

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: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/17/2014 8:52 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/17/2014	Time: 8:52 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WESTLAKE COMMUNITY HOSPITAL (140240) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-598,418	-14,363	-161,502	0	1.00
2.00 Subprovider - IPF	0	-1	0		0	2.00
3.00 Subprovider - IRF	0	-105,170	1		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-703,589	-14,362	-161,502	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140240		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 11/17/2014 8:51 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1225 SUPERIOR STREET	PO Box:						1.00		
2.00	City: MELROSE PARK	State: IL	Zip Code: 60160	County: COOK				2.00		
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	WESTLAKE COMMUNITY HOSPITAL	140240	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	PSYCH	14S240	16974	4	01/01/1984	N	P	0	4.00
5.00	Subprovider - IRF	REHAB	14T240	16974	5	01/01/1984	N	P	0	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)					07/01/2013	06/30/2014		20.00	
21.00	Type of Control (see instructions)					4			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)					N	Y		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	8,089	954	0	0	2,659	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	890	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/17/2014 8:51 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00		
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	1.27	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	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)						106.00

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		V 1.00	XIX 2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	311,619	0		0	118.01
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0557		140.00

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1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: TENET HEALTHCARE CORP	Contractor's Name: NOVITAS SOLUTIONS	Contractor's Number: 04011		141.00
142.00	Street: 1445 ROSS AVE., STE 1400	PO Box:			142.00
143.00	City: DALLAS, TX	State: TX	Zip Code:	75202-2703	143.00

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

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		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						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)		0168.00
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)	1.00	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2012	06/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/17/2014 8:51 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C	12/31/2013	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.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		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)	Y	09/30/2014	Y	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)	N		N	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

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			Y	12/31/2013
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ZEBIA		NELSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	NELSON, JONES & CO., INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	410-480-8498		ZEBNELSON@AOL.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)	09/30/2014	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)		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.	CONSULTANT	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: 140240

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

Worksheet S-3
Part I
Date/Time Prepared:
11/17/2014 8:51 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	121	44,165	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)		121	44,165	0.00	0	7.00
8.00 Intensive Care Unit	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 Nursery	43.00				0	13.00
14.00 Total (see instructions)		133	48,545	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	17	6,205		0	16.00
17.00 SUBPROVIDER - IRF	41.00	40	14,600		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		190				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140240

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

Worksheet S-3
Part I
Date/Time Prepared:
11/17/2014 8:51 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,923	7,390	21,017			1.00
2.00 HMO and other (see instructions)	957	2,637				2.00
3.00 HMO IPF Subprovider	123	0				3.00
4.00 HMO IRF Subprovider	54	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,923	7,390	21,017			7.00
8.00 Intensive Care Unit	943	374	2,524			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 Nursery		1,109	1,474			13.00
14.00 Total (see instructions)	7,866	8,873	25,015	1.27	466.17	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,903	0	4,146	0.00	13.94	16.00
17.00 SUBPROVIDER - IRF	1,014	890	3,290	0.00	14.98	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				1.27	495.09	27.00
28.00 Observation Bed Days		0	1,187			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	192	213			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140240

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

Worksheet S-3
Part I
Date/Time Prepared:
11/17/2014 8:51 am

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	1,274	1,711	4,637	1.00
2.00 HMO and other (see instructions)			182	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 Intensive Care Unit						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 Nursery						13.00
14.00 Total (see instructions)	0.00	0	1,274	1,711	4,637	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	215	0	337	16.00
17.00 SUBPROVIDER - IRF	0.00	0	83	0	269	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140240

