	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	436,590	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)	22,601,533	8.00
9.00	Prescription Drug Plan	5,242,413	9.00
10.00	Dental, Hearing and Vision Plan	969,775	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	253,305	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)	2,090,625	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,649,982	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	16,330,865	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	390,016	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))	349,779	21.00
22.00	Day Care Cost and Allowances	-6,842,620	22.00
23.00	Tuition Reimbursement	880,400	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	55,192,091	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140223

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

Worksheet S-3
Part V
Date/Time Prepared:
5/21/2015 1:13 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	398,555	62,034,712	1.00
2.00	Hospital	398,555	58,939,693	2.00
3.00	Subprovider - IPF	0	1,611,252	3.00
4.00	Subprovider - IRF	0	1,483,767	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 140223

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

Worksheet S-10

Date/Time Prepared:
5/21/2015 1:13 pm

				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)			0.261556	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		44,191,415		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		340,476,301		6.00
7.00	Medicaid cost (line 1 times line 6)		89,053,619		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)		44,862,204		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)		44,862,204		19.00
				Uninsured patients	
				Insured patients	
				Total (col. 1 + col. 2)	
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	18,965,610	6,684,390	25,650,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,960,569	1,748,342	6,708,911	21.00
22.00	Partial payment by patients approved for charity care	578,306	668,111	1,246,417	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,382,263	1,080,231	5,462,494	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)			27,516,000	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,593,254	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			25,922,746	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			6,780,250	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,242,744	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			57,104,948	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
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	19,883,162	19,883,162	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	12,166,660	12,166,660	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,787,727	46,104,623	50,892,350	-560	50,891,790	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	1,372,909	886,133	2,259,042	-573	2,258,469	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	13,647,458	13,647,458	-7,050	13,640,408	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	21,763,951	151,570,627	173,334,578	-17,627,517	155,707,061	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,230,155	18,992,414	24,222,569	-115,789	24,106,780	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,392,774	2,392,774	8.00
9.00	00900	HOUSEKEEPING	4,842,362	4,594,473	9,436,835	-2,445,046	6,991,789	9.00
10.00	01000	DIETARY	4,060,683	4,079,077	8,139,760	-2,536,978	5,602,782	10.00
11.00	01100	CAFETERIA	0	0	0	2,460,220	2,460,220	11.00
13.00	01300	NURSING ADMINISTRATION	2,790,266	850,447	3,640,713	1,496,249	5,136,962	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	917,132	1,434,773	2,351,905	-202,848	2,149,057	14.00
15.00	01500	PHARMACY	8,129,472	25,862,030	33,991,502	-24,744,350	9,247,152	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,774,067	1,568,790	5,342,857	-2,700	5,340,157	16.00
17.00	01700	SOCIAL SERVICE	1,748,231	292,082	2,040,313	0	2,040,313	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,416,005	0	12,416,005	0	12,416,005	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,054,251	17,447,332	18,501,583	-11,995	18,489,588	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	1,190,282	147,945	1,338,227	-1,011,207	327,020	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	331,797	331,797	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,179,756	5,190,462	51,370,218	-1,747,396	49,622,822	30.00
31.00	03100	INTENSIVE CARE UNIT	5,803,558	1,313,577	7,117,135	-206,439	6,910,696	31.00
32.00	03200	CORONARY CARE UNIT	6,067,317	1,668,565	7,735,882	-251,871	7,484,011	32.00
32.01	03201	NEONATAL CARE UNIT	9,542,697	1,038,309	10,581,006	-151,245	10,429,761	32.01
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	5,533,508	567,350	6,100,858	-8,782	6,092,076	40.00
41.00	04100	SUBPROVIDER - I RF	5,095,686	572,166	5,667,852	-217,129	5,450,723	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	993,291	993,291	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,837,695	4,101,106	15,938,801	-1,877,064	14,061,737	50.00
51.00	05100	RECOVERY ROOM	1,561,249	145,680	1,706,929	-953	1,705,976	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,881,885	625,423	5,507,308	-73,492	5,433,816	52.00
53.00	05300	ANESTHESIOLOGY	563,300	570,506	1,133,806	-61,653	1,072,153	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,457,005	3,212,550	11,669,555	-2,548,910	9,120,645	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,878,445	6,162,572	8,041,017	-32,476	8,008,541	55.00
56.00	05600	RADIOISOTOPE	1,218,173	1,439,460	2,657,633	-258,711	2,398,922	56.00
57.00	05700	CT SCAN	1,946,923	1,221,159	3,168,082	-545,643	2,622,439	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,451,021	1,165,570	2,616,591	-657,388	1,959,203	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,385,881	1,083,044	2,468,925	-953,471	1,515,454	59.00
60.00	06000	LABORATORY	0	15,042,251	15,042,251	0	15,042,251	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,591,949	1,591,949	0	1,591,949	62.00
65.00	06500	RESPIRATORY THERAPY	5,447,110	785,994	6,233,104	-232,721	6,000,383	65.00
66.00	06600	PHYSICAL THERAPY	5,032,402	402,899	5,435,301	32,748	5,468,049	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,527,425	661,080	7,188,505	72,035	7,260,540	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,376,141	1,006,932	3,383,073	-288,741	3,094,332	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	977,661	492,222	1,469,883	-29,458	1,440,425	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38,452,235	38,452,235	607,794	39,060,029	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	32,429,730	32,429,730	0	32,429,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,226,557	24,226,557	73.00
74.00	07400	RENAL DIALYSIS	713,477	179,278	892,755	-52,398	840,357	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,399,964	439,400	3,839,364	-82,855	3,756,509	75.00
76.00	03950	REHAB MEDICINE	475,940	52,932	528,872	0	528,872	76.00
76.20	03951	DAY HOSPITAL	600,119	53,573	653,692	-469	653,223	76.20
76.45	03340	GASTROENTEROLOGY LAB	2,490,068	608,020	3,098,088	-235,142	2,862,946	76.45
76.97	07697	CARDIAC REHABILITATION	331,394	48,474	379,868	-16,451	363,417	76.97
76.99	07699	LITHOTRIPER	0	1,509,950	1,509,950	0	1,509,950	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	50,196	4,591	54,787	0	54,787	90.01
90.02	09002	OUTPATIENT CENTER	713,744	138,933	852,677	-5,773	846,904	90.02
90.03	09003	PAIN CLINIC	456,006	154,825	610,831	-52,797	558,034	90.03
90.05	09004	WOUND CARE CENTER	432,677	34,184	466,861	-466,861	0	90.05
90.06	09005	ANTI-COAG LAB	633,492	52,302	685,794	0	685,794	90.06
90.07	09006	HEART RISK ASSESSMENT	146,130	18,013	164,143	-6,404	157,739	90.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/21/2015 1:13 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	
91.00	09100	EMERGENCY	9,277,623	2,058,060	11,335,683	-85,426	11,250,257	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	227,563,161	413,773,530	641,336,691	4,808,555	646,145,246	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	250,306	4,973,871	5,224,177	-4,808,555	415,622	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	227,813,467	418,747,401	646,560,868	0	646,560,868	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/21/2015 1:13 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	5,086,557	24,969,719	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,022,709	16,189,369	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,215,113	59,106,903	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,258,469	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	805,802	14,446,210	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-72,557,232	83,149,829	5.06
6.00	00600	MAINTENANCE & REPAIRS	-188,321	23,918,459	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,392,774	8.00
9.00	00900	HOUSEKEEPING	-3,184	6,988,605	9.00
10.00	01000	DIETARY	-2,390,890	3,211,892	10.00
11.00	01100	CAFETERIA	0	2,460,220	11.00
13.00	01300	NURSING ADMINISTRATION	-22,879	5,114,083	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,956	2,146,101	14.00
15.00	01500	PHARMACY	-92,231	9,154,921	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-47,409	5,292,748	16.00
17.00	01700	SOCIAL SERVICE	-148,642	1,891,671	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	12,416,005	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-13,393,377	5,096,211	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	-55,465	271,555	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	331,797	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-328,154	49,294,668	30.00
31.00	03100	INTENSIVE CARE UNIT	-16,716	6,893,980	31.00
32.00	03200	CORONARY CARE UNIT	-2,095	7,481,916	32.00
32.01	03201	NEONATAL CARE UNIT	-988	10,428,773	32.01
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	-161,945	5,930,131	40.00
41.00	04100	SUBPROVIDER - I RF	-15,274	5,435,449	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	993,291	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-17,124	14,044,613	50.00
51.00	05100	RECOVERY ROOM	-47	1,705,929	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-10,414	5,423,402	52.00
53.00	05300	ANESTHESIOLOGY	-208,030	864,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-39,620	9,081,025	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-193,688	7,814,853	55.00
56.00	05600	RADIOISOTOPE	-246	2,398,676	56.00
57.00	05700	CT SCAN	0	2,622,439	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,959,203	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,515,454	59.00
60.00	06000	LABORATORY	0	15,042,251	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,591,949	62.00
65.00	06500	RESPIRATORY THERAPY	-360	6,000,023	65.00
66.00	06600	PHYSICAL THERAPY	0	5,468,049	66.00
67.00	06700	OCCUPATIONAL THERAPY	-8,049	7,252,491	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-10,128	3,084,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-162	1,440,263	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,060,029	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	32,429,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,226,557	73.00
74.00	07400	RENAL DIALYSIS	-11,123	829,234	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-4,482	3,752,027	75.00
76.00	03950	REHAB MEDICINE	-600	528,272	76.00
76.20	03951	DAY HOSPITAL	-29,469	623,754	76.20
76.45	03340	GASTROENTEROLOGY LAB	-59	2,862,887	76.45
76.97	07697	CARDIAC REHABILITATION	0	363,417	76.97
76.99	07699	LITHOTRIPER	0	1,509,950	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	54,787	90.01
90.02	09002	OUTPATIENT CENTER	-28,839	818,065	90.02
90.03	09003	PAIN CLINIC	0	558,034	90.03
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	685,794	90.06
90.07	09006	HEART RISK ASSESSMENT	0	157,739	90.07
91.00	09100	EMERGENCY	-801,708	10,448,549	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-72,661,725	573,483,521	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-27,368	388,254	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-72,689,093	573,871,775	200.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/21/2015 1:13 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	140,933	1.00
	TOTALS		0	140,933	
B - DRUGS CHARGES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,226,557	1.00
	TOTALS		0	24,226,557	
C - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,392,774	1.00
	TOTALS		0	2,392,774	
D - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	119,713	240,063	1.00
2.00	RADIOISOTOPE	56.00	79,828	160,082	2.00
3.00	CT SCAN	57.00	140,219	281,186	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	108,419	217,415	4.00
	TOTALS		448,179	898,746	
E - PARAMEDIC CHAPLAIN					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	944,524	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	66,149	2.00
	TOTALS		944,524	66,149	
F - REHABILITATION DIRECTORS					
1.00	PHYSICAL THERAPY	66.00	28,609	44,419	1.00
2.00	OCCUPATIONAL THERAPY	67.00	38,690	60,069	2.00
	TOTALS		67,299	104,488	
G - OTHER REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	27,557	0	1.00
	TOTALS		27,557	0	
H - NURSERY					
1.00	NURSERY	43.00	927,484	65,807	1.00
	TOTALS		927,484	65,807	
I - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	2,396,021	2,258,096	1.00
	TOTALS		2,396,021	2,258,096	
J - CAFETERIA REVENUE OFFSET					
1.00	DIETARY	10.00	0	2,193,897	1.00
	TOTALS		0	2,193,897	
K - NURSING ADMIN PERSONNEL					
1.00	NURSING ADMINISTRATION	13.00	1,516,701	0	1.00
	TOTALS		1,516,701	0	
L - PARAMEDIC PHARMACY					
1.00	PARAMEDIC PRGM-PHARMACY	23.01	294,170	37,627	1.00
2.00		0.00	0	0	2.00
	TOTALS		294,170	37,627	
M - CHILD LIFE/PRENATAL					
1.00	ADULTS & PEDIATRICS	30.00	92,536	37,627	1.00
	TOTALS		92,536	37,627	
N - WOUND CARE COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	432,677	34,184	1.00
	TOTALS		432,677	34,184	
O - BOOK DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	14,521,752	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	12,166,660	2.00
	TOTALS		0	26,688,412	
Q - RECLASS BUILDING RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,361,410	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

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6

Date/Time Prepared:
5/21/2015 1:13 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	5,361,410		
R - RECLASSIFY EQUIPMENT DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	10,001,128		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
	TOTALS		0	10,001,128		
S - OIG FRAUD EMPLOYEES						
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	33,532	0		1.00
	TOTALS		33,532	0		
500.00	Grand Total: Increases		7,180,680	74,507,835		500.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/21/2015 1:13 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	140,933	0		1.00
	TOTALS		0	140,933			
B - DRUGS CHARGES							
1.00	PHARMACY	15.00	0	24,226,557	0		1.00
	TOTALS		0	24,226,557			
C - LINEN							
1.00	HOUSEKEEPING	9.00	0	2,392,774	0		1.00
	TOTALS		0	2,392,774			
D - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	448,179	898,746	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		448,179	898,746			
E - PARAMEDIC CHAPLAIN							
1.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	944,524	0	0		1.00
2.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	66,149	0		2.00
	TOTALS		944,524	66,149			
F - REHAB DIRECTORS							
1.00	SUBPROVIDER - IRF	41.00	67,299	104,488	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		67,299	104,488			
G - OTHER REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	27,557	0	0		1.00
	TOTALS		27,557	0			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	927,484	65,807	0		1.00
	TOTALS		927,484	65,807			
I - CAFETERIA COSTS							
1.00	DIETARY	10.00	2,396,021	2,258,096	0		1.00
	TOTALS		2,396,021	2,258,096			
J - CAFETERIA REVENUE OFFSET							
1.00	CAFETERIA	11.00	0	2,193,897	0		1.00
	TOTALS		0	2,193,897			
K - NURSING ADMIN PERSONNEL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,516,701	0	0		1.00
	TOTALS		1,516,701	0			
L - PARAMEDIC PHARMACY							
1.00	PHARMACY	15.00	292,108	37,518	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,062	109	0		2.00
	TOTALS		294,170	37,627			
M - CHILD LIFE/PRENATAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	92,536	37,627	0		1.00
	TOTALS		92,536	37,627			
N - WOUND CARE COSTS							
1.00	WOUND CARE CENTER	90.05	432,677	34,184	0		1.00
	TOTALS		432,677	34,184			
O - BOOK DEPRECIATION RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	26,688,412	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	26,688,412			
Q - RECLASS BUILDING RENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	301,871	10		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	225,479	10		2.00
3.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,834,060	0		3.00
4.00		0.00	0	0	10		4.00
5.00		0.00	0	0	10		5.00
6.00		0.00	0	0	10		6.00
7.00		0.00	0	0	10		7.00
8.00		0.00	0	0	10		8.00
9.00		0.00	0	0	10		9.00
10.00		0.00	0	0	10		10.00
11.00		0.00	0	0	10		11.00
12.00		0.00	0	0	10		12.00
13.00		0.00	0	0	10		13.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/21/2015 1:13 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
14.00	0.00	0	0	10		14.00	
15.00	0.00	0	0	10		15.00	
16.00	0.00	0	0	10		16.00	
17.00	0.00	0	0	10		17.00	
18.00	0.00	0	0	10		18.00	
19.00	0.00	0	0	10		19.00	
20.00	0.00	0	0	10		20.00	
21.00	0.00	0	0	10		21.00	
22.00	0.00	0	0	10		22.00	
23.00	0.00	0	0	10		23.00	
TOTALS			5,361,410				
R - RECLASSIFY EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	560	9	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	0	573	9	2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	7,050	9	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	115,789	9	4.00	
5.00	HOUSEKEEPING	9.00	0	18,740	9	5.00	
6.00	DIETARY	10.00	0	76,758	9	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	20,452	9	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	61,915	9	8.00	
9.00	PHARMACY	15.00	0	188,167	9	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,700	9	10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	11,995	9	11.00	
12.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	534	9	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	884,268	9	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	206,439	9	14.00	
15.00	CORONARY CARE UNIT	32.00	0	251,871	9	15.00	
16.00	NEONATAL CARE UNIT	32.01	0	151,245	9	16.00	
17.00	SUBPROVIDER - IPF	40.00	0	8,782	9	17.00	
18.00	SUBPROVIDER - IRF	41.00	0	45,342	9	18.00	
19.00	OPERATING ROOM	50.00	0	1,877,064	9	19.00	
20.00	RECOVERY ROOM	51.00	0	953	9	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	73,492	9	21.00	
22.00	ANESTHESIOLOGY	53.00	0	61,653	9	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	976,506	9	23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	392,252	9	24.00	
25.00	RADIOISOTOPE	56.00	0	498,621	9	25.00	
26.00	CT SCAN	57.00	0	967,048	9	26.00	
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	983,222	9	27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	953,471	9	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	232,721	9	29.00	
30.00	PHYSICAL THERAPY	66.00	0	12,723	9	30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	54,281	9	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	288,741	9	32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	29,458	9	33.00	
34.00	RENAL DIALYSIS	74.00	0	52,398	9	34.00	
35.00	ASC (NON-DISTINCT PART)	75.00	0	82,855	9	35.00	
36.00	DAY HOSPITAL	76.20	0	469	9	36.00	
37.00	GASTROENTEROLOGY LAB	76.45	0	235,142	9	37.00	
38.00	CARDIAC REHABILITATION	76.97	0	16,451	9	38.00	
39.00	OUTPATIENT CENTER	90.02	0	5,773	9	39.00	
40.00	PAIN CLINIC	90.03	0	52,797	9	40.00	
41.00	HEART RISK ASSESSMENT	90.07	0	6,404	9	41.00	
42.00	EMERGENCY	91.00	0	85,426	9	42.00	
43.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	8,027	9	43.00	
TOTALS			0	10,001,128			
S - OIG FRAUD EMPLOYEES							
1.00	HOUSEKEEPING	9.00	33,532	0	0	1.00	
TOTALS			33,532	0			
500.00	Grand Total: Decreases		7,180,680	74,507,835		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Part I
Date/Time Prepared:
5/21/2015 1:13 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	613,158	0	0	0	1.00
2.00	Land Improvements	16,377,672	4,000	0	4,000	2.00
3.00	Buildings and Fixtures	453,101,654	20,372,208	0	20,372,208	3.00
4.00	Building Improvements	5,377,212	0	0	0	4.00
5.00	Fixed Equipment	166,795,890	7,168,541	0	7,168,541	5.00
6.00	Movable Equipment	799,675	66,593	0	66,593	6.00
7.00	HIT designated Assets	1,068,885	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	644,134,146	27,611,342	0	27,611,342	8.00
9.00	Reconciling Items	8,087,870	16,055,071	0	16,055,071	9.00
10.00	Total (line 8 minus line 9)	636,046,276	11,556,271	0	11,556,271	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	613,158	0			1.00
2.00	Land Improvements	16,381,672	2,843,648			2.00
3.00	Buildings and Fixtures	472,859,715	117,808,327			3.00
4.00	Building Improvements	5,169,964	2,399,975			4.00
5.00	Fixed Equipment	137,509,588	67,624,960			5.00
6.00	Movable Equipment	625,834	314,246			6.00
7.00	HIT designated Assets	1,977,484	140,686			7.00
8.00	Subtotal (sum of lines 1-7)	635,137,415	191,131,842			8.00
9.00	Reconciling Items	24,142,941	0			9.00
10.00	Total (line 8 minus line 9)	610,994,474	191,131,842			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Part II
Date/Time Prepared:
5/21/2015 1:13 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: 140223