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

Worksheet S-3
Part II
Date/Time Prepared:
11/17/2014 8:51 am

	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	32,013,615	0	32,013,615	1,029,783.00	31.09
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	16,457	0	16,457	2,418.00	6.81
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)		2,084,462	215,579	2,300,041	69,138.00	33.27
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,045,022	0	1,045,022	30,673.00	34.07
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		285,516	0	285,516	2,341.00	121.96
14.00	Home office salaries & wage-related costs		1,282,980	0	1,282,980	20,919.00	61.33
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)		5,969,631	0	5,969,631		
18.00	Wage-related costs (other) (see instructions)		30,030	0	30,030		
19.00	Excluded areas		464,416	0	464,416		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	43,736	191,067	234,803	6,691.00	35.09
27.00	Administrative & General	5.00	6,556,801	-950,760	5,606,041	162,797.00	34.44
28.00	Administrative & General under contract (see inst.)		137,070	0	137,070	2,202.00	62.25
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	994,055	0	994,055	41,381.00	24.02
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	793,701	0	793,701	60,545.00	13.11
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	845,880	0	845,880	54,129.00	15.63
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	706,361	0	706,361	16,019.00	44.10
39.00	Central Services and Supply	14.00	210,134	0	210,134	10,095.00	20.82
40.00	Pharmacy	15.00	968,937	137,998	1,106,935	25,607.00	43.23

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140240

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

Worksheet S-3
Part II
Date/Time Prepared:
11/17/2014 8:51 am

	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	
41.00	Medical Records & Medical Records Library	16.00 210,016	406,116	616,132	25,955.00	23.74	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140240

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

Worksheet S-3
Part III
Date/Time Prepared:
11/17/2014 8:51 am

	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)	32,134,228	0	32,134,228	1,029,567.00	31.21	1.00
2.00	Excluded area salaries (see instructions)	2,084,462	215,579	2,300,041	69,138.00	33.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,049,766	-215,579	29,834,187	960,429.00	31.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,613,518	0	2,613,518	53,933.00	48.46	4.00
5.00	Subtotal wage-related costs (see inst.)	5,999,661	0	5,999,661	0.00	20.11	5.00
6.00	Total (sum of lines 3 thru 5)	38,662,945	-215,579	38,447,366	1,014,362.00	37.90	6.00
7.00	Total overhead cost (see instructions)	11,466,691	-215,579	11,251,112	405,421.00	27.75	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/17/2014 8:51 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		199,038	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		2,076,280	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		117,545	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-31,061	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		-1,091	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		80,683	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		382,303	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		1,917,666	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		1,210,714	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		2,896	22.00
23.00	Tuition Reimbursement		14,659	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		5,969,632	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (FRINGE BE)		30,030	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part V Date/Time Prepared: 11/17/2014 8:51 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,221,894	6,464,077
2.00	Hospital		1,198,933	6,464,077
3.00	Subprovider - IPF		1,404	0
4.00	Subprovider - IRF		21,557	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 11/17/2014 8:51 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.181627		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		22,393,526		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		7,246,662		5.00	
6.00	Medicaid charges		120,723,115		6.00	
7.00	Medicaid cost (line 1 times line 6)		21,926,577		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)		0		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)		0		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		10,221,720	4,104,123	14,325,843	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,856,540	745,420	2,601,960	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,856,540	745,420	2,601,960	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)		9,767,421		26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		610,202		27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		9,157,219		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,663,198		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,265,158		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,265,158		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140240