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

Worksheet A-7
Part III
Date/Time Prepared:
5/21/2015 1:13 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	1	0	1	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	19,633,618	5,336,101	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	16,189,369	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	35,822,987	5,336,101	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	24,969,719	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,189,369	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	41,159,088	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
5/21/2015 1:13 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)	A	-191,258	OTHER ADMINISTRATIVE AND GENERAL	5.06		0	7.00
8.00 Television and radio service (chapter 21)	A	-182,720	MAINTENANCE & REPAIRS	6.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-26,443,953				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,923,977				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		0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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	3,806,982	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-8,409	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)		-272,307	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
33.02		0			0.00	0 33.02
33.03	COMMUNITY RELATIONS	A	-197,300	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.03
33.04	COUNCIL OF ADVISORS	A	-103,719	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.04
33.08			0		0.00	0 33.08
33.10			0		0.00	0 33.10
33.11	LOEBER RESEARCH	A	-7,573	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.11
33.12			0		0.00	0 33.12
33.13			0		0.00	0 33.13
33.14			0		0.00	0 33.14
33.15			0		0.00	0 33.15
33.17	PUBLIC AID ASSESSMENT EXPENSE	A	-17,274,931	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.17
33.18	RESEARCH COSTS IN EXCESS OF FUNDING	A	-201,585	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.18
33.19	OFFSET MEN'S ASSOCIATION	A	-5,662	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.19
33.21	CENTER FOR PEDS BRAIN TUMOR	A	-115,917	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.21
33.23			0		0.00	0 33.23
33.24			0		0.00	0 33.24
33.25	LOBBYING COSTS ABOVE ACCOUNTING	A	1,699	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.25
33.26	KOHL'S MUSEUM	A	-5,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.26
33.27	ADJUST GL INT EXPENSE TO ACTUAL	A	-10,030,895	OTHER ADMINISTRATIVE AND GENERAL	5.06	11 33.27
33.28	RUSSEL RESEARCH	A	-852,126	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.28
33.29	PRIOR YEARS MEDICARE WORKPAPER	A	263,258	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.29
33.30	ADJUST PARKSIDE RENT TO COST	A	-25,309	NEW CAP REL COSTS-BLDG & FIXT	1.00	10 33.30
33.31			0		0.00	0 33.31
43.01			0		0.00	0 43.01
43.02			0		0.00	0 43.02
43.03			0		0.00	0 43.03
43.04			0		0.00	0 43.04
43.05	MISC INC	B	-6,066,397	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 43.05
43.06	MISC INC	B	-5,506	MAINTENANCE & REPAIRS	6.00	0 43.06
43.07	MISC INC	B	-3,184	HOUSEKEEPING	9.00	0 43.07
43.08	MISC INC	B	-2,386,720	DIETARY	10.00	0 43.08
43.09			0		0.00	0 43.09
43.10	MISC INC	B	-89,549	PHARMACY	15.00	0 43.10
43.11	MISC INC	B	-47,160	MEDICAL RECORDS & LIBRARY	16.00	0 43.11
43.13	MISC INC	B	-12,462	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 43.13
43.14	MISC INC	B	-46,009	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0 43.14
43.16	MISC INC	B	-23,117	ADULTS & PEDIATRICS	30.00	0 43.16
43.18			0		0.00	0 43.18
43.19			0		0.00	0 43.19
43.20	MISC INC	B	-37,603	SUBPROVIDER - IPF	40.00	0 43.20
43.21	MISC INC	B	-14,740	SUBPROVIDER - IRF	41.00	0 43.21
43.22	MISC INC	B	-11,824	OPERATING ROOM	50.00	0 43.22
43.23			0		0.00	0 43.23
43.24			0		0.00	0 43.24
43.25	MISC INC	B	-22,870	RADIOLOGY-DIAGNOSTIC	54.00	0 43.25
43.26	MISC INC	B	-158,251	RADIOLOGY-THERAPEUTIC	55.00	0 43.26
43.27			0		0.00	0 43.27
43.29			0		0.00	0 43.29
43.30	MISC INC	B	-240	RESPIRATORY THERAPY	65.00	0 43.30
43.31			0		0.00	0 43.31
43.32	MISC INC	B	-6,195	OCCUPATIONAL THERAPY	67.00	0 43.32
43.33	MISC INC	B	-936	ELECTROCARDIOLOGY	69.00	0 43.33
43.34			0		0.00	0 43.34

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	
43.35		0			0.00	0 43.35
43.37	MISC INC	-600	REHAB MEDICINE		76.00	0 43.37
44.00	MISC INC	-29,469	DAY HOSPITAL		76.20	0 44.00
44.01		0			0.00	0 44.01
44.02		0			0.00	0 44.02
44.04		0			0.00	0 44.04
44.05	MISC INC	-82,455	EMERGENCY		91.00	0 44.05
44.06		0			0.00	0 44.06
44.10		0			0.00	0 44.10
44.11		0			0.00	0 44.11
44.12		0			0.00	0 44.12
44.13		0			0.00	0 44.13
44.14		0			0.00	0 44.14
44.15		0			0.00	0 44.15
44.18		0			0.00	0 44.18
44.19		0			0.00	0 44.19
44.21		0			0.00	0 44.21
44.22		0			0.00	0 44.22
44.23		0			0.00	0 44.23
44.24		0			0.00	0 44.24
44.25		0			0.00	0 44.25
44.26		0			0.00	0 44.26
44.27		0			0.00	0 44.27
44.28	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-27,368	GI FT, FLOWER, COFFEE SHOP & CANTEEN		190.00	0 44.28
44.29		0			0.00	0 44.29
44.30		0			0.00	0 44.30
45.02	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-50,515	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.02
45.03		0			0.00	0 45.03
45.04		0			0.00	0 45.04
45.05	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-7,364,859	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.05
45.06	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-95	MAINTENANCE & REPAIRS		6.00	0 45.06
45.08		0			0.00	0 45.08
45.09	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-4,170	DIETARY		10.00	0 45.09
45.10	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-22,879	NURSING ADMINISTRATION		13.00	0 45.10
45.11	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-2,956	CENTRAL SERVICES & SUPPLY		14.00	0 45.11
45.12	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-2,682	PHARMACY		15.00	0 45.12
45.13	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-249	MEDICAL RECORDS & LIBRARY		16.00	0 45.13
45.14	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-148,642	SOCIAL SERVICE		17.00	0 45.14
45.15	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-71,445	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 45.15
45.16	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-9,456	PARAMED ED PRGM-PASTORAL EDUC.		23.00	0 45.16
45.17	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-32,730	ADULTS & PEDIATRICS		30.00	0 45.17
45.18	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-16,716	INTENSIVE CARE UNIT		31.00	0 45.18
45.19	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-2,095	CORONARY CARE UNIT		32.00	0 45.19
45.20	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-988	NEONATAL CARE UNIT		32.01	0 45.20
45.21	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-304	SUBPROVIDER - IPF		40.00	0 45.21
45.22	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-534	SUBPROVIDER - IRF		41.00	0 45.22
45.23	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-5,300	OPERATING ROOM		50.00	0 45.23
45.24	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-47	RECOVERY ROOM		51.00	0 45.24
45.25	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	-10,414	DELIVERY ROOM & LABOR ROOM		52.00	0 45.25

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	
45.26		0			0.00	0 45.26
45.27	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-15,540	RADIOLOGY-DIAGNOSTIC	54.00	0 45.27
45.28	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-35,437	RADIOLOGY-THERAPEUTIC	55.00	0 45.28
45.29	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-246	RADIOISOTOPE	56.00	0 45.29
45.30			0		0.00	0 45.30
45.31	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-120	RESPIRATORY THERAPY	65.00	0 45.31
45.32			0		0.00	0 45.32
45.33	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,854	OCCUPATIONAL THERAPY	67.00	0 45.33
45.34	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,627	ELECTROCARDIOLOGY	69.00	0 45.34
45.35	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-162	ELECTROENCEPHALOGRAPHY	70.00	0 45.35
45.36	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-10,924	OUTPATIENT CENTER	90.02	0 45.36
45.37	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-4,482	ASC (NON-DISTINCT PART)	75.00	0 45.37
45.38			0		0.00	0 45.38
45.39			0		0.00	0 45.39
45.40	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-59	GASTROENTEROLOGY LAB	76.45	0 45.40
45.41			0		0.00	0 45.41
45.42			0		0.00	0 45.42
45.43			0		0.00	0 45.43
45.44			0		0.00	0 45.44
45.46	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-17,086	EMERGENCY	91.00	0 45.46
45.47			0		0.00	0 45.47
45.48	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-11,123	RENAL DIALYSIS	74.00	0 45.48
45.49			0		0.00	0 45.49
45.50			0		0.00	0 45.50
45.51			0		0.00	0 45.51
45.52			0		0.00	0 45.52
45.53			0		0.00	0 45.53
45.55			0		0.00	0 45.55
45.56			0		0.00	0 45.56
45.57			0		0.00	0 45.57
45.58			0		0.00	0 45.58
45.59			0		0.00	0 45.59
45.60			0		0.00	0 45.60
45.61			0		0.00	0 45.61
45.63			0		0.00	0 45.63
45.64			0		0.00	0 45.64
45.65			0		0.00	0 45.65
45.66			0		0.00	0 45.66
45.67			0		0.00	0 45.67
45.68			0		0.00	0 45.68
45.69			0		0.00	0 45.69
45.70			0		0.00	0 45.70
45.71			0		0.00	0 45.71
45.72			0		0.00	0 45.72
45.73			0		0.00	0 45.73
45.74			0		0.00	0 45.74
45.75			0		0.00	0 45.75
45.76			0		0.00	0 45.76
45.77			0		0.00	0 45.77
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-72,689,093			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: 140223

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2015 1:13 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	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	1,041,626	0 1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL EQUIPMENT	4,031,118	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	8,265,628	0 3.00
3.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	CENTRAL BUSINESS OFFICE	805,802	0 3.01
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	A&G	22,324,768	40,392,919 4.00
5.00	0			36,468,942	40,392,919 5.00

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

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

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

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

6.00	B	LUTHERAN GENER.	100.00	AHCS	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: 140223

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2015 1:13 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	1,041,626	9		1.00
2.00	4,031,118	9		2.00
3.00	8,265,628	0		3.00
3.01	805,802	0		3.01
4.00	-18,068,151	0		4.00
5.00	-3,923,977			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			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: 140223

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2015 1:13 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	5.06	OTHER ADMINISTRATIVE AND GENERAL	12,073,643	378,968	11,694,675	177,200	1	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	177,200	1	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,309,555	0	13,309,555	177,200	1	3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	177,200	1	4.00
5.00	40.00	SUBPROVIDER - IPF	124,112	0	124,112	154,100	1	5.00
6.00	53.00	ANESTHESIOLOGY	208,126	0	208,126	200,300	1	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,318	0	1,318	225,300	1	7.00
8.00	69.00	ELECTROCARDIOLOGY	7,650	0	7,650	177,200	1	8.00
9.00	91.00	EMERGENCY	702,252	0	702,252	177,200	1	9.00
10.00	90.02	OUTPATIENT CENTER	18,000	0	18,000	177,200	1	10.00
200.00			26,444,656	378,968	26,065,688		10	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	85	4	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	85	4	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	85	4	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	85	4	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	74	4	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	96	5	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	108	5	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	85	4	0	0	0	8.00
9.00	91.00	EMERGENCY	85	4	0	0	0	9.00
10.00	90.02	OUTPATIENT CENTER	85	4	0	0	0	10.00
200.00			873	42	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	85	11,694,590	12,073,558	1.00
2.00	13.00	NURSING ADMINISTRATION	0	85	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	85	13,309,470	13,309,470	3.00
4.00	32.00	CORONARY CARE UNIT	0	85	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	74	124,038	124,038	5.00
6.00	53.00	ANESTHESIOLOGY	0	96	208,030	208,030	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	108	1,210	1,210	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	85	7,565	7,565	8.00
9.00	91.00	EMERGENCY	0	85	702,167	702,167	9.00
10.00	90.02	OUTPATIENT CENTER	0	85	17,915	17,915	10.00
200.00			0	873	26,064,985	26,443,953	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	24,969,719	24,969,719			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	16,189,369		16,189,369		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	59,106,903	109,677	71,110	59,287,690	4.00
5.03 00560	PURCHASING RECEIVING AND STORES	2,258,469	337,473	218,804	364,965	3,179,711 5.03
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	14,446,210	150,855	97,809	0	17 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	83,149,829	9,447,222	6,125,202	5,608,326	70,267 5.06
6.00 00600	MAINTENANCE & REPAIRS	23,918,459	3,950,342	2,561,244	1,390,348	58,879 6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,392,774	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	6,988,605	183,698	119,102	1,278,346	26,170 9.00
10.00 01000	DIETARY	3,211,892	387,516	251,250	442,522	137,942 10.00
11.00 01100	CAFETERIA	2,460,220	30,702	19,906	636,941	0 11.00
13.00 01300	NURSING ADMINISTRATION	5,114,083	144,858	93,920	1,144,934	420 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,146,101	166,378	107,873	243,804	103,885 14.00
15.00 01500	PHARMACY	9,154,921	105,066	68,121	2,083,430	3,727 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,292,748	97,457	63,187	1,003,272	593 16.00
17.00 01700	SOCIAL SERVICE	1,891,671	17,623	11,426	464,737	154 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,416,005	0	0	3,300,584	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,096,211	421,085	273,015	280,255	3,003 22.00
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	271,555	18,205	11,803	65,331	285 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	331,797	1,783	1,156	78,200	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	49,294,668	3,696,930	2,396,942	12,054,232	9,299 30.00
31.00 03100	INTENSIVE CARE UNIT	6,893,980	309,756	200,834	1,542,777	1,634 31.00
32.00 03200	CORONARY CARE UNIT	7,481,916	322,122	208,851	1,612,893	1,894 32.00
32.01 03201	NEONATAL CARE UNIT	10,428,773	301,328	195,369	2,536,764	1,925 32.01
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	5,930,131	370,989	240,534	1,470,989	1,107 40.00
41.00 04100	SUBPROVIDER - IRF	5,435,449	416,804	270,239	1,336,711	1,043 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	993,291	38,219	24,780	246,556	1,755 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,044,613	603,356	391,192	3,146,850	0 50.00
51.00 05100	RECOVERY ROOM	1,705,929	52,130	33,799	415,032	123 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,423,402	321,039	208,149	1,297,766	0 52.00
53.00 05300	ANESTHESIOLOGY	864,123	7,860	5,096	149,744	114 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,081,025	668,512	433,437	2,129,010	678 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,814,853	276,505	179,274	531,176	279 55.00
56.00 05600	RADIOISOTOPE	2,398,676	121,025	78,468	345,051	145 56.00
57.00 05700	CT SCAN	2,622,439	64,998	42,142	554,831	97 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,959,203	141,330	91,633	414,551	59 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,515,454	190,739	123,668	368,413	27 59.00
60.00 06000	LABORATORY	15,042,251	53,491	34,681	0	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,591,949	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	6,000,023	37,585	24,369	1,448,022	1,833 65.00
66.00 06600	PHYSICAL THERAPY	5,468,049	18,984	12,309	1,338,058	372 66.00
67.00 06700	OCCUPATIONAL THERAPY	7,252,491	356,404	231,078	1,752,816	1,516 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	3,084,204	48,960	31,743	631,657	668 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,440,263	62,844	40,746	259,895	215 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,060,029	9,155	5,936	115,020	1,490,822 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	32,429,730	0	0	0	1,252,436 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	24,226,557	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	829,234	22,723	14,733	189,666	99 74.00
75.00 07500	ASC (NON-DIAGNOSTIC PART)	3,752,027	189,207	122,674	903,823	990 75.00
76.00 03950	REHAB MEDICINE	528,272	18,205	11,803	126,521	488 76.00
76.20 03951	DAY HOSPITAL	623,754	55,103	35,726	159,531	214 76.20
76.45 03340	GASTROENTEROLOGY LAB	2,862,887	139,877	90,691	661,942	1,988 76.45
76.97 07697	CARDIAC REHABILITATION	363,417	25,035	16,231	88,095	86 76.97
76.99 07699	LITHOTRIPER	1,509,950	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	DIABETES CARE CENTER	54,787	6,856	4,445	13,344	5 90.01
90.02 09002	OUTPATIENT CENTER	818,065	34,890	22,621	189,737	349 90.02
90.03 09003	PAIN CLINIC	558,034	24,718	16,026	121,221	137 90.03
90.05 09004	WOUND CARE CENTER	0	0	0	0	0 90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	5.03		
90.06 09005 ANTI-COAG LAB	685,794	0	0	168,403	0	90.06	
90.07 09006 HEART RISK ASSESSMENT	157,739	0	0	38,846	20	90.07	
91.00 09100 EMERGENCY	10,448,549	331,594	214,992	2,466,298	1,716	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	573,483,521	24,909,213	16,150,139	59,212,236	3,179,475	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	388,254	60,506	39,230	75,454	236	190.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	573,871,775	24,969,719	16,189,369	59,287,690	3,179,711	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5A.05	5.06	6.00	7.00	
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	14,694,891					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	104,400,846	104,400,846			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	31,879,272	7,089,313	38,968,585		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,392,774	532,105	0	0	8.00
9.00	00900	HOUSEKEEPING	0	8,595,921	1,911,561	652,300	0	9.00
10.00	01000	DIETARY	0	4,431,122	985,393	1,376,047	0	10.00
11.00	01100	CAFETERIA	0	3,147,769	700,001	109,022	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,498,215	1,445,073	514,381	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,768,041	615,557	590,800	0	14.00
15.00	01500	PHARMACY	0	11,415,265	2,538,527	373,085	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,457,257	1,435,965	346,064	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,385,611	530,512	62,580	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	15,716,589	3,495,055	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,073,569	1,350,640	1,495,248	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	367,179	81,653	64,644	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	412,936	91,829	6,333	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,657,869	69,109,940	15,368,570	13,127,588	0	30.00
31.00	03100	INTENSIVE CARE UNIT	218,065	9,167,046	2,038,568	1,099,927	0	31.00
32.00	03200	CORONARY CARE UNIT	228,307	9,855,983	2,191,773	1,143,836	0	32.00
32.01	03201	NEONATAL CARE UNIT	491,435	13,955,594	3,103,445	1,069,998	0	32.01
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	153,408	8,167,158	1,816,213	1,317,361	0	40.00
41.00	04100	SUBPROVIDER - I RF	180,274	7,640,520	1,699,099	1,480,049	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	81,305	1,385,906	308,198	135,714	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	896,422	19,082,433	4,243,551	2,142,482	0	50.00
51.00	05100	RECOVERY ROOM	151,873	2,358,886	524,569	185,112	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,038	7,449,394	1,656,596	1,139,989	0	52.00
53.00	05300	ANESTHESIOLOGY	466,126	1,493,063	332,027	27,912	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	779,365	13,092,027	2,911,405	2,373,848	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	393,546	9,195,633	2,044,925	981,852	0	55.00
56.00	05600	RADIOISOTOPE	177,428	3,120,793	694,002	429,754	0	56.00
57.00	05700	CT SCAN	876,032	4,160,539	925,221	230,803	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	481,703	3,088,479	686,816	501,856	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	360,219	2,558,520	568,964	677,304	0	59.00
60.00	06000	LABORATORY	1,032,389	16,162,812	3,594,286	189,944	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	112,567	1,704,516	379,050	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	406,561	7,918,393	1,760,892	133,462	0	65.00
66.00	06600	PHYSICAL THERAPY	197,565	7,035,337	1,564,518	67,411	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	196,041	9,790,346	2,177,177	1,265,571	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	335,795	4,133,027	919,103	173,853	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	107,407	1,911,370	425,050	223,157	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	388,074	41,069,036	9,132,932	32,509	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	581,359	34,263,525	7,619,523	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,698,379	25,924,936	5,765,187	0	0	73.00
74.00	07400	RENAL DIALYSIS	34,311	1,090,766	242,565	80,687	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	296,988	5,265,709	1,170,988	671,862	0	75.00
76.00	03950	REHAB MEDICINE	11,486	696,775	154,949	64,644	0	76.00
76.20	03951	DAY HOSPITAL	23,317	897,645	199,618	195,667	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	366,327	4,123,712	917,031	496,696	0	76.45
76.97	07697	CARDIAC REHABILITATION	16,622	509,486	113,299	88,897	0	76.97
76.99	07699	LITHOTRIPER	53,842	1,563,792	347,756	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	567	80,004	17,791	24,347	0	90.01
90.02	09002	OUTPATIENT CENTER	25,773	1,091,435	242,713	123,893	0	90.02
90.03	09003	PAIN CLINIC	44,747	764,883	170,095	87,771	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	17,656	871,853	193,883	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	20,527	217,132	48,286	0	0	90.07
91.00	09100	EMERGENCY	934,176	14,397,325	3,201,677	1,177,472	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,694,891	573,308,095	104,275,495	38,753,732	0118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	563,680	125,351	214,853	0190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0194.00
200.00		Cross Foot Adjustments		0			200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118-201)	14,694,891	573,871,775	104,400,846	38,968,585	0202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
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	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATION AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,924,879				8.00	
9.00	00900	HOUSEKEEPING	0	11,159,782			9.00	
10.00	01000	DIETARY	0	400,780	7,193,342		10.00	
11.00	01100	CAFETERIA	0	31,753	0	3,988,545	11.00	
13.00	01300	NURSING ADMINISTRATION	0	149,816	0	92,130	8,699,615	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	172,073	0	19,618	16,292	14.00
15.00	01500	PHARMACY	0	108,663	0	167,649	22,680	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	100,793	0	80,731	6,729	16.00
17.00	01700	SOCIAL SERVICE	0	18,227	0	37,396	4,721	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	265,591	4,855	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	435,497	0	22,551	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	18,828	0	5,257	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,845	0	6,293	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,781,464	3,823,461	4,381,269	970,035	3,624,803	30.00
31.00	03100	INTENSIVE CARE UNIT	120,950	320,359	297,461	124,144	395,091	31.00
32.00	03200	CORONARY CARE UNIT	133,569	333,147	328,494	129,786	404,842	32.00
32.01	03201	NEONATAL CARE UNIT	289,832	311,641	712,803	204,128	547,407	32.01
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	201,031	383,687	494,409	118,367	395,215	40.00
41.00	04100	SUBPROVIDER - IRF	236,232	431,071	580,979	107,562	369,821	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	161,801	39,527	397,927	19,840	49,734	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	624,007	0	253,220	633,955	50.00
51.00	05100	RECOVERY ROOM	0	53,915	0	33,397	98,709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	332,027	0	104,428	341,733	52.00
53.00	05300	ANESTHESIOLOGY	0	8,130	0	12,050	44,244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	691,393	0	171,317	105,279	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	285,969	0	42,743	0	55.00
56.00	05600	RADIOISOTOPE	0	125,168	0	27,766	3,211	56.00
57.00	05700	CT SCAN	0	67,222	0	44,646	97,824	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	146,168	0	33,358	97,218	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	197,268	0	29,645	70,988	59.00
60.00	06000	LABORATORY	0	55,322	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	38,871	0	116,519	180	65.00
66.00	06600	PHYSICAL THERAPY	0	19,634	0	107,671	371	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	368,603	0	141,045	9,225	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	50,635	0	50,828	151,345	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	64,995	0	20,913	19	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,469	0	9,255	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	23,501	0	15,262	32,536	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	195,683	0	72,729	211,973	75.00
76.00	03950	REHAB MEDICINE	0	18,828	0	10,181	847	76.00
76.20	03951	DAY HOSPITAL	0	56,989	0	12,837	18,169	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	144,665	0	53,265	164,097	76.45
76.97	07697	CARDIAC REHABILITATION	0	25,892	0	7,089	20,239	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	7,091	0	1,074	2,403	90.01
90.02	09002	OUTPATIENT CENTER	0	36,084	0	15,268	30,900	90.02
90.03	09003	PAIN CLINIC	0	25,564	0	9,754	25,353	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	13,551	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	3,126	0	90.07
91.00	09100	EMERGENCY	0	342,944	0	198,458	696,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