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

Worksheet A
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt	0	0	2,023,342	2,023,342	1.00	
2.00	00200	Cap Rel Costs-Mvble Equip	0	0	2,483,163	2,483,163	2.00	
3.00	00300	Other Cap Related Cost	0	0	0	0	3.00	
4.00	00400	Employee Benefits DEPARTMENT	43,736	6,425,405	6,469,141	268,903	6,738,044	4.00
5.00	00500	Administrative & General	6,556,801	16,908,876	23,465,677	-5,699,694	17,765,983	5.00
7.00	00700	Operation of Plant	994,055	3,648,046	4,642,101	-49,531	4,592,570	7.00
8.00	00800	Laundry & Linen Service	0	382,609	382,609	66,393	449,002	8.00
9.00	00900	Housekeeping	793,701	300,537	1,094,238	-651	1,093,587	9.00
10.00	01000	Dietary	845,880	481,294	1,327,174	-5,977	1,321,197	10.00
11.00	01100	Cafeteria	0	0	0	0	0	11.00
13.00	01300	Nursing Administration	706,361	39,049	745,410	-2,360	743,050	13.00
14.00	01400	Central Services & Supply	210,134	278,919	489,053	-19,895	469,158	14.00
15.00	01500	Pharmacy	968,937	2,229,915	3,198,852	-1,372,477	1,826,375	15.00
16.00	01600	Medical Records & Library	210,016	104,132	314,148	529,726	843,874	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	16,457	0	16,457	0	16,457	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	56	56	0	56	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	6,855,862	827,067	7,682,929	-741,800	6,941,129	30.00
31.00	03100	Intensive Care Unit	1,579,754	287,345	1,867,099	-118,505	1,748,594	31.00
40.00	04000	SUBPROVIDER - IPF	925,924	80,639	1,006,563	-10,991	995,572	40.00
41.00	04100	SUBPROVIDER - IRF	950,469	182,670	1,133,139	-30,797	1,102,342	41.00
43.00	04300	Nursery	374,364	371,379	745,743	444,845	1,190,588	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	2,038,176	3,666,434	5,704,610	-2,587,408	3,117,202	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	197,224	108,912	306,136	-33,857	272,279	50.01
51.00	05100	Recovery Room	398,495	13,227	411,722	-7,070	404,652	51.00
52.00	05200	Labor Room & Delivery Room	1,082,113	1,011,045	2,093,158	-151	2,093,007	52.00
53.00	05300	Anesthesiology	109,861	634,874	744,735	-131,197	613,538	53.00
54.00	05400	Radiology - Diagnostic	897,138	143,468	1,040,606	-24,241	1,016,365	54.00
56.00	05600	Radiology - Sotope	122,445	136,899	259,344	-125,419	133,925	56.00
56.01	03630	ULTRA SOUND	447,285	17,323	464,608	-5,687	458,921	56.01
57.00	05700	CT Scan	139,072	54,583	193,655	-31,087	162,568	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	131,669	13,835	145,504	-2,555	142,949	58.00
59.00	05900	Cardiac Catheterization	509,948	1,399,672	1,909,620	-1,201,470	708,150	59.00
60.00	06000	Laboratory	400	2,025,886	2,026,286	-2,969	2,023,317	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	220,022	220,022	-674	219,348	63.00
65.00	06500	Respiratory Therapy	576,687	111,367	688,054	-72,628	615,426	65.00
66.00	06600	Physical Therapy	617,202	49,612	666,814	-3,147	663,667	66.00
67.00	06700	Occupational Therapy	404,612	2,585	407,197	-645	406,552	67.00
68.00	06800	Speech Pathology	89,747	12,606	102,353	-400	101,953	68.00
69.00	06900	Electrocardiology	218,522	60,340	278,862	-4,763	274,099	69.00
70.00	07000	Electroencephalography	13,148	6,794	19,942	-15	19,927	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	2,174,622	2,174,622	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	2,266,306	2,266,306	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	1,740,380	1,740,380	73.00
74.00	07400	RENAL DIALYSIS	0	272,707	272,707	-143	272,564	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	1,779,351	1,310,949	3,090,300	-172,261	2,918,039	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	31,805,546	43,821,078	75,626,624	-462,785	75,163,839	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	8,876	8,876	87	8,963	190.00
191.00	19100	Research	0	0	0	0	0	191.00
192.00	19200	Physicians' Private Offices	0	0	0	0	0	192.00
194.00	07950	MARKETING	72,260	231,431	303,691	409,822	713,513	194.00
194.02	07952	COMMUNITY RELATIONS	135,809	5,945	141,754	-690	141,064	194.02
194.03	07953	SENIOR CENTER	0	33,418	33,418	0	33,418	194.03
194.04	07954	PHYSICIAN CLINICS	0	0	0	65,508	65,508	194.04
194.05	07955	POB	0	287,474	287,474	-11,942	275,532	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
194.08	07958	HOSPICE	0	0	0	0	0	194.08
200.00		TOTAL (sum of lines 118-199)	32,013,615	44,388,222	76,401,837	0	76,401,837	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140240