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Part I
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,924,879	11,097,205	7,193,342	3,982,473	8,699,485
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,577	0	6,072	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,924,879	11,159,782	7,193,342	3,988,545	8,699,615

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/21/2015 1:13 pm
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		14.00	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
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,182,381				14.00
15.00	01500	PHARMACY	0	14,625,869			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8	8,427,547		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,039,047	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	19,482,090
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	166,296	950,826	1,851,003	14,779,517
31.00	03100	INTENSIVE CARE UNIT	0	38,585	125,065	125,671	0
32.00	03200	CORONARY CARE UNIT	0	19,592	130,939	138,782	0
32.01	03201	NEONATAL CARE UNIT	0	42,771	281,850	301,145	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	627	87,983	208,878	1,348,086
41.00	04100	SUBPROVIDER - IRF	0	3,884	103,391	245,452	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	11,555	46,630	168,116	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	95,080	514,119	0	1,715,439
51.00	05100	RECOVERY ROOM	0	12,227	87,103	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	41,601	114,153	0	0
53.00	05300	ANESTHESIOLOGY	0	220,647	267,334	0	225,804
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,884	446,984	0	7,864
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,157	225,708	0	0
56.00	05600	RADIOISOTOPE	0	433,756	101,759	0	0
57.00	05700	CT SCAN	0	58,719	502,425	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,677	276,268	0	2,247
59.00	05900	CARDIAC CATHETERIZATION	0	14,419	206,594	0	0
60.00	06000	LABORATORY	0	0	592,099	0	598,775
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	64,560	0	0
65.00	06500	RESPIRATORY THERAPY	0	24,661	233,172	0	0
66.00	06600	PHYSICAL THERAPY	0	133	113,308	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	6,903	112,434	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	135,064	192,586	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,763	61,600	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,272,886	7	222,570	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,909,495	0	333,423	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,891,461	973,747	0	0
74.00	07400	RENAL DIALYSIS	0	12,344	19,678	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	25,086	170,329	0	0
76.00	03950	REHAB MEDICINE	0	0	6,588	0	0
76.20	03951	DAY HOSPITAL	0	14	13,373	0	0
76.45	03340	GASTROENTEROLOGY LAB	0	42,558	210,097	0	0
76.97	07697	CARDIAC REHABILITATION	0	17	9,533	0	0
76.99	07699	LITHOTRIPER	0	0	30,880	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	0	325	0	0
90.02	09002	OUTPATIENT CENTER	0	14,470	14,781	0	0
90.03	09003	PAIN CLINIC	0	17,081	25,663	0	0
90.05	09004	WOUND CARE CENTER	0	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	1,198	10,126	0	0
90.07	09006	HEART RISK ASSESSMENT	0	0	11,773	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

Period:
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To 12/31/2014

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES	
91.00	09100	EMERGENCY	0	211,943	535,771	0	0	804,358	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,182,381	14,625,188	8,427,547	3,039,047		19,482,090	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	681	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,182,381	14,625,869	8,427,547	3,039,047		19,482,090	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

Period:
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To 12/31/2014

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
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
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	9,377,505					22.00
23.00 02300 PARAMED PRGM-PASTORAL EDUC.	0	537,561				23.00
23.01 02301 PARAMED PRGM-PHARMACY	0	0	519,236			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,113,970	346,587	163,198	137,558,527	-21,893,487	30.00
31.00 03100 INTENSIVE CARE UNIT	0	23,531	166,265	14,042,663	0	31.00
32.00 03200 CORONARY CARE UNIT	0	25,986	73,933	14,910,662	0	32.00
32.01 03201 NEONATAL CARE UNIT	0	56,387	0	20,877,001	0	32.01
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	648,887	39,111	0	15,227,013	-1,996,973	40.00
41.00 04100 SUBPROVIDER - IRF	0	45,959	0	12,944,019	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	2,724,948	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	825,709	0	0	30,129,995	-2,541,148	50.00
51.00 05100 RECOVERY ROOM	0	0	0	3,353,918	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	11,179,921	0	52.00
53.00 05300 ANESTHESIOLOGY	108,689	0	0	2,739,900	-334,493	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,785	0	0	19,845,786	-11,649	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	12,791,987	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	4,936,209	0	56.00
57.00 05700 CT SCAN	0	0	0	6,087,399	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,081	0	0	4,857,168	-3,328	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	4,323,702	0	59.00
60.00 06000 LABORATORY	288,214	0	0	21,481,452	-886,989	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,148,126	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	10,226,150	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	8,908,383	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	13,871,304	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	5,806,441	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	2,708,867	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	52,748,664	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	44,125,966	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	51,106	45,606,437	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,517,339	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	7,784,359	0	75.00
76.00 03950 REHAB MEDICINE	0	0	0	952,812	0	76.00
76.20 03951 DAY HOSPITAL	0	0	0	1,394,312	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	0	6,152,121	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	0	774,452	0	76.97
76.99 07699 LI THOTRI PER	0	0	0	1,942,428	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	0	133,035	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	0	1,569,544	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	1,126,164	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
90.06 09005 ANTI-COAG LAB	0	0	0	1,090,611	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	280,317	0	90.07
91.00 09100 EMERGENCY	387,170	0	64,734	22,018,329	-1,191,528	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,377,505	537,561	519,236	572,898,431	-28,859,595	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	973,344	0	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	9,377,505	537,561	519,236	573,871,775	-28,859,595	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/21/2015 1:13 pm
Cost Center Description		Total		
		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
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			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 PARAMED ED PRGM-PASTORAL EDUC.			23.00
23.01	02301 PARAMED ED PRGM-PHARMACY			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	115,665,040		30.00
31.00	03100 INTENSIVE CARE UNIT	14,042,663		31.00
32.00	03200 CORONARY CARE UNIT	14,910,662		32.00
32.01	03201 NEONATAL CARE UNIT	20,877,001		32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000 SUBPROVIDER - I PF	13,230,040		40.00
41.00	04100 SUBPROVIDER - I RF	12,944,019		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	2,724,948		43.00
44.00	04400 SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	27,588,847		50.00
51.00	05100 RECOVERY ROOM	3,353,918		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,179,921		52.00
53.00	05300 ANESTHESIOLOGY	2,405,407		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,834,137		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	12,791,987		55.00
56.00	05600 RADIOISOTOPE	4,936,209		56.00
57.00	05700 CT SCAN	6,087,399		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,853,840		58.00
59.00	05900 CARDIAC CATHETERIZATION	4,323,702		59.00
60.00	06000 LABORATORY	20,594,463		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,148,126		62.00
65.00	06500 RESPIRATORY THERAPY	10,226,150		65.00
66.00	06600 PHYSICAL THERAPY	8,908,383		66.00
67.00	06700 OCCUPATIONAL THERAPY	13,871,304		67.00
68.00	06800 SPEECH PATHOLOGY	0		68.00
69.00	06900 ELECTROCARDIOLOGY	5,806,441		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,708,867		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	52,748,664		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	44,125,966		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	45,606,437		73.00
74.00	07400 RENAL DIALYSIS	1,517,339		74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,784,359		75.00
76.00	03950 REHAB MEDICINE	952,812		76.00
76.20	03951 DAY HOSPITAL	1,394,312		76.20
76.45	03340 GASTROENTEROLOGY LAB	6,152,121		76.45
76.97	07697 CARDIAC REHABILITATION	774,452		76.97
76.99	07699 LI THOTRI PER	1,942,428		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0		90.00
90.01	09001 DIABETES CARE CENTER	133,035		90.01
90.02	09002 OUTPATIENT CENTER	1,569,544		90.02
90.03	09003 PAIN CLINIC	1,126,164		90.03
90.05	09004 WOUND CARE CENTER	0		90.05
90.06	09005 ANTI-COAG LAB	1,090,611		90.06
90.07	09006 HEART RISK ASSESSMENT	280,317		90.07
91.00	09100 EMERGENCY	20,826,801		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

Period:
From 01/01/2014
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Cost Center Description			Total	
			26.00	
99.00	09900	CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS				
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)	544,038,836	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	973,344	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	545,012,180	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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	0	109,677	71,110	180,787	180,787 4.00
5.03 00560	PURCHASING RECEIVING AND STORES	720	337,473	218,804	556,997	1,113 5.03
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	210	150,855	97,809	248,874	0 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	96,132	9,447,222	6,125,202	15,668,556	17,110 5.06
6.00 00600	MAINTENANCE & REPAIRS	93,168	3,950,342	2,561,244	6,604,754	4,242 6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	830	183,698	119,102	303,630	3,900 9.00
10.00 01000	DIETARY	37,345	387,516	251,250	676,111	1,350 10.00
11.00 01100	CAFETERIA	0	30,702	19,906	50,608	1,943 11.00
13.00 01300	NURSING ADMINISTRATION	208,788	144,858	93,920	447,566	3,493 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	142,221	166,378	107,873	416,472	744 14.00
15.00 01500	PHARMACY	33,311	105,066	68,121	206,498	6,356 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	300	97,457	63,187	160,944	3,061 16.00
17.00 01700	SOCIAL SERVICE	0	17,623	11,426	29,049	1,418 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	10,069 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	200	421,085	273,015	694,300	855 22.00
23.00 02300	PARAMED PRGM-PASTORAL EDUC.	0	18,205	11,803	30,008	199 23.00
23.01 02301	PARAMED PRGM-PHARMACY	0	1,783	1,156	2,939	239 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,500	3,696,930	2,396,942	6,095,372	36,685 30.00
31.00 03100	INTENSIVE CARE UNIT	720	309,756	200,834	511,310	4,707 31.00
32.00 03200	CORONARY CARE UNIT	390	322,122	208,851	531,363	4,921 32.00
32.01 03201	NEONATAL CARE UNIT	1,080	301,328	195,369	497,777	7,739 32.01
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	370,989	240,534	611,523	4,488 40.00
41.00 04100	SUBPROVIDER - I RF	37,788	416,804	270,239	724,831	4,078 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	38,219	24,780	62,999	752 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	18,309	603,356	391,192	1,012,857	9,600 50.00
51.00 05100	RECOVERY ROOM	0	52,130	33,799	85,929	1,266 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	321,039	208,149	529,188	3,959 52.00
53.00 05300	ANESTHESIOLOGY	0	7,860	5,096	12,956	457 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	668,512	433,437	1,101,949	6,495 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	359,605	276,505	179,274	815,384	1,621 55.00
56.00 05600	RADIOISOTOPE	27,045	121,025	78,468	226,538	1,053 56.00
57.00 05700	CT SCAN	0	64,998	42,142	107,140	1,693 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	141,330	91,633	232,963	1,265 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	190,739	123,668	314,407	1,124 59.00
60.00 06000	LABORATORY	0	53,491	34,681	88,172	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	61,600	37,585	24,369	123,554	4,418 65.00
66.00 06600	PHYSICAL THERAPY	0	18,984	12,309	31,293	4,082 66.00
67.00 06700	OCCUPATIONAL THERAPY	115	356,404	231,078	587,597	5,347 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	48,960	31,743	80,703	1,927 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	10,391	62,844	40,746	113,981	793 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,155	5,936	15,091	351 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	22,723	14,733	37,456	579 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	189,207	122,674	311,881	2,757 75.00
76.00 03950	REHAB MEDICINE	0	18,205	11,803	30,008	386 76.00
76.20 03951	DAY HOSPITAL	0	55,103	35,726	90,829	487 76.20
76.45 03340	GASTROENTEROLOGY LAB	0	139,877	90,691	230,568	2,019 76.45
76.97 07697	CARDIAC REHABILITATION	0	25,035	16,231	41,266	269 76.97
76.99 07699	LITHOTRIPER	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	DIABETES CARE CENTER	0	6,856	4,445	11,301	41 90.01
90.02 09002	OUTPATIENT CENTER	0	34,890	22,621	57,511	579 90.02
90.03 09003	PAIN CLINIC	0	24,718	16,026	40,744	370 90.03
90.05 09004	WOUND CARE CENTER	0	0	0	0	0 90.05
90.06 09005	ANTI-COAG LAB	0	0	0	0	514 90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
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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			
90.07 09006 HEART RISK ASSESSMENT	546	0	0	546	119	90.07
91.00 09100 EMERGENCY	0	331,594	214,992	546,586	7,524	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,132,314	24,909,213	16,150,139	42,191,666	180,557	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60,506	39,230	99,736	230	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,132,314	24,969,719	16,189,369	42,291,402	180,787	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/21/2015 1:13 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
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
5.03	00560	PURCHASING RECEIVING AND STORES	558,110					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3	248,877				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	12,334	0	15,698,000			5.06
6.00	00600	MAINTENANCE & REPAIRS	10,335	0	1,065,979	7,685,310		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	80,010	0	0	8.00
9.00	00900	HOUSEKEEPING	4,594	0	287,430	128,645	0	9.00
10.00	01000	DIETARY	24,213	0	148,168	271,381	0	10.00
11.00	01100	CAFETERIA	0	0	105,255	21,501	0	11.00
13.00	01300	NURSING ADMINISTRATION	74	0	217,287	101,445	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,235	0	92,558	116,516	0	14.00
15.00	01500	PHARMACY	654	0	381,704	73,579	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	104	0	215,918	68,250	0	16.00
17.00	01700	SOCIAL SERVICE	27	0	79,770	12,342	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	525,531	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	527	0	203,088	294,890	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL EDUC.	50	0	12,278	12,749	0	23.00
23.01	02301	PARAMED PRGM-PHARMACY	0	0	13,808	1,249	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,632	28,013	2,310,730	2,589,000	0	30.00
31.00	03100	INTENSIVE CARE UNIT	287	3,685	306,528	216,926	0	31.00
32.00	03200	CORONARY CARE UNIT	333	3,858	329,564	225,585	0	32.00
32.01	03201	NEONATAL CARE UNIT	338	8,304	466,647	211,023	0	32.01
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	194	2,592	273,093	259,807	0	40.00
41.00	04100	SUBPROVIDER - I RF	183	3,046	255,484	291,892	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	308	1,374	46,342	26,765	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,147	638,078	422,536	0	50.00
51.00	05100	RECOVERY ROOM	22	2,566	78,876	36,507	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,363	249,093	224,827	0	52.00
53.00	05300	ANESTHESIOLOGY	20	7,876	49,925	5,505	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119	13,169	437,771	468,166	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	49	6,650	307,484	193,639	0	55.00
56.00	05600	RADIOISOTOPE	25	2,998	104,353	84,755	0	56.00
57.00	05700	CT SCAN	17	14,802	139,120	45,519	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10	8,139	103,273	98,975	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5	6,087	85,552	133,577	0	59.00
60.00	06000	LABORATORY	0	17,444	540,452	37,460	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,902	56,996	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	322	6,870	264,775	26,321	0	65.00
66.00	06600	PHYSICAL THERAPY	65	3,338	235,248	13,295	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	266	3,313	327,370	249,593	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	117	5,674	138,200	34,287	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38	1,815	63,912	44,011	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	261,658	6,557	1,373,266	6,411	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	219,841	9,823	1,145,704	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,274	866,878	0	0	73.00
74.00	07400	RENAL DIALYSIS	17	580	36,473	15,913	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	174	5,018	176,075	132,503	0	75.00
76.00	03950	REHAB MEDICINE	86	194	23,299	12,749	0	76.00
76.20	03951	DAY HOSPITAL	38	394	30,015	38,589	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	349	6,190	137,889	97,957	0	76.45
76.97	07697	CARDIAC REHABILITATION	15	281	17,036	17,532	0	76.97
76.99	07699	LITHOTRIPER	0	910	52,290	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	1	10	2,675	4,802	0	90.01
90.02	09002	OUTPATIENT CENTER	61	435	36,495	24,434	0	90.02
90.03	09003	PAIN CLINIC	24	756	25,576	17,310	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	298	29,153	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	4	347	7,260	0	0	90.07
91.00	09100	EMERGENCY	301	15,785	481,418	232,219	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/21/2015 1:13 pm	
Cost Center Description		PURCHASING RECEIVING AND STORES 5.03	CASHIERING/ACC OUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	558,069	248,877	15,679,152	7,642,937	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41	0	18,848	42,373	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	558,110	248,877	15,698,000	7,685,310	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 1:13 pm				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
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	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	80,010				8.00	
9.00	00900	HOUSEKEEPING	0	728,199			9.00	
10.00	01000	DIETARY	0	26,152	1,147,375		10.00	
11.00	01100	CAFETERIA	0	2,072	0	181,379	11.00	
13.00	01300	NURSING ADMINISTRATION	0	9,776	0	4,191	783,832	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,228	0	892	1,468	14.00
15.00	01500	PHARMACY	0	7,090	0	7,626	2,043	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,577	0	3,672	606	16.00
17.00	01700	SOCIAL SERVICE	0	1,189	0	1,701	425	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	12,081	437	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	28,417	0	1,026	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	1,229	0	239	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	120	0	286	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,732	249,491	698,834	44,080	326,596	30.00
31.00	03100	INTENSIVE CARE UNIT	3,309	20,904	47,447	5,647	35,598	31.00
32.00	03200	CORONARY CARE UNIT	3,654	21,739	52,397	5,903	36,476	32.00
32.01	03201	NEONATAL CARE UNIT	7,928	20,335	113,696	9,285	49,321	32.01
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	5,499	25,036	78,861	5,384	35,609	40.00
41.00	04100	SUBPROVIDER - IRF	6,462	28,128	92,669	4,893	33,321	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,426	2,579	63,471	902	4,481	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	40,718	0	11,518	57,119	50.00
51.00	05100	RECOVERY ROOM	0	3,518	0	1,519	8,894	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,665	0	4,750	30,790	52.00
53.00	05300	ANESTHESIOLOGY	0	530	0	548	3,986	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,115	0	7,793	9,486	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,660	0	1,944	0	55.00
56.00	05600	RADIOISOTOPE	0	8,167	0	1,263	289	56.00
57.00	05700	CT SCAN	0	4,386	0	2,031	8,814	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,538	0	1,517	8,759	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,872	0	1,348	6,396	59.00
60.00	06000	LABORATORY	0	3,610	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,536	0	5,300	16	65.00
66.00	06600	PHYSICAL THERAPY	0	1,281	0	4,898	33	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,052	0	6,416	831	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,304	0	2,312	13,636	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,241	0	951	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	618	0	421	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,533	0	694	2,931	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	12,769	0	3,308	19,099	75.00
76.00	03950	REHAB MEDICINE	0	1,229	0	463	76	76.00
76.20	03951	DAY HOSPITAL	0	3,719	0	584	1,637	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	9,440	0	2,423	14,785	76.45
76.97	07697	CARDIAC REHABILITATION	0	1,689	0	322	1,824	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	463	0	49	216	90.01
90.02	09002	OUTPATIENT CENTER	0	2,355	0	694	2,784	90.02
90.03	09003	PAIN CLINIC	0	1,668	0	444	2,284	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	616	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	142	0	90.07
91.00	09100	EMERGENCY	0	22,378	0	9,027	62,752	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	80,010	724,116	1,147,375	181,103	783,820
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,083	0	276	12
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	80,010	728,199	1,147,375	181,379	783,832

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 1:13 pm		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES
		14.00	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
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	658,113			14.00
15.00	01500	PHARMACY	0	685,550		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	459,132	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	125,921
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	7,795	51,859	76,695
31.00	03100	INTENSIVE CARE UNIT	0	1,809	6,821	5,207
32.00	03200	CORONARY CARE UNIT	0	918	7,142	5,750
32.01	03201	NEONATAL CARE UNIT	0	2,005	15,372	12,478
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	29	4,799	8,655
41.00	04100	SUBPROVIDER - IRF	0	182	5,639	10,170
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	542	2,543	6,966
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,457	28,041	0
51.00	05100	RECOVERY ROOM	0	573	4,751	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,950	6,226	0
53.00	05300	ANESTHESIOLOGY	0	10,342	14,581	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,963	24,379	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	710	12,310	0
56.00	05600	RADIOISOTOPE	0	20,331	5,550	0
57.00	05700	CT SCAN	0	2,752	27,403	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,110	15,068	0
59.00	05900	CARDIAC CATHETERIZATION	0	676	11,268	0
60.00	06000	LABORATORY	0	0	32,294	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,521	0
65.00	06500	RESPIRATORY THERAPY	0	1,156	12,717	0
66.00	06600	PHYSICAL THERAPY	0	6	6,180	0
67.00	06700	OCCUPATIONAL THERAPY	0	324	6,132	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	6,331	10,504	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	83	3,360	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	357,652	0	12,139	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	300,461	0	18,185	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	604,253	52,594	0
74.00	07400	RENAL DIALYSIS	0	579	1,073	0
75.00	07500	ASC (NON-DISTINCT PART)	0	1,176	9,290	0
76.00	03950	REHAB MEDICINE	0	0	359	0
76.20	03951	DAY HOSPITAL	0	1	729	0
76.45	03340	GASTROENTEROLOGY LAB	0	1,995	11,459	0
76.97	07697	CARDIAC REHABILITATION	0	1	520	0
76.99	07699	LITHOTRIPER	0	0	1,684	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	0	18	0
90.02	09002	OUTPATIENT CENTER	0	678	806	0
90.03	09003	PAIN CLINIC	0	801	1,400	0
90.05	09004	WOUND CARE CENTER	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	56	552	0
90.07	09006	HEART RISK ASSESSMENT	0	0	642	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
91.00	09100	EMERGENCY	0	9,934	29,222	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.00	09900	CMHC	0	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	658,113	685,518	459,132	125,921	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32	0	0		190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
200.00		Cross Foot Adjustments					548,118	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	658,113	685,550	459,132	125,921	548,118	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 1:13 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-OTHER PRGM COSTS				
	22.00	23.00	23.01	24.00	25.00
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
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,223,103			22.00
23.00 02300	PARAMED PRGM-PASTORAL EDUC.		56,752		23.00
23.01 02301	PARAMED PRGM-PHARMACY			18,641	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			12,565,514	0 30.00
31.00 03100	INTENSIVE CARE UNIT			1,170,185	0 31.00
32.00 03200	CORONARY CARE UNIT			1,229,603	0 32.00
32.01 03201	NEONATAL CARE UNIT			1,422,248	0 32.01
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			1,315,569	0 40.00
41.00 04100	SUBPROVIDER - IRF			1,460,978	0 41.00
42.00 04200	SUBPROVIDER			0	0 42.00
43.00 04300	NURSERY			224,450	0 43.00
44.00 04400	SKILLED NURSING FACILITY			0	0 44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM			2,240,071	0 50.00
51.00 05100	RECOVERY ROOM			224,421	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			1,075,811	0 52.00
53.00 05300	ANESTHESIOLOGY			106,726	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,116,405	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC			1,358,451	0 55.00
56.00 05600	RADIOISOTOPE			455,322	0 56.00
57.00 05700	CT SCAN			353,677	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			480,617	0 58.00
59.00 05900	CARDIAC CATHETERIZATION			573,312	0 59.00
60.00 06000	LABORATORY			719,432	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			62,419	0 62.00
65.00 06500	RESPIRATORY THERAPY			447,985	0 65.00
66.00 06600	PHYSICAL THERAPY			299,719	0 66.00
67.00 06700	OCCUPATIONAL THERAPY			1,211,241	0 67.00
68.00 06800	SPEECH PATHOLOGY			0	0 68.00
69.00 06900	ELECTROCARDIOLOGY			296,995	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			233,187	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			2,034,164	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT			1,694,014	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			1,552,999	0 73.00
74.00 07400	RENAL DIALYSIS			97,828	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)			674,050	0 75.00
76.00 03950	REHAB MEDICINE			68,849	0 76.00
76.20 03951	DAY HOSPITAL			167,022	0 76.20
76.45 03340	GASTROENTEROLOGY LAB			515,074	0 76.45
76.97 07697	CARDIAC REHABILITATION			80,755	0 76.97
76.99 07699	LITHOTRIPER			54,884	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC			0	0 90.00
90.01 09001	DIABETES CARE CENTER			19,576	0 90.01
90.02 09002	OUTPATIENT CENTER			126,832	0 90.02
90.03 09003	PAIN CLINIC			91,377	0 90.03
90.05 09004	WOUND CARE CENTER			0	0 90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS					
		22.00	23.00	23.01	24.00	25.00	
90.06	09005 ANTI-COAG LAB				31,189	0	90.06
90.07	09006 HEART RISK ASSESSMENT				9,060	0	90.07
91.00	09100 EMERGENCY				1,417,146	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES				0	0	95.00
99.00	09900 CMHC				0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION				0	0	109.00
110.00	11000 INTESTINAL ACQUISITION				0	0	110.00
111.00	11100 ISLET ACQUISITION				0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	40,279,157	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				165,631	0	190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS				0	0	194.00
200.00	Cross Foot Adjustments	1,223,103	56,752	18,641	1,846,614	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,223,103	56,752	18,641	42,291,402	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/21/2015 1:13 pm
Cost Center Description		Total		
		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
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			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 PARAMED ED PRGM-PASTORAL EDUC.			23.00
23.01	02301 PARAMED ED PRGM-PHARMACY			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	12,565,514		30.00
31.00	03100 INTENSIVE CARE UNIT	1,170,185		31.00
32.00	03200 CORONARY CARE UNIT	1,229,603		32.00
32.01	03201 NEONATAL CARE UNIT	1,422,248		32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000 SUBPROVIDER - I PF	1,315,569		40.00
41.00	04100 SUBPROVIDER - I RF	1,460,978		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	224,450		43.00
44.00	04400 SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	2,240,071		50.00
51.00	05100 RECOVERY ROOM	224,421		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,075,811		52.00
53.00	05300 ANESTHESIOLOGY	106,726		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,116,405		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,358,451		55.00
56.00	05600 RADIOISOTOPE	455,322		56.00
57.00	05700 CT SCAN	353,677		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	480,617		58.00
59.00	05900 CARDIAC CATHETERIZATION	573,312		59.00
60.00	06000 LABORATORY	719,432		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	62,419		62.00
65.00	06500 RESPIRATORY THERAPY	447,985		65.00
66.00	06600 PHYSICAL THERAPY	299,719		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,211,241		67.00
68.00	06800 SPEECH PATHOLOGY	0		68.00
69.00	06900 ELECTROCARDIOLOGY	296,995		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	233,187		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,034,164		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,694,014		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,552,999		73.00
74.00	07400 RENAL DIALYSIS	97,828		74.00
75.00	07500 ASC (NON-DISTINCT PART)	674,050		75.00
76.00	03950 REHAB MEDICINE	68,849		76.00
76.20	03951 DAY HOSPITAL	167,022		76.20
76.45	03340 GASTROENTEROLOGY LAB	515,074		76.45
76.97	07697 CARDIAC REHABILITATION	80,755		76.97
76.99	07699 LI THOTRI PER	54,884		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0		90.00
90.01	09001 DIABETES CARE CENTER	19,576		90.01
90.02	09002 OUTPATIENT CENTER	126,832		90.02
90.03	09003 PAIN CLINIC	91,377		90.03
90.05	09004 WOUND CARE CENTER	0		90.05
90.06	09005 ANTI-COAG LAB	31,189		90.06
90.07	09006 HEART RISK ASSESSMENT	9,060		90.07
91.00	09100 EMERGENCY	1,417,146		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
99.00	09900	CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS				
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)	40,279,157	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	165,631	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
200.00		Cross Foot Adjustments	1,846,614	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	42,291,402	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,890,082				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,890,082			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,302	8,302	223,025,740		4.00
5.03 00560	PURCHASING RECEIVING AND STORES	25,545	25,545	1,372,909	82,332,612	5.03
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	11,419	11,419	0	443	2,052,148,298
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	715,107	715,107	21,097,176	1,819,454	0
6.00 00600	MAINTENANCE & REPAIRS	299,021	299,021	5,230,155	1,524,578	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	13,905	13,905	4,808,830	677,626	0
10.00 01000	DIETARY	29,333	29,333	1,664,662	3,571,774	0
11.00 01100	CAFETERIA	2,324	2,324	2,396,021	0	0
13.00 01300	NURSING ADMINISTRATION	10,965	10,965	4,306,967	10,883	0
14.00 01400	CENTRAL SERVICES & SUPPLY	12,594	12,594	917,132	2,689,928	0
15.00 01500	PHARMACY	7,953	7,953	7,837,364	96,506	0
16.00 01600	MEDICAL RECORDS & LIBRARY	7,377	7,377	3,774,067	15,342	0
17.00 01700	SOCIAL SERVICE	1,334	1,334	1,748,231	3,989	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	12,416,005	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,874	31,874	1,054,251	77,749	0
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	1,378	1,378	245,758	7,369	0
23.01 02301	PARAMED ED PRGM-PHARMACY	135	135	294,170	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	279,839	279,839	45,344,808	240,783	231,513,609
31.00 03100	INTENSIVE CARE UNIT	23,447	23,447	5,803,558	42,312	30,451,748
32.00 03200	CORONARY CARE UNIT	24,383	24,383	6,067,317	49,054	31,881,979
32.01 03201	NEONATAL CARE UNIT	22,809	22,809	9,542,697	49,853	68,626,645
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	28,082	28,082	5,533,508	28,676	21,422,718
41.00 04100	SUBPROVIDER - IRF	31,550	31,550	5,028,387	27,017	25,174,448
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	2,893	2,893	927,484	45,454	11,353,803
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	45,671	45,671	11,837,695	0	125,181,090
51.00 05100	RECOVERY ROOM	3,946	3,946	1,561,249	3,191	21,208,404
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,301	24,301	4,881,885	0	27,794,675
53.00 05300	ANESTHESIOLOGY	595	595	563,300	2,960	65,092,328
54.00 05400	RADIOLOGY-DIAGNOSTIC	50,603	50,603	8,008,826	17,562	108,834,722
55.00 05500	RADIOLOGY-THERAPEUTIC	20,930	20,930	1,998,158	7,215	54,956,903
56.00 05600	RADIOISOTOPE	9,161	9,161	1,298,001	3,750	24,777,014
57.00 05700	CT SCAN	4,920	4,920	2,087,142	2,499	122,333,705
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	10,698	10,698	1,559,440	1,515	67,267,534
59.00 05900	CARDIAC CATHETERIZATION	14,438	14,438	1,385,881	694	50,302,955
60.00 06000	LABORATORY	4,049	4,049	0	0	144,168,293
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	15,719,467
65.00 06500	RESPIRATORY THERAPY	2,845	2,845	5,447,110	47,467	56,774,264
66.00 06600	PHYSICAL THERAPY	1,437	1,437	5,033,454	9,630	27,589,003
67.00 06700	OCCUPATIONAL THERAPY	26,978	26,978	6,593,672	39,249	27,376,219
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	3,706	3,706	2,376,141	17,291	46,892,192
70.00 07000	ELECTROENCEPHALOGRAPHY	4,757	4,757	977,661	5,561	14,998,862
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	693	693	432,677	38,601,641	54,192,758
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	32,429,730	81,184,029
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	237,246,328
74.00 07400	RENAL DIALYSIS	1,720	1,720	713,477	2,569	4,791,364
75.00 07500	ASC (NON-DIAGNOSTIC PART)	14,322	14,322	3,399,964	25,640	41,472,969
76.00 03950	REHAB MEDICINE	1,378	1,378	475,940	12,633	1,604,028
76.20 03951	DAY HOSPITAL	4,171	4,171	600,119	5,532	3,256,090
76.45 03340	GASTROENTEROLOGY LAB	10,588	10,588	2,490,068	51,484	51,155,888
76.97 07697	CARDIAC REHABILITATION	1,895	1,895	331,394	2,237	2,321,229
76.99 07699	LITHOTRIPER	0	0	0	0	7,518,848
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	DIABETES CARE CENTER	519	519	50,196	139	79,238
90.02 09002	OUTPATIENT CENTER	2,641	2,641	713,744	9,039	3,599,021
90.03 09003	PAIN CLINIC	1,871	1,871	456,006	3,535	6,248,653
90.05 09004	WOUND CARE CENTER	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
90.06	09005	ANTI-COAG LAB	0	0	633,492	0	2,465,587	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	146,130	518	2,866,457	90.07
91.00	09100	EMERGENCY	25,100	25,100	9,277,623	44,428	130,453,231	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,885,502	1,885,502	222,741,902	82,326,499	2,052,148,298	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,580	4,580	283,838	6,113	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	24,969,719	16,189,369	59,287,690	3,179,711	14,694,891	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.210918	8.565432	0.265833	0.038620	0.007161	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			180,787	558,110	248,877	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000811	0.006779	0.000121	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)		
		5A.06	5.06	6.00	7.00	8.00		
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	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-104,400,846	469,470,929			5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	31,879,272	830,688		6.00	
7.00	00700	OPERATION OF PLANT	0	0	0	830,688	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,392,774	0	155,300	8.00	
9.00	00900	HOUSEKEEPING	0	8,595,921	13,905	0	9.00	
10.00	01000	DIETARY	0	4,431,122	29,333	29,333	10.00	
11.00	01100	CAFETERIA	0	3,147,769	2,324	2,324	11.00	
13.00	01300	NURSING ADMINISTRATION	0	6,498,215	10,965	10,965	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,768,041	12,594	12,594	14.00	
15.00	01500	PHARMACY	0	11,415,265	7,953	7,953	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,457,257	7,377	7,377	16.00	
17.00	01700	SOCIAL SERVICE	0	2,385,611	1,334	1,334	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	15,716,589	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,073,569	31,874	31,874	22.00	
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	367,179	1,378	1,378	23.00	
23.01	02301	PARAMED ED PRGM-PHARMACY	0	412,936	135	135	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	69,109,940	279,839	279,839	94,589	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,167,046	23,447	23,447	6,422	31.00
32.00	03200	CORONARY CARE UNIT	0	9,855,983	24,383	24,383	7,092	32.00
32.01	03201	NEONATAL CARE UNIT	0	13,955,594	22,809	22,809	15,389	32.01
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	8,167,158	28,082	28,082	10,674	40.00
41.00	04100	SUBPROVIDER - I RF	0	7,640,520	31,550	31,550	12,543	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,385,906	2,893	2,893	8,591	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,082,433	45,671	45,671	0	50.00
51.00	05100	RECOVERY ROOM	0	2,358,886	3,946	3,946	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,449,394	24,301	24,301	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,493,063	595	595	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,092,027	50,603	50,603	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,195,633	20,930	20,930	0	55.00
56.00	05600	RADIOISOTOPE	0	3,120,793	9,161	9,161	0	56.00
57.00	05700	CT SCAN	0	4,160,539	4,920	4,920	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,088,479	10,698	10,698	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,558,520	14,438	14,438	0	59.00
60.00	06000	LABORATORY	0	16,162,812	4,049	4,049	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,704,516	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	7,918,393	2,845	2,845	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,035,337	1,437	1,437	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,790,346	26,978	26,978	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,133,027	3,706	3,706	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,911,370	4,757	4,757	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,069,036	693	693	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	34,263,525	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,924,936	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,090,766	1,720	1,720	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	5,265,709	14,322	14,322	0	75.00
76.00	03950	REHAB MEDICINE	0	696,775	1,378	1,378	0	76.00
76.20	03951	DAY HOSPITAL	0	897,645	4,171	4,171	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	4,123,712	10,588	10,588	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	509,486	1,895	1,895	0	76.97
76.99	07699	LITHOTRIPER	0	1,563,792	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	80,004	519	519	0	90.01
90.02	09002	OUTPATIENT CENTER	0	1,091,435	2,641	2,641	0	90.02
90.03	09003	PAIN CLINIC	0	764,883	1,871	1,871	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	871,853	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	217,132	0	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
			5A.06	5.06	6.00	7.00	8.00	
91.00	09100	EMERGENCY	0	14,397,325	25,100	25,100	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-104,400,846	468,907,249	826,108	826,108	155,300	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	563,680	4,580	4,580	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		104,400,846	38,968,585	0	2,924,879	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.222380	46.911217	0.000000	18.833735	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		15,698,000	7,685,310	0	80,010	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.033438	9.251741	0.000000	0.515196	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	816,783					9.00
10.00	01000	DIETARY	29,333	155,300				10.00
11.00	01100	CAFETERIA	2,324	0	186,455,987			11.00
13.00	01300	NURSING ADMINISTRATION	10,965	0	4,306,967	4,551,140		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,594	0	917,132	8,523	71,031,371	14.00
15.00	01500	PHARMACY	7,953	0	7,837,364	11,865	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,377	0	3,774,067	3,520	0	16.00
17.00	01700	SOCIAL SERVICE	1,334	0	1,748,231	2,470	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	12,416,005	2,540	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,874	0	1,054,251	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	1,378	0	245,758	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	135	0	294,170	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	279,839	94,589	45,344,808	1,896,289	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,447	6,422	5,803,558	206,689	0	31.00
32.00	03200	CORONARY CARE UNIT	24,383	7,092	6,067,317	211,790	0	32.00
32.01	03201	NEONATAL CARE UNIT	22,809	15,389	9,542,697	286,372	0	32.01
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	28,082	10,674	5,533,508	206,754	0	40.00
41.00	04100	SUBPROVIDER - I RF	31,550	12,543	5,028,387	193,469	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,893	8,591	927,484	26,018	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,671	0	11,837,695	331,649	0	50.00
51.00	05100	RECOVERY ROOM	3,946	0	1,561,249	51,639	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,301	0	4,881,885	178,775	0	52.00
53.00	05300	ANESTHESIOLOGY	595	0	563,300	23,146	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,603	0	8,008,826	55,076	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,930	0	1,998,158	0	0	55.00
56.00	05600	RADIOISOTOPE	9,161	0	1,298,001	1,680	0	56.00
57.00	05700	CT SCAN	4,920	0	2,087,142	51,176	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,698	0	1,559,440	50,859	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,438	0	1,385,881	37,137	0	59.00
60.00	06000	LABORATORY	4,049	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,845	0	5,447,110	94	0	65.00
66.00	06600	PHYSICAL THERAPY	1,437	0	5,033,454	194	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,978	0	6,593,672	4,826	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,706	0	2,376,141	79,175	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,757	0	977,661	10	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	693	0	432,677	0	38,601,641	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	32,429,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,720	0	713,477	17,021	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,322	0	3,399,964	110,892	0	75.00
76.00	03950	REHAB MEDICINE	1,378	0	475,940	443	0	76.00
76.20	03951	DAY HOSPITAL	4,171	0	600,119	9,505	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	10,588	0	2,490,068	85,846	0	76.45
76.97	07697	CARDIAC REHABILITATION	1,895	0	331,394	10,588	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	519	0	50,196	1,257	0	90.01
90.02	09002	OUTPATIENT CENTER	2,641	0	713,744	16,165	0	90.02
90.03	09003	PAIN CLINIC	1,871	0	456,006	13,263	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	633,492	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	146,130	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
91.00	09100	EMERGENCY	25,100	0	9,277,623	364,357	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	812,203	155,300	186,172,149	4,551,072	71,031,371	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,580	0	283,838	68	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,159,782	7,193,342	3,988,545	8,699,615	4,182,381	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.663093	46.319008	0.021391	1.911524	0.058881	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	728,199	1,147,375	181,379	783,832	658,113	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.891545	7.388120	0.000973	0.172228	0.009265	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	27,372,821					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	15	2,052,148,298				16.00
17.00 01700 SOCIAL SERVICE	0	0	155,300			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	17,342		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	17,342	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	311,229	231,513,609	94,589	13,156	13,156	30.00
31.00 03100 INTENSIVE CARE UNIT	72,213	30,451,748	6,422	0	0	31.00
32.00 03200 CORONARY CARE UNIT	36,667	31,881,979	7,092	0	0	32.00
32.01 03201 NEONATAL CARE UNIT	80,047	68,626,645	15,389	0	0	32.01
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	1,173	21,422,718	10,674	1,200	1,200	40.00
41.00 04100 SUBPROVIDER - IRF	7,269	25,174,448	12,543	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	21,626	11,353,803	8,591	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	177,946	125,181,090	0	1,527	1,527	50.00
51.00 05100 RECOVERY ROOM	22,884	21,208,404	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	77,858	27,794,675	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	412,948	65,092,328	0	201	201	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	78,387	108,834,722	0	7	7	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	28,367	54,956,903	0	0	0	55.00
56.00 05600 RADIO SOTOPE	811,790	24,777,014	0	0	0	56.00
57.00 05700 CT SCAN	109,895	122,333,705	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	44,313	67,267,534	0	2	2	58.00
59.00 05900 CARDIAC CATHETERIZATION	26,985	50,302,955	0	0	0	59.00
60.00 06000 LABORATORY	0	144,168,293	0	533	533	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,719,467	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	46,153	56,774,264	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	249	27,589,003	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	12,919	27,376,219	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	252,777	46,892,192	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,300	14,998,862	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13	54,192,758	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	81,184,029	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	24,126,815	237,246,328	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	23,103	4,791,364	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	46,949	41,472,969	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0	1,604,028	0	0	0	76.00
76.20 03951 DAY HOSPITAL	26	3,256,090	0	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	79,649	51,155,888	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	32	2,321,229	0	0	0	76.97
76.99 07699 LI THOTRI PER	0	7,518,848	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	79,238	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	27,081	3,599,021	0	0	0	90.02
90.03 09003 PAIN CLINIC	31,968	6,248,653	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
90.06 09005 ANTI-COAG LAB	2,243	2,465,587	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	2,866,457	0	0	0	90.07
91.00 09100 EMERGENCY	396,658	130,453,231	0	716	716	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	27,371,547	2,052,148,298	155,300	17,342	17,342	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,274	0	0	0	0	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	14,625,869	8,427,547	3,039,047	19,482,090	9,377,505	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.534321	0.004107	19.568880	1,123.405028	540.739534	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	685,550	459,132	125,921	548,118	1,223,103	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.025045	0.000224	0.810824	31.606389	70.528370	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description		PARAMED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
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
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			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 PARAMED PRGM-PASTORAL EDUC.	146,709		23.00
23.01	02301 PARAMED PRGM-PHARMACY	0	6,096	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	94,589	1,916	30.00
31.00	03100 INTENSIVE CARE UNIT	6,422	1,952	31.00
32.00	03200 CORONARY CARE UNIT	7,092	868	32.00
32.01	03201 NEONATAL CARE UNIT	15,389	0	32.01
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	10,674	0	40.00
41.00	04100 SUBPROVIDER - I RF	12,543	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
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
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	600	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description			PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			23.00	23.01	
91.00	09100	EMERGENCY	0	760	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	146,709	6,096	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	537,561	519,236	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.664131	85.176509	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	56,752	18,641	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.386834	3.057907	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 1:13 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		115,665,040	0	115,665,040
31.00	03100 INTENSIVE CARE UNIT		14,042,663	0	14,042,663
32.00	03200 CORONARY CARE UNIT		14,910,662	0	14,910,662
32.01	03201 NEONATAL CARE UNIT		20,877,001	0	20,877,001
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - I/PF		13,230,040	124,038	13,354,078
41.00	04100 SUBPROVIDER - I/RF		12,944,019	0	12,944,019
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		2,724,948	0	2,724,948
44.00	04400 SKILLED NURSING FACILITY		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		27,588,847	0	27,588,847
51.00	05100 RECOVERY ROOM		3,353,918	0	3,353,918
52.00	05200 DELIVERY ROOM & LABOR ROOM		11,179,921	0	11,179,921
53.00	05300 ANESTHESIOLOGY		2,405,407	208,030	2,613,437
54.00	05400 RADIOLOGY-DIAGNOSTIC		19,834,137	1,210	19,835,347
55.00	05500 RADIOLOGY-THERAPEUTIC		12,791,987	0	12,791,987
56.00	05600 RADIOISOTOPE		4,936,209	0	4,936,209
57.00	05700 CT SCAN		6,087,399	0	6,087,399
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		4,853,840	0	4,853,840
59.00	05900 CARDIAC CATHETERIZATION		4,323,702	0	4,323,702
60.00	06000 LABORATORY		20,594,463	0	20,594,463
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,148,126	0	2,148,126
65.00	06500 RESPIRATORY THERAPY	0	10,226,150	0	10,226,150
66.00	06600 PHYSICAL THERAPY	0	8,908,383	0	8,908,383
67.00	06700 OCCUPATIONAL THERAPY	0	13,871,304	0	13,871,304
68.00	06800 SPEECH PATHOLOGY	0	0	0	0
69.00	06900 ELECTROCARDIOLOGY		5,806,441	7,565	5,814,006
70.00	07000 ELECTROENCEPHALOGRAPHY		2,708,867	0	2,708,867
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		52,748,664	0	52,748,664
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		44,125,966	0	44,125,966
73.00	07300 DRUGS CHARGED TO PATIENTS		45,606,437	0	45,606,437
74.00	07400 RENAL DIALYSIS		1,517,339	0	1,517,339
75.00	07500 ASC (NON-DISTINCT PART)		7,784,359	0	7,784,359
76.00	03950 REHAB MEDICINE		952,812	0	952,812
76.20	03951 DAY HOSPITAL		1,394,312	0	1,394,312
76.45	03340 GASTROENTEROLOGY LAB		6,152,121	0	6,152,121
76.97	07697 CARDIAC REHABILITATION		774,452	0	774,452
76.99	07699 LI THOTRI PER		1,942,428	0	1,942,428
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		0	0	0
90.01	09001 DIABETES CARE CENTER		133,035	0	133,035
90.02	09002 OUTPATIENT CENTER		1,569,544	17,915	1,587,459
90.03	09003 PAIN CLINIC		1,126,164	0	1,126,164
90.05	09004 WOUND CARE CENTER		0	0	0
90.06	09005 ANTI-COAG LAB		1,090,611	0	1,090,611
90.07	09006 HEART RISK ASSESSMENT		280,317	0	280,317
91.00	09100 EMERGENCY		20,826,801	702,167	21,528,968
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		21,494,572	0	21,494,572
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		0	0	0
99.00	09900 CMHC		0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION		0	0	0
110.00	11000 INTESTINAL ACQUISITION		0	0	0
111.00	11100 ISLET ACQUISITION		0	0	0
200.00	Subtotal (see instructions)	0	565,533,408	1,060,925	566,594,333
201.00	Less Observation Beds		21,494,572		21,494,572
202.00	Total (see instructions)	0	544,038,836	1,060,925	545,099,761