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

Worksheet A
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	Cap Rel Costs-Bldg & Fixt	2,524,242	4,547,584	1.00
2.00	00200	Cap Rel Costs-Mvble Equip	2,085,942	4,569,105	2.00
3.00	00300	Other Cap Related Cost	0	0	3.00
4.00	00400	Employee Benefits DEPARTMENT	-318,940	6,419,104	4.00
5.00	00500	Administrative & General	-8,397,086	9,368,897	5.00
7.00	00700	Operation of Plant	-629	4,591,941	7.00
8.00	00800	Laundry & Linen Service	0	449,002	8.00
9.00	00900	Housekeeping	0	1,093,587	9.00
10.00	01000	Dietary	-114,496	1,206,701	10.00
11.00	01100	Cafeteria	0	0	11.00
13.00	01300	Nursing Administration	-240	742,810	13.00
14.00	01400	Central Services & Supply	-17,139	452,019	14.00
15.00	01500	Pharmacy	-654,505	1,171,870	15.00
16.00	01600	Medical Records & Library	-4,841	839,033	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	16,457	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	56	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	Adults & Pediatrics	-435,395	6,505,734	30.00
31.00	03100	Intensive Care Unit	-1,454	1,747,140	31.00
40.00	04000	SUBPROVIDER - IPF	-21,752	973,820	40.00
41.00	04100	SUBPROVIDER - IRF	-24,115	1,078,227	41.00
43.00	04300	Nursery	-340,791	849,797	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	-79,370	3,037,832	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	272,279	50.01
51.00	05100	Recovery Room	-4,854	399,798	51.00
52.00	05200	Labor Room & Delivery Room	-950,894	1,142,113	52.00
53.00	05300	Anesthesiology	-478,062	135,476	53.00
54.00	05400	Radiology - Diagnostic	-12,625	1,003,740	54.00
56.00	05600	Radiolotope	0	133,925	56.00
56.01	03630	ULTRA SOUND	-790	458,131	56.01
57.00	05700	CT Scan	-12,324	150,244	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	142,949	58.00
59.00	05900	Cardiac Catheterization	-180,662	527,488	59.00
60.00	06000	Laboratory	-16,020	2,007,297	60.00
63.00	06300	Blood Storing, Processing, & Trans.	-15,528	203,820	63.00
65.00	06500	Respiratory Therapy	-145,332	470,094	65.00
66.00	06600	Physical Therapy	-86,095	577,572	66.00
67.00	06700	Occupational Therapy	-3,943	402,609	67.00
68.00	06800	Speech Pathology	-1,094	100,859	68.00
69.00	06900	Electrocardiology	-49,982	224,117	69.00
70.00	07000	Electroencephalography	-6,600	13,327	70.00
71.00	07100	Medical Supplies Charged to Patients	0	2,174,622	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	2,266,306	72.00
73.00	07300	Drugs Charged to Patients	0	1,740,380	73.00
74.00	07400	RENAL DIALYSIS	0	272,564	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	Emergency	-962,560	1,955,479	91.00
92.00	09200	Observation Beds (Non-Distinct Part)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (sum of lines 1-117)	-8,727,934	66,435,905	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	8,963	190.00
191.00	19100	Research	0	0	191.00
192.00	19200	Physicians' Private Offices	0	0	192.00
194.00	07950	MARKETING	0	713,513	194.00
194.02	07952	COMMUNITY RELATIONS	0	141,064	194.02
194.03	07953	SENIOR CENTER	0	33,418	194.03
194.04	07954	PHYSICIAN CLINICS	0	65,508	194.04
194.05	07955	POB	0	275,532	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	194.07
194.08	07958	HOSPICE	0	0	194.08
200.00		TOTAL (sum of lines 118-199)	-8,727,934	67,673,903	200.00