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/21/2015 1:13 pm	
			Title XVIIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	231,513,609		231,513,609			30.00
31.00	03100	INTENSIVE CARE UNIT	30,451,748		30,451,748			31.00
32.00	03200	CORONARY CARE UNIT	31,881,979		31,881,979			32.00
32.01	03201	NEONATAL CARE UNIT	68,626,645		68,626,645			32.01
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	21,422,718		21,422,718			40.00
41.00	04100	SUBPROVIDER - I/RF	25,174,448		25,174,448			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	11,353,803		11,353,803			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	80,960,614	44,220,476	125,181,090	0.220391	0.000000	50.00
51.00	05100	RECOVERY ROOM	10,935,180	10,273,224	21,208,404	0.158141	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,443,417	1,351,258	27,794,675	0.402232	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	30,079,384	35,013,044	65,092,428	0.036954	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,063,516	69,771,206	108,834,722	0.182241	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,269,933	52,686,970	54,956,903	0.232764	0.000000	55.00
56.00	05600	RADIOISOTOPE	10,358,832	14,418,182	24,777,014	0.199225	0.000000	56.00
57.00	05700	CT SCAN	44,438,874	77,894,831	122,333,705	0.049761	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,323,505	49,944,029	67,267,534	0.072157	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,584,118	26,718,837	52,302,955	0.082666	0.000000	59.00
60.00	06000	LABORATORY	99,067,526	45,100,767	144,168,293	0.142850	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,316,141	3,403,326	15,719,467	0.136654	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	52,494,864	4,279,400	56,774,264	0.180119	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	26,545,926	1,043,077	27,589,003	0.322896	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,114,075	25,262,144	27,376,219	0.506692	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	21,927,679	24,964,514	46,892,193	0.123825	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,445,257	8,553,605	14,998,862	0.180605	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,656,280	15,293,307	53,949,587	0.977740	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,862,357	21,321,672	78,184,029	0.564386	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	185,782,191	51,464,137	237,246,328	0.192232	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,343,001	691,534	5,034,535	0.301386	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,407,259	38,065,710	41,472,969	0.187697	0.000000	75.00
76.00	03950	REHAB MEDICINE	655,258	948,770	1,604,028	0.594012	0.000000	76.00
76.20	03951	DAY HOSPITAL	11,922	3,244,168	3,256,090	0.428217	0.000000	76.20
76.45	03340	GASTROENTEROLOGY LAB	7,207,525	43,948,363	51,155,888	0.120262	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	169,881	2,151,348	2,321,229	0.333639	0.000000	76.97
76.99	07699	LITHOTRIPER	77,997	7,440,851	7,518,848	0.258341	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	1,998	77,240	79,238	1.678929	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	33,835	3,565,186	3,599,021	0.436103	0.000000	90.02
90.03	09003	PAIN CLINIC	5,688	6,242,965	6,248,653	0.180225	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.05
90.06	09005	ANTI-COAG LAB	6,364	2,459,223	2,465,587	0.442333	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	25,895	2,840,562	2,866,457	0.097792	0.000000	90.07
91.00	09100	EMERGENCY	46,292,945	84,160,286	130,453,231	0.159650	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,472,802	22,385,998	28,858,800	0.744819	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,278,806,989	801,200,210	2,080,007,199			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,278,806,989	801,200,210	2,080,007,199			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 1:13 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVII I	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 NEONATAL CARE UNIT			32.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.220391		50.00
51.00	05100 RECOVERY ROOM	0.158141		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.402232		52.00
53.00	05300 ANESTHESIOLOGY	0.040150		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182252		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.232764		55.00
56.00	05600 RADIOISOTOPE	0.199225		56.00
57.00	05700 CT SCAN	0.049761		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072157		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082666		59.00
60.00	06000 LABORATORY	0.142850		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136654		62.00
65.00	06500 RESPIRATORY THERAPY	0.180119		65.00
66.00	06600 PHYSICAL THERAPY	0.322896		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.506692		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.123987		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180605		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.977740		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.564386		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192232		73.00
74.00	07400 RENAL DIALYSIS	0.301386		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.187697		75.00
76.00	03950 REHAB MEDICINE	0.594012		76.00
76.20	03951 DAY HOSPITAL	0.428217		76.20
76.45	03340 GASTROENTEROLOGY LAB	0.120262		76.45
76.97	07697 CARDIAC REHABILITATION	0.333639		76.97
76.99	07699 LI THOTRI PER	0.258341		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETES CARE CENTER	1.678929		90.01
90.02	09002 OUTPATIENT CENTER	0.441081		90.02
90.03	09003 PAIN CLINIC	0.180225		90.03
90.05	09004 WOUND CARE CENTER	0.000000		90.05
90.06	09005 ANTI-COAG LAB	0.442333		90.06
90.07	09006 HEART RISK ASSESSMENT	0.097792		90.07
91.00	09100 EMERGENCY	0.165032		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.744819		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.00	09900 CMHC			99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 1:13 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	115,665,040	0	115,665,040	30.00
31.00	03100	INTENSIVE CARE UNIT	14,042,663	0	14,042,663	31.00
32.00	03200	CORONARY CARE UNIT	14,910,662	0	14,910,662	32.00
32.01	03201	NEONATAL CARE UNIT	20,877,001	0	20,877,001	32.01
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	13,230,040	124,038	13,354,078	40.00
41.00	04100	SUBPROVIDER - I RF	12,944,019	0	12,944,019	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	2,724,948	0	2,724,948	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,588,847	0	27,588,847	50.00
51.00	05100	RECOVERY ROOM	3,353,918	0	3,353,918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,179,921	0	11,179,921	52.00
53.00	05300	ANESTHESIOLOGY	2,405,407	208,030	2,613,437	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,834,137	1,210	19,835,347	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,791,987	0	12,791,987	55.00
56.00	05600	RADIOISOTOPE	4,936,209	0	4,936,209	56.00
57.00	05700	CT SCAN	6,087,399	0	6,087,399	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,853,840	0	4,853,840	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,323,702	0	4,323,702	59.00
60.00	06000	LABORATORY	20,594,463	0	20,594,463	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,148,126	0	2,148,126	62.00
65.00	06500	RESPIRATORY THERAPY	10,226,150	0	10,226,150	65.00
66.00	06600	PHYSICAL THERAPY	8,908,383	0	8,908,383	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,871,304	0	13,871,304	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,806,441	7,565	5,814,006	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,708,867	0	2,708,867	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,748,664	0	52,748,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	44,125,966	0	44,125,966	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,606,437	0	45,606,437	73.00
74.00	07400	RENAL DIALYSIS	1,517,339	0	1,517,339	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,784,359	0	7,784,359	75.00
76.00	03950	REHAB MEDICINE	952,812	0	952,812	76.00
76.20	03951	DAY HOSPITAL	1,394,312	0	1,394,312	76.20
76.45	03340	GASTROENTEROLOGY LAB	6,152,121	0	6,152,121	76.45
76.97	07697	CARDIAC REHABILITATION	774,452	0	774,452	76.97
76.99	07699	LITHOTRIPER	1,942,428	0	1,942,428	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	133,035	0	133,035	90.01
90.02	09002	OUTPATIENT CENTER	1,569,544	17,915	1,587,459	90.02
90.03	09003	PAIN CLINIC	1,126,164	0	1,126,164	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	1,090,611	0	1,090,611	90.06
90.07	09006	HEART RISK ASSESSMENT	280,317	0	280,317	90.07
91.00	09100	EMERGENCY	20,826,801	702,167	21,528,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	21,494,572	0	21,494,572	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.00	09900	CMHC	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
200.00		Subtotal (see instructions)	565,533,408	1,060,925	566,594,333	200.00
201.00		Less Observation Beds	21,494,572	0	21,494,572	201.00
202.00		Total (see instructions)	544,038,836	1,060,925	545,099,761	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/21/2015 1:13 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	231,513,609		231,513,609			30.00
31.00	03100	INTENSIVE CARE UNIT	30,451,748		30,451,748			31.00
32.00	03200	CORONARY CARE UNIT	31,881,979		31,881,979			32.00
32.01	03201	NEONATAL CARE UNIT	68,626,645		68,626,645			32.01
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	21,422,718		21,422,718			40.00
41.00	04100	SUBPROVIDER - I/RF	25,174,448		25,174,448			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	11,353,803		11,353,803			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	80,960,614	44,220,476	125,181,090	0.220391	0.000000	50.00
51.00	05100	RECOVERY ROOM	10,935,180	10,273,224	21,208,404	0.158141	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,443,417	1,351,258	27,794,675	0.402232	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	30,079,384	35,013,044	65,092,428	0.036954	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,063,516	69,771,206	108,834,722	0.182241	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,269,933	52,686,970	54,956,903	0.232764	0.000000	55.00
56.00	05600	RADIOISOTOPE	10,358,832	14,418,182	24,777,014	0.199225	0.000000	56.00
57.00	05700	CT SCAN	44,438,874	77,894,831	122,333,705	0.049761	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,323,505	49,944,029	67,267,534	0.072157	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,584,118	26,718,837	52,302,955	0.082666	0.000000	59.00
60.00	06000	LABORATORY	99,067,526	45,100,767	144,168,293	0.142850	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,316,141	3,403,326	15,719,467	0.136654	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	52,494,864	4,279,400	56,774,264	0.180119	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	26,545,926	1,043,077	27,589,003	0.322896	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,114,075	25,262,144	27,376,219	0.506692	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	21,927,679	24,964,514	46,892,193	0.123825	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,445,257	8,553,605	14,998,862	0.180605	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,656,280	15,293,307	53,949,587	0.977740	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,862,357	21,321,672	78,184,029	0.564386	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	185,782,191	51,464,137	237,246,328	0.192232	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,343,001	691,534	5,034,535	0.301386	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,407,259	38,065,710	41,472,969	0.187697	0.000000	75.00
76.00	03950	REHAB MEDICINE	655,258	948,770	1,604,028	0.594012	0.000000	76.00
76.20	03951	DAY HOSPITAL	11,922	3,244,168	3,256,090	0.428217	0.000000	76.20
76.45	03340	GASTROENTEROLOGY LAB	7,207,525	43,948,363	51,155,888	0.120262	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	169,881	2,151,348	2,321,229	0.333639	0.000000	76.97
76.99	07699	LITHOTRIPER	77,997	7,440,851	7,518,848	0.258341	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	1,998	77,240	79,238	1.678929	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	33,835	3,565,186	3,599,021	0.436103	0.000000	90.02
90.03	09003	PAIN CLINIC	5,688	6,242,965	6,248,653	0.180225	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.05
90.06	09005	ANTI-COAG LAB	6,364	2,459,223	2,465,587	0.442333	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	25,895	2,840,562	2,866,457	0.097792	0.000000	90.07
91.00	09100	EMERGENCY	46,292,945	84,160,286	130,453,231	0.159650	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,472,802	22,385,998	28,858,800	0.744819	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,278,806,989	801,200,210	2,080,007,199			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,278,806,989	801,200,210	2,080,007,199			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 1:13 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 NEONATAL CARE UNIT			32.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
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	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 REHAB MEDICINE	0.000000		76.00
76.20	03951 DAY HOSPITAL	0.000000		76.20
76.45	03340 GASTROENTEROLOGY LAB	0.000000		76.45
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.99	07699 LI THOTRI PER	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETES CARE CENTER	0.000000		90.01
90.02	09002 OUTPATIENT CENTER	0.000000		90.02
90.03	09003 PAIN CLINIC	0.000000		90.03
90.05	09004 WOUND CARE CENTER	0.000000		90.05
90.06	09005 ANTI-COAG LAB	0.000000		90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.00	09900 CMHC			99.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 1:13 pm
			Title V	Hospital	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		115,665,040	0	115,665,040
31.00	03100 INTENSIVE CARE UNIT		14,042,663	0	14,042,663
32.00	03200 CORONARY CARE UNIT		14,910,662	0	14,910,662
32.01	03201 NEONATAL CARE UNIT		20,877,001	0	20,877,001
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - I PF		13,230,040	124,038	13,354,078
41.00	04100 SUBPROVIDER - I RF		12,944,019	0	12,944,019
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		2,724,948	0	2,724,948
44.00	04400 SKILLED NURSING FACILITY		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		27,588,847	0	27,588,847
51.00	05100 RECOVERY ROOM		3,353,918	0	3,353,918
52.00	05200 DELIVERY ROOM & LABOR ROOM		11,179,921	0	11,179,921
53.00	05300 ANESTHESIOLOGY		2,405,407	208,030	2,613,437
54.00	05400 RADIOLOGY-DIAGNOSTIC		19,834,137	1,210	19,835,347
55.00	05500 RADIOLOGY-THERAPEUTIC		12,791,987	0	12,791,987
56.00	05600 RADIOISOTOPE		4,936,209	0	4,936,209
57.00	05700 CT SCAN		6,087,399	0	6,087,399
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		4,853,840	0	4,853,840
59.00	05900 CARDIAC CATHETERIZATION		4,323,702	0	4,323,702
60.00	06000 LABORATORY		20,594,463	0	20,594,463
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,148,126	0	2,148,126
65.00	06500 RESPIRATORY THERAPY	0	10,226,150	0	10,226,150
66.00	06600 PHYSICAL THERAPY	0	8,908,383	0	8,908,383
67.00	06700 OCCUPATIONAL THERAPY	0	13,871,304	0	13,871,304
68.00	06800 SPEECH PATHOLOGY	0	0	0	0
69.00	06900 ELECTROCARDIOLOGY		5,806,441	7,565	5,814,006
70.00	07000 ELECTROENCEPHALOGRAPHY		2,708,867	0	2,708,867
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		52,748,664	0	52,748,664
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		44,125,966	0	44,125,966
73.00	07300 DRUGS CHARGED TO PATIENTS		45,606,437	0	45,606,437
74.00	07400 RENAL DIALYSIS		1,517,339	0	1,517,339
75.00	07500 ASC (NON-DISTINCT PART)		7,784,359	0	7,784,359
76.00	03950 REHAB MEDICINE		952,812	0	952,812
76.20	03951 DAY HOSPITAL		1,394,312	0	1,394,312
76.45	03340 GASTROENTEROLOGY LAB		6,152,121	0	6,152,121
76.97	07697 CARDIAC REHABILITATION		774,452	0	774,452
76.99	07699 LI THOTRI PER		1,942,428	0	1,942,428
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		0	0	0
90.01	09001 DIABETES CARE CENTER		133,035	0	133,035
90.02	09002 OUTPATIENT CENTER		1,569,544	17,915	1,587,459
90.03	09003 PAIN CLINIC		1,126,164	0	1,126,164
90.05	09004 WOUND CARE CENTER		0	0	0
90.06	09005 ANTI-COAG LAB		1,090,611	0	1,090,611
90.07	09006 HEART RISK ASSESSMENT		280,317	0	280,317
91.00	09100 EMERGENCY		20,826,801	702,167	21,528,968
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		21,494,572	0	21,494,572
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		0	0	0
99.00	09900 CMHC		0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION		0	0	0
110.00	11000 INTESTINAL ACQUISITION		0	0	0
111.00	11100 ISLET ACQUISITION		0	0	0
200.00	Subtotal (see instructions)		565,533,408	1,060,925	566,594,333
201.00	Less Observation Beds		21,494,572	0	21,494,572
202.00	Total (see instructions)		544,038,836	1,060,925	545,099,761

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 1:13 pm
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	231,513,609		231,513,609		30.00
31.00	03100	INTENSIVE CARE UNIT	30,451,748		30,451,748		31.00
32.00	03200	CORONARY CARE UNIT	31,881,979		31,881,979		32.00
32.01	03201	NEONATAL CARE UNIT	68,626,645		68,626,645		32.01
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	21,422,718		21,422,718		40.00
41.00	04100	SUBPROVIDER - I/RF	25,174,448		25,174,448		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	11,353,803		11,353,803		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,960,614	44,220,476	125,181,090	0.220391	50.00
51.00	05100	RECOVERY ROOM	10,935,180	10,273,224	21,208,404	0.158141	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,443,417	1,351,258	27,794,675	0.402232	52.00
53.00	05300	ANESTHESIOLOGY	30,079,384	35,013,044	65,092,428	0.036954	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,063,516	69,771,206	108,834,722	0.182241	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,269,933	52,686,970	54,956,903	0.232764	55.00
56.00	05600	RADIOISOTOPE	10,358,832	14,418,182	24,777,014	0.199225	56.00
57.00	05700	CT SCAN	44,438,874	77,894,831	122,333,705	0.049761	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,323,505	49,944,029	67,267,534	0.072157	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,584,118	26,718,837	52,302,955	0.082666	59.00
60.00	06000	LABORATORY	99,067,526	45,100,767	144,168,293	0.142850	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,316,141	3,403,326	15,719,467	0.136654	62.00
65.00	06500	RESPIRATORY THERAPY	52,494,864	4,279,400	56,774,264	0.180119	65.00
66.00	06600	PHYSICAL THERAPY	26,545,926	1,043,077	27,589,003	0.322896	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,114,075	25,262,144	27,376,219	0.506692	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	21,927,679	24,964,514	46,892,193	0.123825	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,445,257	8,553,605	14,998,862	0.180605	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,656,280	15,293,307	53,949,587	0.977740	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,862,357	21,321,672	78,184,029	0.564386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	185,782,191	51,464,137	237,246,328	0.192232	73.00
74.00	07400	RENAL DIALYSIS	4,343,001	691,534	5,034,535	0.301386	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,407,259	38,065,710	41,472,969	0.187697	75.00
76.00	03950	REHAB MEDICINE	655,258	948,770	1,604,028	0.594012	76.00
76.20	03951	DAY HOSPITAL	11,922	3,244,168	3,256,090	0.428217	76.20
76.45	03340	GASTROENTEROLOGY LAB	7,207,525	43,948,363	51,155,888	0.120262	76.45
76.97	07697	CARDIAC REHABILITATION	169,881	2,151,348	2,321,229	0.333639	76.97
76.99	07699	LITHOTRIPER	77,997	7,440,851	7,518,848	0.258341	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	1,998	77,240	79,238	1.678929	90.01
90.02	09002	OUTPATIENT CENTER	33,835	3,565,186	3,599,021	0.436103	90.02
90.03	09003	PAIN CLINIC	5,688	6,242,965	6,248,653	0.180225	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	6,364	2,459,223	2,465,587	0.442333	90.06
90.07	09006	HEART RISK ASSESSMENT	25,895	2,840,562	2,866,457	0.097792	90.07
91.00	09100	EMERGENCY	46,292,945	84,160,286	130,453,231	0.159650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,472,802	22,385,998	28,858,800	0.744819	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	1,278,806,989	801,200,210	2,080,007,199		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,278,806,989	801,200,210	2,080,007,199		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/21/2015 1:13 pm
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 NEONATAL CARE UNIT			32.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
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	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 REHAB MEDICINE	0.000000		76.00
76.20	03951 DAY HOSPITAL	0.000000		76.20
76.45	03340 GASTROENTEROLOGY LAB	0.000000		76.45
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.99	07699 LI THOTRI PER	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETES CARE CENTER	0.000000		90.01
90.02	09002 OUTPATIENT CENTER	0.000000		90.02
90.03	09003 PAIN CLINIC	0.000000		90.03
90.05	09004 WOUND CARE CENTER	0.000000		90.05
90.06	09005 ANTI-COAG LAB	0.000000		90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.00	09900 CMHC			99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/21/2015 1:13 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	12,565,514	0	12,565,514	116,179	108.16	30.00
31.00	INTENSIVE CARE UNIT	1,170,185		1,170,185	6,422	182.22	31.00
32.00	CORONARY CARE UNIT	1,229,603		1,229,603	7,092	173.38	32.00
32.01	NEONATAL CARE UNIT	1,422,248		1,422,248	15,389	92.42	32.01
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	1,315,569	0	1,315,569	10,674	123.25	40.00
41.00	SUBPROVIDER - IRF	1,460,978	0	1,460,978	12,543	116.48	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	224,450		224,450	8,591	26.13	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	19,388,547		19,388,547	176,890		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	36,585	3,957,034				
31.00	INTENSIVE CARE UNIT	1,149	209,371				
32.00	CORONARY CARE UNIT	3,950	684,851				
32.01	NEONATAL CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	3,379	416,462				
41.00	SUBPROVIDER - IRF	7,315	852,051				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	52,378	6,119,769				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/21/2015 1:13 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,240,071	125,181,090	0.017895	29,863,977	534,416	50.00
51.00	05100 RECOVERY ROOM	224,421	21,208,404	0.010582	4,391,179	46,467	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,075,811	27,794,675	0.038706	51,472	1,992	52.00
53.00	05300 ANESTHESIOLOGY	106,726	65,092,428	0.001640	8,236,649	13,508	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,116,405	108,834,722	0.019446	16,314,939	317,260	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,358,451	54,956,903	0.024718	1,241,538	30,688	55.00
56.00	05600 RADIOISOTOPE	455,322	24,777,014	0.018377	4,956,188	91,080	56.00
57.00	05700 CT SCAN	353,677	122,333,705	0.002891	20,243,172	58,523	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	480,617	67,267,534	0.007145	6,840,887	48,878	58.00
59.00	05900 CARDIAC CATHETERIZATION	573,312	52,302,955	0.010961	9,864,856	108,129	59.00
60.00	06000 LABORATORY	719,432	144,168,293	0.004990	37,837,802	188,811	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	62,419	15,719,467	0.003971	3,812,767	15,140	62.00
65.00	06500 RESPIRATORY THERAPY	447,985	56,774,264	0.007891	12,961,671	102,281	65.00
66.00	06600 PHYSICAL THERAPY	299,719	27,589,003	0.010864	7,757,971	84,283	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,211,241	27,376,219	0.044244	58,072	2,569	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	296,995	46,892,193	0.006334	10,522,899	66,652	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	233,187	14,998,862	0.015547	1,701,209	26,449	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,034,164	53,949,587	0.037705	15,392,415	580,371	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,694,014	78,184,029	0.021667	23,321,265	505,302	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,552,999	237,246,328	0.006546	51,515,406	337,220	73.00
74.00	07400 RENAL DIALYSIS	97,828	5,034,535	0.019431	2,456,717	47,736	74.00
75.00	07500 ASC (NON-DISTINCT PART)	674,050	41,472,969	0.016253	561,045	9,119	75.00
76.00	03950 REHAB MEDICINE	68,849	1,604,028	0.042923	71,456	3,067	76.00
76.20	03951 DAY HOSPITAL	167,022	3,256,090	0.051295	87	4	76.20
76.45	03340 GASTROENTEROLOGY LAB	515,074	51,155,888	0.010069	3,823,205	38,496	76.45
76.97	07697 CARDIAC REHABILITATION	80,755	2,321,229	0.034790	72,761	2,531	76.97
76.99	07699 LI THOTRI PER	54,884	7,518,848	0.007300	53,681	392	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	19,576	79,238	0.247053	0	0	90.01
90.02	09002 OUTPATIENT CENTER	126,832	3,599,021	0.035241	25,000	881	90.02
90.03	09003 PAIN CLINIC	91,377	6,248,653	0.014623	5,688	83	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	31,189	2,465,587	0.012650	5,464	69	90.06
90.07	09006 HEART RISK ASSESSMENT	9,060	2,866,457	0.003161	18,768	59	90.07
91.00	09100 EMERGENCY	1,417,146	130,453,231	0.010863	20,568,724	223,438	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,335,106	28,858,800	0.080915	3,439,366	278,296	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	23,225,716	1,659,582,249		297,988,296	3,764,190	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/21/2015 1:13 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	509,785	0	0	509,785	30.00
31.00	03100	INTENSIVE CARE UNIT	0	189,796	0	0	189,796	31.00
32.00	03200	CORONARY CARE UNIT	0	99,919	0	0	99,919	32.00
32.01	03201	NEONATAL CARE UNIT	0	56,387	0	0	56,387	32.01
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	39,111	0	0	39,111	40.00
41.00	04100	SUBPROVIDER - IRF	0	45,959	0	0	45,959	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	940,957	0	0	940,957	200.00

Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	116,179	4.39	36,585	160,608	30.00	
31.00	03100	INTENSIVE CARE UNIT	6,422	29.55	1,149	33,953	31.00	
32.00	03200	CORONARY CARE UNIT	7,092	14.09	3,950	55,656	32.00	
32.01	03201	NEONATAL CARE UNIT	15,389	3.66	0	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	10,674	3.66	3,379	12,367	40.00	
41.00	04100	SUBPROVIDER - IRF	12,543	3.66	7,315	26,773	41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00	
43.00	04300	NURSERY	8,591	0.00	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00	
200.00		Total (lines 30-199)	176,890		52,378	289,357	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 1:13 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	51,106	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	64,734	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	94,727	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	210,567	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 1:13 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	125,181,090	0.000000	0.000000	29,863,977	50.00
51.00	05100 RECOVERY ROOM	0	21,208,404	0.000000	0.000000	4,391,179	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	27,794,675	0.000000	0.000000	51,472	52.00
53.00	05300 ANESTHESIOLOGY	0	65,092,428	0.000000	0.000000	8,236,649	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	108,834,722	0.000000	0.000000	16,314,939	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	54,956,903	0.000000	0.000000	1,241,538	55.00
56.00	05600 RADIOISOTOPE	0	24,777,014	0.000000	0.000000	4,956,188	56.00
57.00	05700 CT SCAN	0	122,333,705	0.000000	0.000000	20,243,172	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	67,267,534	0.000000	0.000000	6,840,887	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	52,302,955	0.000000	0.000000	9,864,856	59.00
60.00	06000 LABORATORY	0	144,168,293	0.000000	0.000000	37,837,802	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,719,467	0.000000	0.000000	3,812,767	62.00
65.00	06500 RESPIRATORY THERAPY	0	56,774,264	0.000000	0.000000	12,961,671	65.00
66.00	06600 PHYSICAL THERAPY	0	27,589,003	0.000000	0.000000	7,757,971	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	27,376,219	0.000000	0.000000	58,072	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	46,892,193	0.000000	0.000000	10,522,899	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,998,862	0.000000	0.000000	1,701,209	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,949,587	0.000000	0.000000	15,392,415	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	78,184,029	0.000000	0.000000	23,321,265	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	51,106	237,246,328	0.000215	0.000215	51,515,406	73.00
74.00	07400 RENAL DIALYSIS	0	5,034,535	0.000000	0.000000	2,456,717	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	41,472,969	0.000000	0.000000	561,045	75.00
76.00	03950 REHAB MEDICINE	0	1,604,028	0.000000	0.000000	71,456	76.00
76.20	03951 DAY HOSPITAL	0	3,256,090	0.000000	0.000000	87	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	51,155,888	0.000000	0.000000	3,823,205	76.45
76.97	07697 CARDIAC REHABILITATION	0	2,321,229	0.000000	0.000000	72,761	76.97
76.99	07699 LI THOTRI PER	0	7,518,848	0.000000	0.000000	53,681	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CARE CENTER	0	79,238	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT CENTER	0	3,599,021	0.000000	0.000000	25,000	90.02
90.03	09003 PAIN CLINIC	0	6,248,653	0.000000	0.000000	5,688	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005 ANTI-COAG LAB	0	2,465,587	0.000000	0.000000	5,464	90.06
90.07	09006 HEART RISK ASSESSMENT	0	2,866,457	0.000000	0.000000	18,768	90.07
91.00	09100 EMERGENCY	64,734	130,453,231	0.000496	0.000496	20,568,724	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	94,727	28,858,800	0.003282	0.003282	3,439,366	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	210,567	1,659,582,249			297,988,296	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 1:13 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0	9,731,206	0	50.00
51.00	05100 RECOVERY ROOM	0	2,506,139	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,557	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,504,694	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	18,298,265	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,396,697	0	55.00
56.00	05600 RADIOISOTOPE	0	5,669,123	0	56.00
57.00	05700 CT SCAN	0	25,678,806	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,902,857	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	12,396,782	0	59.00
60.00	06000 LABORATORY	0	7,176,754	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	932,873	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,659,164	0	65.00
66.00	06600 PHYSICAL THERAPY	0	406,659	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,968,170	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,329,131	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,988,218	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,074,738	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	8,518,193	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,076	14,849,412	3,193	73.00
74.00	07400 RENAL DIALYSIS	0	218,719	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	4,508,382	0	75.00
76.00	03950 REHAB MEDICINE	0	188,051	0	76.00
76.20	03951 DAY HOSPITAL	0	562,550	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	13,646,889	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	878,878	0	76.97
76.99	07699 LI THOTRI PER	0	5,217,987	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	2,217	0	90.01
90.02	09002 OUTPATIENT CENTER	0	1,695,743	0	90.02
90.03	09003 PAIN CLINIC	0	2,738,693	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	1,354,909	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	1,338,219	0	90.07
91.00	09100 EMERGENCY	10,202	16,937,370	8,401	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	11,288	6,448,740	21,165	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	32,566	220,729,785	32,759	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 1:13 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	0.220391	9,731,206	0	2,144,670	50.00
51.00	05100 RECOVERY ROOM	0.158141	2,506,139	0	396,323	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.402232	4,557	0	1,833	52.00
53.00	05300 ANESTHESIOLOGY	0.036954	7,504,694	0	277,328	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182241	18,298,265	0	3,334,694	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.232764	21,396,697	0	4,980,381	55.00
56.00	05600 RADIOISOTOPE	0.199225	5,669,123	0	1,129,431	56.00
57.00	05700 CT SCAN	0.049761	25,678,806	0	1,277,803	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072157	12,902,857	0	931,031	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082666	12,396,782	0	1,024,792	59.00
60.00	06000 LABORATORY	0.142850	7,176,754	0	1,025,199	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136654	932,873	0	127,481	62.00
65.00	06500 RESPIRATORY THERAPY	0.180119	1,659,164	0	298,847	65.00
66.00	06600 PHYSICAL THERAPY	0.322896	406,659	0	131,309	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.506692	2,968,170	0	1,503,948	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.123825	6,329,131	0	783,705	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180605	1,988,218	0	359,082	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.977740	4,074,738	0	3,984,034	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.564386	8,518,193	0	4,807,549	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192232	14,849,412	0	2,854,532	73.00
74.00	07400 RENAL DIALYSIS	0.301386	218,719	0	65,919	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.187697	4,508,382	0	846,210	75.00
76.00	03950 REHAB MEDICINE	0.594012	188,051	0	111,705	76.00
76.20	03951 DAY HOSPITAL	0.428217	562,550	0	240,893	76.20
76.45	03340 GASTROENTEROLOGY LAB	0.120262	13,646,889	0	1,641,202	76.45
76.97	07697 CARDIAC REHABILITATION	0.333639	878,878	0	293,228	76.97
76.99	07699 LI THOTRIPER	0.258341	5,217,987	0	1,348,020	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	1.678929	2,217	0	3,722	90.01
90.02	09002 OUTPATIENT CENTER	0.436103	1,695,743	0	739,519	90.02
90.03	09003 PAIN CLINIC	0.180225	2,738,693	0	493,581	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.442333	1,354,909	0	599,321	90.06
90.07	09006 HEART RISK ASSESSMENT	0.097792	1,338,219	0	130,867	90.07
91.00	09100 EMERGENCY	0.159650	16,937,370	0	2,704,051	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.744819	6,448,740	0	4,803,144	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
200.00	Subtotal (see instructions)		220,729,785	0	56,065	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		220,729,785	0	56,065	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 1:13 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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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	259		60.00
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	10,430		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 REHAB MEDICINE	0	0		76.00
76.20 03951 DAY HOSPITAL	0	0		76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0		76.45
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.99 07699 LI THOTRI PER	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CARE CENTER	0	0		90.01
90.02 09002 OUTPATIENT CENTER	0	0		90.02
90.03 09003 PAIN CLINIC	0	0		90.03
90.05 09004 WOUND CARE CENTER	0	0		90.05
90.06 09005 ANTI-COAG LAB	0	0		90.06
90.07 09006 HEART RISK ASSESSMENT	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	10,689		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	10,689		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/21/2015 1:13 pm	
		Component CCN: 14S223		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,240,071	125,181,090	0.017895	0	0	50.00
51.00	05100 RECOVERY ROOM	224,421	21,208,404	0.010582	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,075,811	27,794,675	0.038706	0	0	52.00
53.00	05300 ANESTHESIOLOGY	106,726	65,092,428	0.001640	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,116,405	108,834,722	0.019446	46,170	898	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,358,451	54,956,903	0.024718	0	0	55.00
56.00	05600 RADIO SOTOPE	455,322	24,777,014	0.018377	16,532	304	56.00
57.00	05700 CT SCAN	353,677	122,333,705	0.002891	94,461	273	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	480,617	67,267,534	0.007145	34,474	246	58.00
59.00	05900 CARDIAC CATHETERIZATION	573,312	52,302,955	0.010961	0	0	59.00
60.00	06000 LABORATORY	719,432	144,168,293	0.004990	583,026	2,909	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	62,419	15,719,467	0.003971	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	447,985	56,774,264	0.007891	67,398	532	65.00
66.00	06600 PHYSICAL THERAPY	299,719	27,589,003	0.010864	134,023	1,456	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,211,241	27,376,219	0.044244	117,100	5,181	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	296,995	46,892,193	0.006334	52,430	332	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	233,187	14,998,862	0.015547	3,130	49	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,034,164	53,949,587	0.037705	29,423	1,109	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,694,014	78,184,029	0.021667	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,552,999	237,246,328	0.006546	987,577	6,465	73.00
74.00	07400 RENAL DIALYSIS	97,828	5,034,535	0.019431	26,756	520	74.00
75.00	07500 ASC (NON-DISTINCT PART)	674,050	41,472,969	0.016253	0	0	75.00
76.00	03950 REHAB MEDICINE	68,849	1,604,028	0.042923	11,048	474	76.00
76.20	03951 DAY HOSPITAL	167,022	3,256,090	0.051295	11,526	591	76.20
76.45	03340 GASTROENTEROLOGY LAB	515,074	51,155,888	0.010069	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	80,755	2,321,229	0.034790	0	0	76.97
76.99	07699 LI THOTRI PER	54,884	7,518,848	0.007300	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	19,576	79,238	0.247053	0	0	90.01
90.02	09002 OUTPATIENT CENTER	126,832	3,599,021	0.035241	0	0	90.02
90.03	09003 PAIN CLINIC	91,377	6,248,653	0.014623	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	31,189	2,465,587	0.012650	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	9,060	2,866,457	0.003161	0	0	90.07
91.00	09100 EMERGENCY	1,417,146	130,453,231	0.010863	418,891	4,550	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	28,858,800	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	20,890,610	1,659,582,249		2,633,965	25,889	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 1:13 pm
		Title XVIII	Subprovider - IPF