RECLASSIFICATIONS

Provider CCN: 140240

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

Worksheet A-6
Date/Time Prepared:
11/17/2014 8:51 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	644,625	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	2,263,356	2.00
	TOTALS		0	2,907,981	
B - RENTS					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	216,068	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	219,807	2.00
3.00	POB	194.05	0	2,992	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
	TOTALS		0	438,867	
C - PROPERTY TAXES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	1,162,649	1.00
	TOTALS		0	1,162,649	
D - CHARGEABLE DRUGS					
1.00	Drugs Charged to Patients	73.00	0	1,740,380	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
	TOTALS		0	1,740,380	
E - LINEN					
1.00	Laundry & Linen Service	8.00	0	66,393	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

RECLASSIFICATIONS

Provider CCN: 140240

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
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
TOTALS			0	66,393	
F - CHARGEABLE MEDICAL SUPPLIES					
1.00	Medical Supplies Charged to Patients	71.00	0	2,174,622	1.00
2.00	Central Services & Supply	14.00	0	1,232	2.00
3.00	Gift, Flower, Coffee Shop, & Canteen	190.00	0	87	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
TOTALS			0	2,175,941	
G - IMPLANTABLE DEVICE					
1.00	Implantable Devices Chrgd to Patient	72.00	0	2,266,306	1.00
2.00	Housekeeping	9.00	0	569	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
TOTALS			0	2,266,875	
H - NURSERY					
1.00	Nursery	43.00	398,503	71,402	1.00
TOTALS			398,503	71,402	
I - HOSPITAL SPACE IN POB					
1.00	Employee Benefits DEPARTMENT	4.00	0	2,643	1.00
2.00	Radiology - Diagnostic	54.00	0	12,291	2.00
TOTALS			0	14,934	
J - REGIONAL COSTS					
1.00	Employee Benefits DEPARTMENT	4.00	191,067	75,842	1.00
2.00	Pharmacy	15.00	137,998	600	2.00
3.00	Medical Records & Library	16.00	406,116	129,784	3.00
4.00	MARKETING	194.00	151,834	259,921	4.00
5.00	PHYSICIAN CLINICS	194.04	63,745	1,763	5.00
TOTALS			950,760	467,910	
500.00	Grand Total: Increases		1,349,263	11,313,332	500.00