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	51,106	0	51,106
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	64,734	0	64,734
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	115,840	0	115,840
200.00		Total (lines 50-199)	0	0	115,840	0	115,840

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223 Component CCN: 14S223		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/21/2015 1:13 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	0	125,181,090	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	21,208,404	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,794,675	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	65,092,428	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	108,834,722	0.000000	0.000000	46,170	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	54,956,903	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	24,777,014	0.000000	0.000000	16,532	56.00
57.00	05700	CT SCAN	0	122,333,705	0.000000	0.000000	94,461	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	67,267,534	0.000000	0.000000	34,474	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	52,302,955	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	144,168,293	0.000000	0.000000	583,026	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,719,467	0.000000	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	56,774,264	0.000000	0.000000	67,398	65.00
66.00	06600	PHYSICAL THERAPY	0	27,589,003	0.000000	0.000000	134,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,376,219	0.000000	0.000000	117,100	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	46,892,193	0.000000	0.000000	52,430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,998,862	0.000000	0.000000	3,130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,949,587	0.000000	0.000000	29,423	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	78,184,029	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,106	237,246,328	0.000215	0.000215	987,577	73.00
74.00	07400	RENAL DIALYSIS	0	5,034,535	0.000000	0.000000	26,756	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	41,472,969	0.000000	0.000000	0	75.00
76.00	03950	REHAB MEDICINE	0	1,604,028	0.000000	0.000000	11,048	76.00
76.20	03951	DAY HOSPITAL	0	3,256,090	0.000000	0.000000	11,526	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	51,155,888	0.000000	0.000000	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	2,321,229	0.000000	0.000000	0	76.97
76.99	07699	LITHOTRIPER	0	7,518,848	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	0	79,238	0.000000	0.000000	0	90.01
90.02	09002	OUTPATIENT CENTER	0	3,599,021	0.000000	0.000000	0	90.02
90.03	09003	PAIN CLINIC	0	6,248,653	0.000000	0.000000	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0	2,465,587	0.000000	0.000000	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	2,866,457	0.000000	0.000000	0	90.07
91.00	09100	EMERGENCY	64,734	130,453,231	0.000496	0.000496	418,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	28,858,800	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	115,840	1,659,582,249			2,633,965	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 1:13 pm
	Component CCN: 14S223	Title XVIIII	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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	4,875	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	999	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	212	416	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	90.07
91.00	09100 EMERGENCY	208	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	420	6,290	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 1:13 pm
		Component CCN: 14S223	Title XVIII	Subprovider - IPF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
							1.00	2.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.220391	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.158141	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402232	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036954	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182241	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232764	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.199225	0	0	0	0	56.00
57.00	05700	CT SCAN	0.049761	4,875	0	0	243	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072157	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082666	0	0	0	0	59.00
60.00	06000	LABORATORY	0.142850	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136654	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.180119	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.322896	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.506692	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123825	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180605	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.977740	999	0	0	977	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564386	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192232	416	0	0	80	73.00
74.00	07400	RENAL DIALYSIS	0.301386	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187697	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0.594012	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0.428217	0	0	0	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.120262	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.333639	0	0	0	0	76.97
76.99	07699	LITHOTRIPER	0.258341	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	1.678929	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.436103	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.180225	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.442333	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.097792	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.159650	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.744819	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0	0		95.00
200.00		Subtotal (see instructions)		6,290	0	0	1,300	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		6,290	0	0	1,300	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 1:13 pm
	Component CCN: 14S223	Title XVII I	Subprovider - IPF

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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
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
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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 REHAB MEDICINE	0	0	76.00
76.20 03951 DAY HOSPITAL	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.99 07699 LI THOTRI PER	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/21/2015 1:13 pm	
		Component CCN: 14T223		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	2,240,071	125,181,090	0.017895	6,108	109	50.00
51.00	05100 RECOVERY ROOM	224,421	21,208,404	0.010582	1,470	16	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,075,811	27,794,675	0.038706	0	0	52.00
53.00	05300 ANESTHESIOLOGY	106,726	65,092,428	0.001640	6,012	10	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,116,405	108,834,722	0.019446	269,914	5,249	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,358,451	54,956,903	0.024718	82,978	2,051	55.00
56.00	05600 RADIOISOTOPE	455,322	24,777,014	0.018377	211,587	3,888	56.00
57.00	05700 CT SCAN	353,677	122,333,705	0.002891	258,197	746	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	480,617	67,267,534	0.007145	61,198	437	58.00
59.00	05900 CARDIAC CATHETERIZATION	573,312	52,302,955	0.010961	0	0	59.00
60.00	06000 LABORATORY	719,432	144,168,293	0.004990	935,942	4,670	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	62,419	15,719,467	0.003971	28,876	115	62.00
65.00	06500 RESPIRATORY THERAPY	447,985	56,774,264	0.007891	571,125	4,507	65.00
66.00	06600 PHYSICAL THERAPY	299,719	27,589,003	0.010864	7,584,434	82,397	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,211,241	27,376,219	0.044244	313	14	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	296,995	46,892,193	0.006334	44,425	281	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	233,187	14,998,862	0.015547	9,727	151	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,034,164	53,949,587	0.037705	335,110	12,635	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,694,014	78,184,029	0.021667	34,771	753	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,552,999	237,246,328	0.006546	2,727,506	17,854	73.00
74.00	07400 RENAL DIALYSIS	97,828	5,034,535	0.019431	173,232	3,366	74.00
75.00	07500 ASC (NON-DISTINCT PART)	674,050	41,472,969	0.016253	6,534	106	75.00
76.00	03950 REHAB MEDICINE	68,849	1,604,028	0.042923	177,802	7,632	76.00
76.20	03951 DAY HOSPITAL	167,022	3,256,090	0.051295	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	515,074	51,155,888	0.010069	7,463	75	76.45
76.97	07697 CARDIAC REHABILITATION	80,755	2,321,229	0.034790	0	0	76.97
76.99	07699 LI THOTRI PER	54,884	7,518,848	0.007300	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	19,576	79,238	0.247053	693	171	90.01
90.02	09002 OUTPATIENT CENTER	126,832	3,599,021	0.035241	0	0	90.02
90.03	09003 PAIN CLINIC	91,377	6,248,653	0.014623	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	31,189	2,465,587	0.012650	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	9,060	2,866,457	0.003161	0	0	90.07
91.00	09100 EMERGENCY	1,417,146	130,453,231	0.010863	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	28,858,800	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	20,890,610	1,659,582,249		13,535,417	147,233	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 1:13 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
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	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	51,106	0	51,106	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0	0	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0	0	0	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99 07699 LI THOTRI PER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	0	0	64,734	0	64,734	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	115,840	0	115,840	95.00
200.00 Total (lines 50-199)	0	0	115,840	0	115,840	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223 Component CCN: 14T223		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/21/2015 1:13 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	0	125,181,090	0.000000	0.000000	6,108	50.00
51.00	05100 RECOVERY ROOM	0	21,208,404	0.000000	0.000000	1,470	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	27,794,675	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	65,092,428	0.000000	0.000000	6,012	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	108,834,722	0.000000	0.000000	269,914	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	54,956,903	0.000000	0.000000	82,978	55.00
56.00	05600 RADIOISOTOPE	0	24,777,014	0.000000	0.000000	211,587	56.00
57.00	05700 CT SCAN	0	122,333,705	0.000000	0.000000	258,197	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	67,267,534	0.000000	0.000000	61,198	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	52,302,955	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	144,168,293	0.000000	0.000000	935,942	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,719,467	0.000000	0.000000	28,876	62.00
65.00	06500 RESPIRATORY THERAPY	0	56,774,264	0.000000	0.000000	571,125	65.00
66.00	06600 PHYSICAL THERAPY	0	27,589,003	0.000000	0.000000	7,584,434	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	27,376,219	0.000000	0.000000	313	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	46,892,193	0.000000	0.000000	44,425	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,998,862	0.000000	0.000000	9,727	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,949,587	0.000000	0.000000	335,110	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	78,184,029	0.000000	0.000000	34,771	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	51,106	237,246,328	0.000215	0.000215	2,727,506	73.00
74.00	07400 RENAL DIALYSIS	0	5,034,535	0.000000	0.000000	173,232	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	41,472,969	0.000000	0.000000	6,534	75.00
76.00	03950 REHAB MEDICINE	0	1,604,028	0.000000	0.000000	177,802	76.00
76.20	03951 DAY HOSPITAL	0	3,256,090	0.000000	0.000000	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	51,155,888	0.000000	0.000000	7,463	76.45
76.97	07697 CARDIAC REHABILITATION	0	2,321,229	0.000000	0.000000	0	76.97
76.99	07699 LI THOTRI PER	0	7,518,848	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CARE CENTER	0	79,238	0.000000	0.000000	693	90.01
90.02	09002 OUTPATIENT CENTER	0	3,599,021	0.000000	0.000000	0	90.02
90.03	09003 PAIN CLINIC	0	6,248,653	0.000000	0.000000	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005 ANTI-COAG LAB	0	2,465,587	0.000000	0.000000	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	2,866,457	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	64,734	130,453,231	0.000496	0.000496	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	28,858,800	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	115,840	1,659,582,249			13,535,417	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/21/2015 1:13 pm
Title XVII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	379	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
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	0	995	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	586	1,548	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	586	2,922	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 1:13 pm
		Component CCN: 14T223	Title XVIII	Subprovider - IRF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
							1.00	2.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.220391	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.158141	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402232	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036954	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182241	379	0	0	69	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232764	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.199225	0	0	0	0	56.00
57.00	05700	CT SCAN	0.049761	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072157	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082666	0	0	0	0	59.00
60.00	06000	LABORATORY	0.142850	995	0	0	142	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136654	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.180119	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.322896	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.506692	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123825	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180605	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.977740	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564386	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192232	1,548	0	0	298	73.00
74.00	07400	RENAL DIALYSIS	0.301386	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187697	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0.594012	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0.428217	0	0	0	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.120262	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.333639	0	0	0	0	76.97
76.99	07699	LITHOTRIPER	0.258341	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	1.678929	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.436103	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.180225	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.442333	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.097792	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.159650	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.744819	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0	0		95.00
200.00		Subtotal (see instructions)		2,922	0	0	509	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		2,922	0	0	509	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 1:13 pm
	Component CCN: 14T223	Title XVII I	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
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
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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 REHAB MEDICINE	0	0	76.00
76.20 03951 DAY HOSPITAL	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.99 07699 LI THOTRI PER	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 1:13 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.220391	0	4,062,808	0	0
51.00 05100 RECOVERY ROOM	0.158141	0	1,083,394	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.402232	0	588,730	0	0
53.00 05300 ANESTHESIOLOGY	0.036954	0	4,179,074	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.182241	0	7,032,872	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.232764	0	2,697,428	0	0
56.00 05600 RADIOISOTOPE	0.199225	0	1,122,636	0	0
57.00 05700 CT SCAN	0.049761	0	3,939,819	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072157	0	4,523,685	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.082666	0	1,417,915	0	0
60.00 06000 LABORATORY	0.142850	0	6,799,138	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136654	0	416,557	0	0
65.00 06500 RESPIRATORY THERAPY	0.180119	0	756,860	0	0
66.00 06600 PHYSICAL THERAPY	0.322896	0	54,496	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.506692	0	5,172,700	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.123825	0	4,503,731	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.180605	0	1,019,195	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.977740	0	1,462,745	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.564386	0	1,383,711	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.192232	0	7,460,760	0	0
74.00 07400 RENAL DIALYSIS	0.301386	0	18,112	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.187697	0	7,322,354	0	0
76.00 03950 REHAB MEDICINE	0.594012	0	59,360	0	0
76.20 03951 DAY HOSPITAL	0.428217	0	485,894	0	0
76.45 03340 GASTROENTEROLOGY LAB	0.120262	0	1,657,282	0	0
76.97 07697 CARDIAC REHABILITATION	0.333639	0	86,800	0	0
76.99 07699 LI THOTRI PER	0.258341	0	1,036,637	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 DIABETES CARE CENTER	1.678929	0	28,533	0	0
90.02 09002 OUTPATIENT CENTER	0.436103	0	316,646	0	0
90.03 09003 PAIN CLINIC	0.180225	0	197,886	0	0
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0
90.06 09005 ANTI-COAG LAB	0.442333	0	69,178	0	0
90.07 09006 HEART RISK ASSESSMENT	0.097792	0	84,204	0	0
91.00 09100 EMERGENCY	0.159650	0	17,787,709	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.744819	0	3,660,582	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
200.00	Subtotal (see instructions)	0	92,489,431	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	92,489,431	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/21/2015 1:13 pm
		Title XIX	Hospital	Cost
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	895,406	0	50.00
51.00	05100 RECOVERY ROOM	171,329	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	236,806	0	52.00
53.00	05300 ANESTHESIOLOGY	154,434	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,281,678	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	627,864	0	55.00
56.00	05600 RADIOISOTOPE	223,657	0	56.00
57.00	05700 CT SCAN	196,049	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	326,416	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	117,213	0	59.00
60.00	06000 LABORATORY	971,257	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	56,924	0	62.00
65.00	06500 RESPIRATORY THERAPY	136,325	0	65.00
66.00	06600 PHYSICAL THERAPY	17,597	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,620,966	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	557,674	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	184,072	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,430,184	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	780,947	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,434,197	0	73.00
74.00	07400 RENAL DIALYSIS	5,459	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,374,384	0	75.00
76.00	03950 REHAB MEDICINE	35,261	0	76.00
76.20	03951 DAY HOSPITAL	208,068	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	199,308	0	76.45
76.97	07697 CARDIAC REHABILITATION	28,960	0	76.97
76.99	07699 LI THOTRI PER	267,806	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CARE CENTER	47,905	0	90.01
90.02	09002 OUTPATIENT CENTER	138,090	0	90.02
90.03	09003 PAIN CLINIC	35,664	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	90.05
90.06	09005 ANTI-COAG LAB	30,600	0	90.06
90.07	09006 HEART RISK ASSESSMENT	8,234	0	90.07
91.00	09100 EMERGENCY	2,839,808	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,726,471	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	20,367,013	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)	20,367,013	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/21/2015 1:13 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)		116,179	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		116,179	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)		94,589	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)		36,585	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)		115,665,040	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)		115,665,040	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)		115,665,040	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)		995.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		36,423,294	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)		36,423,294	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		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	14,042,663	6,422	2,186.65	1,149	2,512,461	43.00
44.00	CORONARY CARE UNIT	14,910,662	7,092	2,102.46	3,950	8,304,717	44.00
44.01	NEONATAL CARE UNIT	20,877,001	15,389	1,356.62	0	0	44.01
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)					72,074,547	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					119,315,019	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)					5,101,473	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,796,756	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,898,229	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					110,416,790	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)					21,590	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					995.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					21,494,572	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 1:13 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	12,565,514	115,665,040	0.108637	21,494,572	2,335,106	90.00
91.00	Nursing School cost	0	115,665,040	0.000000	21,494,572	0	91.00
92.00	Allied health cost	509,785	115,665,040	0.004407	21,494,572	94,727	92.00
93.00	All other Medical Education	0	115,665,040	0.000000	21,494,572	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14S223		Date/Time Prepared: 5/21/2015 1:13 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)		10,674	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,674	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)		10,674	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)		3,379	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)		13,354,078	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)		13,354,078	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)		13,354,078	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)		1,251.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,227,399	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,227,399	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14S223				Date/Time Prepared: 5/21/2015 1:13 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	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)					531,302		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,758,701		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)					428,829		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					26,309		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					455,138		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,303,563		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: 140223 Component CCN: 14S223		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 1:13 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	1,315,569	13,354,078	0.098514	0	0	90.00
91.00	Nursing School cost	0	13,354,078	0.000000	0	0	91.00
92.00	Allied health cost	39,111	13,354,078	0.002929	0	0	92.00
93.00	All other Medical Education	0	13,354,078	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T223		Date/Time Prepared: 5/21/2015 1:13 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)		12,543	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,543	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)		12,543	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)		7,315	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)		12,944,019	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)		12,944,019	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)		12,944,019	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)		1,031.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,548,861	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)		7,548,861	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1		
		Component CCN: 14T223				Date/Time Prepared: 5/21/2015 1:13 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	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
44.01	NEONATAL CARE UNIT	0	0	0.00	0	0	44.01	
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)						3,859,366	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						11,408,227	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)						878,824	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						147,819	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						1,026,643	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						10,381,584	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: 140223 Component CCN: 14T223		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/21/2015 1:13 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	1,460,978	12,944,019	0.112869	0	0	90.00
91.00	Nursing School cost	0	12,944,019	0.000000	0	0	91.00
92.00	Allied health cost	45,959	12,944,019	0.003551	0	0	92.00
93.00	All other Medical Education	0	12,944,019	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/21/2015 1:13 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		88,522,288	30.00
31.00	03100	INTENSIVE CARE UNIT		4,898,031	31.00
32.00	03200	CORONARY CARE UNIT		14,611,637	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220391	29,863,977	50.00
51.00	05100	RECOVERY ROOM	0.158141	4,391,179	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402232	51,472	52.00
53.00	05300	ANESTHESIOLOGY	0.040150	8,236,649	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182252	16,314,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232764	1,241,538	55.00
56.00	05600	RADIOISOTOPE	0.199225	4,956,188	56.00
57.00	05700	CT SCAN	0.049761	20,243,172	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072157	6,840,887	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082666	9,864,856	59.00
60.00	06000	LABORATORY	0.142850	37,837,802	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136654	3,812,767	62.00
65.00	06500	RESPIRATORY THERAPY	0.180119	12,961,671	65.00
66.00	06600	PHYSICAL THERAPY	0.322896	7,757,971	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.506692	58,072	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123987	10,522,899	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180605	1,701,209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.977740	15,392,415	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564386	23,321,265	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192232	51,515,406	73.00
74.00	07400	RENAL DIALYSIS	0.301386	2,456,717	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187697	561,045	75.00
76.00	03950	REHAB MEDICINE	0.594012	71,456	76.00
76.20	03951	DAY HOSPITAL	0.428217	87	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.120262	3,823,205	76.45
76.97	07697	CARDIAC REHABILITATION	0.333639	72,761	76.97
76.99	07699	LITHOTRIPER	0.258341	53,681	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.678929	0	90.01
90.02	09002	OUTPATIENT CENTER	0.441081	25,000	90.02
90.03	09003	PAIN CLINIC	0.180225	5,688	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.442333	5,464	90.06
90.07	09006	HEART RISK ASSESSMENT	0.097792	18,768	90.07
91.00	09100	EMERGENCY	0.165032	20,568,724	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.744819	3,439,366	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		297,988,296	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)		297,988,296	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14S223		Date/Time Prepared: 5/21/2015 1:13 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
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		6,810,380	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	0.220391	0	50.00
51.00	05100	RECOVERY ROOM	0.158141	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402232	0	52.00
53.00	05300	ANESTHESIOLOGY	0.040150	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182252	46,170	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232764	0	55.00
56.00	05600	RADIOISOTOPE	0.199225	16,532	56.00
57.00	05700	CT SCAN	0.049761	94,461	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072157	34,474	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082666	0	59.00
60.00	06000	LABORATORY	0.142850	583,026	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136654	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.180119	67,398	65.00
66.00	06600	PHYSICAL THERAPY	0.322896	134,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.506692	117,100	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123987	52,430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180605	3,130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.977740	29,423	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564386	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192232	987,577	73.00
74.00	07400	RENAL DIALYSIS	0.301386	26,756	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187697	0	75.00
76.00	03950	REHAB MEDICINE	0.594012	11,048	76.00
76.20	03951	DAY HOSPITAL	0.428217	11,526	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.120262	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.333639	0	76.97
76.99	07699	LITHOTRIPER	0.258341	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.678929	0	90.01
90.02	09002	OUTPATIENT CENTER	0.441081	0	90.02
90.03	09003	PAIN CLINIC	0.180225	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.442333	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.097792	0	90.07
91.00	09100	EMERGENCY	0.165032	418,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.744819	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,633,965	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)		2,633,965	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T223		Date/Time Prepared: 5/21/2015 1:13 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		14,634,020	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	0.220391	6,108	50.00
51.00	05100	RECOVERY ROOM	0.158141	1,470	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402232	0	52.00
53.00	05300	ANESTHESIOLOGY	0.040150	6,012	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182252	269,914	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232764	82,978	55.00
56.00	05600	RADIOISOTOPE	0.199225	211,587	56.00
57.00	05700	CT SCAN	0.049761	258,197	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072157	61,198	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082666	0	59.00
60.00	06000	LABORATORY	0.142850	935,942	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136654	28,876	62.00
65.00	06500	RESPIRATORY THERAPY	0.180119	571,125	65.00
66.00	06600	PHYSICAL THERAPY	0.322896	7,584,434	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.506692	313	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123987	44,425	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180605	9,727	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.977740	335,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564386	34,771	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192232	2,727,506	73.00
74.00	07400	RENAL DIALYSIS	0.301386	173,232	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187697	6,534	75.00
76.00	03950	REHAB MEDICINE	0.594012	177,802	76.00
76.20	03951	DAY HOSPITAL	0.428217	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.120262	7,463	76.45
76.97	07697	CARDIAC REHABILITATION	0.333639	0	76.97
76.99	07699	LITHOTRIPER	0.258341	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.678929	693	90.01
90.02	09002	OUTPATIENT CENTER	0.441081	0	90.02
90.03	09003	PAIN CLINIC	0.180225	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.442333	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.097792	0	90.07
91.00	09100	EMERGENCY	0.165032	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.744819	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		13,535,417	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)		13,535,417	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/21/2015 1:13 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		34,441,456	30.00
31.00	03100	INTENSIVE CARE UNIT		8,760,209	31.00
32.00	03200	CORONARY CARE UNIT		3,141,749	32.00
32.01	03201	NEONATAL CARE UNIT		31,215,723	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		4,099,560	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220391	5,964,375	50.00
51.00	05100	RECOVERY ROOM	0.158141	693,158	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402232	9,169,139	52.00
53.00	05300	ANESTHESIOLOGY	0.036954	5,007,932	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182241	5,089,008	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232764	94,649	55.00
56.00	05600	RADIOISOTOPE	0.199225	916,996	56.00
57.00	05700	CT SCAN	0.049761	4,455,643	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072157	2,428,766	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082666	1,923,984	59.00
60.00	06000	LABORATORY	0.142850	14,670,732	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136654	2,234,832	62.00
65.00	06500	RESPIRATORY THERAPY	0.180119	16,916,153	65.00
66.00	06600	PHYSICAL THERAPY	0.322896	704,915	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.506692	897,031	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123825	3,045,786	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180605	683,057	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.977740	5,108,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564386	2,688,957	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192232	30,132,264	73.00
74.00	07400	RENAL DIALYSIS	0.301386	239,616	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187697	956,969	75.00
76.00	03950	REHAB MEDICINE	0.594012	64,514	76.00
76.20	03951	DAY HOSPITAL	0.428217	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.120262	556,526	76.45
76.97	07697	CARDIAC REHABILITATION	0.333639	13,020	76.97
76.99	07699	LI THOTRI PER	0.258341	2,489	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.678929	393	90.01
90.02	09002	OUTPATIENT CENTER	0.436103	0	90.02
90.03	09003	PAIN CLINIC	0.180225	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.442333	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.097792	0	90.07
91.00	09100	EMERGENCY	0.159650	5,568,802	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.744819	793,141	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		121,021,155	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)		121,021,155	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14S223		Date/Time Prepared: 5/21/2015 1:13 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		3,867,550	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	0.220391	0	50.00
51.00	05100	RECOVERY ROOM	0.158141	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402232	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036954	2,852	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182241	14,292	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232764	0	55.00
56.00	05600	RADIOISOTOPE	0.199225	10,579	56.00
57.00	05700	CT SCAN	0.049761	15,513	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072157	11,632	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082666	0	59.00
60.00	06000	LABORATORY	0.142850	370,389	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136654	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.180119	1,986	65.00
66.00	06600	PHYSICAL THERAPY	0.322896	4,543	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.506692	19,682	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123825	29,630	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180605	7,242	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.977740	394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564386	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192232	304,065	73.00
74.00	07400	RENAL DIALYSIS	0.301386	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187697	0	75.00
76.00	03950	REHAB MEDICINE	0.594012	3,567	76.00
76.20	03951	DAY HOSPITAL	0.428217	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.120262	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.333639	0	76.97
76.99	07699	LITHOTRIPER	0.258341	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.678929	0	90.01
90.02	09002	OUTPATIENT CENTER	0.436103	0	90.02
90.03	09003	PAIN CLINIC	0.180225	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.442333	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.097792	0	90.07
91.00	09100	EMERGENCY	0.159650	325,184	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.744819	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,121,550	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)		1,121,550	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T223		Date/Time Prepared: 5/21/2015 1:13 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		1,232,885	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	0.220391	0	50.00
51.00	05100	RECOVERY ROOM	0.158141	1,426	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402232	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036954	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182241	17,826	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.232764	63,526	55.00
56.00	05600	RADIOISOTOPE	0.199225	8,628	56.00
57.00	05700	CT SCAN	0.049761	18,375	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072157	2,544	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082666	0	59.00
60.00	06000	LABORATORY	0.142850	44,019	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136654	870	62.00
65.00	06500	RESPIRATORY THERAPY	0.180119	11,005	65.00
66.00	06600	PHYSICAL THERAPY	0.322896	628,136	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.506692	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.123825	7,394	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180605	851	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.977740	8,482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564386	230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192232	182,759	73.00
74.00	07400	RENAL DIALYSIS	0.301386	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187697	0	75.00
76.00	03950	REHAB MEDICINE	0.594012	22,880	76.00
76.20	03951	DAY HOSPITAL	0.428217	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.120262	5,187	76.45
76.97	07697	CARDIAC REHABILITATION	0.333639	0	76.97
76.99	07699	LITHOTRIPER	0.258341	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.678929	0	90.01
90.02	09002	OUTPATIENT CENTER	0.436103	0	90.02
90.03	09003	PAIN CLINIC	0.180225	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.442333	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.097792	0	90.07
91.00	09100	EMERGENCY	0.159650	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.744819	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,024,138	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)		1,024,138	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/21/2015 1:13 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPSS				
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)		59,136,186	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		21,173,201	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)		3,406,876	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		8,375,961	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		486.47	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)		188.61	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)		3.55	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).		12.90	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)		7.41	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)		205.37	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		205.37	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		205.37	12.00
13.00	Total allowable FTE count for the prior year.		206.18	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.		200.35	14.00
15.00	Sum of lines 12 through 14 divided by 3.		203.97	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		203.97	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.419286	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.392561	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.392561	21.00
22.00	IME payment adjustment (see instructions)		17,183,318	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		17,183,318	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)		3.14	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.97	31.00
32.00	Sum of lines 30 and 31		27.11	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.58	33.00
34.00	Disproportionate share adjustment (see instructions)		2,324,957	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/21/2015 1:13 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)		0.000885238	0.000875931	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		8,008,200	6,698,807	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		5,989,693	1,688,468	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		7,678,161		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)		110,902,699		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)		110,902,699		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		8,260,455		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).		6,036,755		52.00
53.00	Nursing and Allied Health Managed Care payment		50,500		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		250,217		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		32,566		58.00
59.00	Total (sum of amounts on lines 49 through 58)		125,533,192		59.00
60.00	Primary payer payments		71,312		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		125,461,880		61.00
62.00	Deductibles billed to program beneficiaries		7,639,776		62.00
63.00	Coinurance billed to program beneficiaries		511,824		63.00
64.00	Allowable bad debts (see instructions)		1,237,860		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		804,609		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,111,610		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		118,114,889		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			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)		442,352		70.93
70.94	HRR adjustment amount (see instructions)		-493,932		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/21/2015 1:13 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)		118,063,309		71.00
71.01	Sequestration adjustment (see instructions)		2,361,266		71.01
72.00	Interim payments		113,746,770		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)		1,955,273		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,468,850		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/21/2015 1:13 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,689	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,362,595	2.00
3.00	PPS payments		38,173,517	3.00
4.00	Outlier payment (see instructions)		89,342	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.821	5.00
6.00	Line 2 times line 5		37,242,690	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		32,759	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,689	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		56,065	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)		56,065	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)		56,065	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,376	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)		10,689	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)		38,295,618	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		8,085,548	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)		30,220,759	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,024,332	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)		32,245,091	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		32,245,091	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)		1,117,556	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		726,411	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		999,657	36.00
37.00	Subtotal (see instructions)		32,971,502	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)		32,971,502	40.00
40.01	Sequestration adjustment (see instructions)		659,430	40.01
41.00	Interim payments		31,582,909	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		729,163	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/21/2015 1:13 pm
		Component CCN: 14S223	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)		1,300	2.00
3.00	PPS payments		495	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)		495	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		159	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)		336	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)		336	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		336	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)		336	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)		336	40.00
40.01	Sequestration adjustment (see instructions)		7	40.01
41.00	Interim payments		1	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		328	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/21/2015 1:13 pm
		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)		509	2.00
3.00	PPS payments		1,689	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)		1,689	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		588	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)		1,101	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)		1,101	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,101	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)		1,101	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)		1,101	40.00
40.01	Sequestration adjustment (see instructions)		22	40.01
41.00	Interim payments		329	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		750	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2015 1:13 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		113,069,562		31,376,551	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/22/2014	287,210	08/22/2014	93,771	3.01	
3.02		12/09/2014	389,998	12/09/2014	112,587	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)		677,208		206,358	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)		113,746,770		31,582,909	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		1,955,273		729,163	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		115,702,043		32,312,072	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: 140223
Component CCN: 14S223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2015 1:13 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					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		2,993,416		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/22/2014	44,525		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)		44,525		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)		3,037,941		1	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		44,800		328	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,082,741		329	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: 140223
Component CCN: 14T223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2015 1:13 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		9,540,146		329	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	08/22/2014	37,953		0	3.01
3.02		12/09/2014	13,938		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)		51,891		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)		9,592,037		329	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		750	6.01
6.02	SETTLEMENT TO PROGRAM		35,862		0	6.02
7.00	Total Medicare program liability (see instructions)		9,556,175		1,079	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: 140223

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

Worksheet E-1
Part II
Date/Time Prepared:
5/21/2015 1:13 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			30,003 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			41,684 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			4,461 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			123,492 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			2,080,007,199 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			25,650,000 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			602,462 8.00
9.00	Sequestration adjustment amount (see instructions)			12,049 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			590,413 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			619,754 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)			-29,341 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/21/2015 1:13 pm
		Title XVIIII	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)			3,013,265 1.00
2.00	Net IPF PPS Outlier Payments			89,129 2.00
3.00	Net IPF PPS ECT Payments			51,275 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)			3.45 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)			3.34 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)			3.34 8.00
9.00	Average Daily Census (see instructions)			29.243836 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.057276 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			172,588 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,326,257 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)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,326,257 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,326,257 18.00
19.00	Deductibles			200,448 19.00
20.00	Subtotal (line 18 minus line 19)			3,125,809 20.00
21.00	Coinsurance			48,944 21.00
22.00	Subtotal (line 20 minus line 21)			3,076,865 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			86,157 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			56,002 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			72,384 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,132,867 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)			12,787 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	PSR			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)			3,145,654 31.00
31.01	Sequestration adjustment (see instructions)			62,913 31.01
32.00	Interim payments			3,037,941 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)			44,800 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			89,129 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: 140223 Component CCN: 14T223	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/21/2015 1:13 pm
		Title XVII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			8,965,562 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0202 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			294,967 3.00
4.00	Outlier Payments			609,623 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)			0.10 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			34.364384 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)			9,870,152 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)			9,870,152 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			9,870,152 19.00
20.00	Deductibles			30,368 20.00
21.00	Subtotal (line 19 minus line 20)			9,839,784 21.00
22.00	Coinsurance			122,176 22.00
23.00	Subtotal (line 21 minus line 22)			9,717,608 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			9,587 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			6,232 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			9,587 26.00
27.00	Subtotal (sum of lines 23 and 25)			9,723,840 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)			27,359 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	PSR AMOUNT			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)			9,751,199 32.00
32.01	Sequestration adjustment (see instructions)			195,024 32.01
33.00	Interim payments			9,592,037 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			-35,862 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			936,118 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			609,623 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: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/21/2015 1:13 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.			194.81	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			3.05	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))			18.70	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)			7.87	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)			218.33	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			218.33	6.00
7.00	Enter the lesser of line 5 or line 6			218.33	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.	139.46	63.22	202.68	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.	139.46	63.22	202.68	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	139.46	63.22		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	138.77	61.99		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	134.87	58.22		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	137.70	61.14		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	137.70	61.14		17.00
18.00	Per resident amount	106,992.28	102,670.95		18.00
19.00	Approved amount for resident costs	14,732,837	6,277,302	21,010,139	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			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)			21,010,139	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	52,378	5,195		26.00
27.00	Total Inpatient Days (see instructions)	148,143	148,143		27.00
28.00	Ratio of inpatient days to total inpatient days	0.353564	0.035067		28.00
29.00	Program direct GME amount	7,428,429	736,763		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		104,105		30.00
31.00	Net Program direct GME amount			8,061,087	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/21/2015 1:13 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,034,535	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		135,481,947	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		71,312	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		135,410,635	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		45,407,852	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		45,407,852	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		180,818,487	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.748876	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.251124	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		8,061,087	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		6,036,755	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,024,332	50.00

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

Provider CCN: 140223

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

Worksheet G

Date/Time Prepared:
5/21/2015 1:13 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	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	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: 140223

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

Worksheet G-1

Date/Time Prepared:
5/21/2015 1:13 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		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		107,392,545			2.00
3.00	Total (sum of line 1 and line 2)		110,954,604		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		110,954,604		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)		110,954,604		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140223

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/21/2015 1:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	242,867,412		242,867,412	1.00
2.00	SUBPROVIDER - IPF	21,422,718		21,422,718	2.00
3.00	SUBPROVIDER - IRF	25,174,448		25,174,448	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	0		0	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)	289,464,578		289,464,578	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	30,451,748		30,451,748	11.00
12.00	CORONARY CARE UNIT	31,881,979		31,881,979	12.00
12.01	NEONATAL CARE UNIT	68,626,645		68,626,645	12.01
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)	130,960,372		130,960,372	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	420,424,950		420,424,950	17.00
18.00	Ancillary services	856,605,486	621,466,865	1,478,072,351	18.00
19.00	Outpatient services	46,456,644	110,030,481	156,487,125	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	6,472,802	22,385,998	28,858,800	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,329,959,882	753,883,344	2,083,843,226	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		646,560,868		29.00
30.00		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	ROUNDING	62			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)		62		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		646,560,806		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140223

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

Worksheet G-3

Date/Time Prepared:
5/21/2015 1:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,083,843,226	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,342,078,638	2.00
3.00	Net patient revenues (line 1 minus line 2)	741,764,588	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	646,560,806	4.00
5.00	Net income from service to patients (line 3 minus line 4)	95,203,782	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	31,160	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	67,192	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,271,819	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	59,083	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	780,214	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	925,273	22.00
23.00	Governmental appropriations	0	23.00
24.00	PROGRAM FEES	14,215	24.00
24.01	GRANT RECOVERIES	589,613	24.01
24.02	RESTRICTED FUND INCOME	1,588,091	24.02
24.03	MISC INCOME	368,179	24.03
24.04	INTER-CO REVENUES	4,695,962	24.04
24.05	MEDICARE EHR INCENTIVE FUNDS	619,754	24.05
24.06	MEDICAD EHR INCENTIVE FUNDS	304,148	24.06
24.07		0	24.07
25.00	Total other income (sum of lines 6-24)	12,314,703	25.00
26.00	Total (line 5 plus line 25)	107,518,485	26.00
27.00	NON OPERATING LOSS	125,940	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	125,940	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	107,392,545	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet I-5 Date/Time Prepared: 5/21/2015 1:13 pm
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		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: 140223	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/21/2015 1:13 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,418,483	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		304,746	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)		342.26	3.00
4.00	Number of interns & residents (see instructions)		203.97	4.00
5.00	Indirect medical education percentage (see instructions)		18.31	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		1,175,224	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.14	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.97	8.00
9.00	Sum of lines 7 and 8		27.11	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.64	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		362,002	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		8,260,455	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