RECLASSIFICATIONS

Provider CCN: 140240

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	Administrative & General	5.00	0	2,907,981	9	1.00	
2.00		0.00	0	0	9	2.00	
	TOTALS		0	2,907,981			
B - RENTS							
1.00	Employee Benefits DEPARTMENT	4.00	0	644	10	1.00	
2.00	Administrative & General	5.00	0	203,254	10	2.00	
3.00	Operation of Plant	7.00	0	49,525	0	3.00	
4.00	Dietary	10.00	0	3,340	0	4.00	
5.00	Nursing Administration	13.00	0	2,343	0	5.00	
6.00	Central Services & Supply	14.00	0	20,913	0	6.00	
7.00	Pharmacy	15.00	0	1,855	0	7.00	
8.00	Medical Records & Library	16.00	0	6,174	0	8.00	
9.00	Adults & Pediatrics	30.00	0	2,313	0	9.00	
10.00	Intensive Care Unit	31.00	0	644	0	10.00	
11.00	SUBPROVIDER - IPF	40.00	0	644	0	11.00	
12.00	Operating Room	50.00	0	28,457	0	12.00	
13.00	Recovery Room	51.00	0	644	0	13.00	
14.00	Anesthesiology	53.00	0	70,124	0	14.00	
15.00	Radiology - Diagnostic	54.00	0	32,804	0	15.00	
16.00	Cardiac Catheterization	59.00	0	644	0	16.00	
17.00	Laboratory	60.00	0	2,969	0	17.00	
18.00	Blood Storing, Processing, & Trans.	63.00	0	644	0	18.00	
19.00	Respiratory Therapy	65.00	0	2,238	0	19.00	
20.00	Physical Therapy	66.00	0	644	0	20.00	
21.00	Occupational Therapy	67.00	0	644	0	21.00	
22.00	Electrocardiology	69.00	0	644	0	22.00	
23.00	RENAL DIALYSIS	74.00	0	143	0	23.00	
24.00	Emergency	91.00	0	4,686	0	24.00	
25.00	MARKETING	194.00	0	1,933	0	25.00	
	TOTALS		0	438,867			
C - PROPERTY TAXES							
1.00	Administrative & General	5.00	0	1,162,649	13	1.00	
	TOTALS		0	1,162,649			
D - CHARGEABLE DRUGS							
1.00	Administrative & General	5.00	0	7,134	0	1.00	
2.00	Dietary	10.00	0	246	0	2.00	
3.00	Central Services & Supply	14.00	0	175	0	3.00	
4.00	Pharmacy	15.00	0	1,460,751	0	4.00	
5.00	Adults & Pediatrics	30.00	0	30,323	0	5.00	
6.00	Intensive Care Unit	31.00	0	15,098	0	6.00	
7.00	SUBPROVIDER - IPF	40.00	0	1,895	0	7.00	
8.00	SUBPROVIDER - IRF	41.00	0	1,436	0	8.00	
9.00	Nursery	43.00	0	223	0	9.00	
10.00	Operating Room	50.00	0	24,272	0	10.00	
11.00	GASTRO INTESTINAL SERVICES	50.01	0	2,872	0	11.00	
12.00	Recovery Room	51.00	0	373	0	12.00	
13.00	Labor Room & Delivery Room	52.00	0	52	0	13.00	
14.00	Anesthesiology	53.00	0	7,441	0	14.00	
15.00	Radiology - Diagnostic	54.00	0	270	0	15.00	
16.00	Radiosotope	56.00	0	123,608	0	16.00	
17.00	ULTRA SOUND	56.01	0	1,115	0	17.00	
18.00	CT Scan	57.00	0	5,835	0	18.00	
19.00	Magnetic Resonance Imaging (MRI)	58.00	0	1,870	0	19.00	
20.00	Cardiac Catheterization	59.00	0	6,674	0	20.00	
21.00	Blood Storing, Processing, & Trans.	63.00	0	30	0	21.00	
22.00	Respiratory Therapy	65.00	0	329	0	22.00	
23.00	Electrocardiology	69.00	0	186	0	23.00	
24.00	Emergency	91.00	0	47,482	0	24.00	
25.00	COMMUNITY RELATIONS	194.02	0	690	0	25.00	
	TOTALS		0	1,740,380			
E - LINEN							
1.00	Dietary	10.00	0	42	0	1.00	
2.00	Central Services & Supply	14.00	0	39	0	2.00	
3.00	Pharmacy	15.00	0	130	0	3.00	
4.00	Adults & Pediatrics	30.00	0	7,184	0	4.00	
5.00	Intensive Care Unit	31.00	0	788	0	5.00	
6.00	SUBPROVIDER - IPF	40.00	0	2,219	0	6.00	
7.00	SUBPROVIDER - IRF	41.00	0	241	0	7.00	
8.00	Operating Room	50.00	0	44,297	0	8.00	
9.00	Anesthesiology	53.00	0	4,315	0	9.00	

RECLASSIFICATIONS

Provider CCN: 140240

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

Worksheet A-6
Date/Time Prepared:
11/17/2014 8:51 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
10.00	Radiology - Diagnostic	54.00	0	485	0		10.00	
11.00	ULTRA SOUND	56.01	0	27	0		11.00	
12.00	CT Scan	57.00	0	11	0		12.00	
13.00	Cardiac Catheterization	59.00	0	4,185	0		13.00	
14.00	Respiratory Therapy	65.00	0	2	0		14.00	
15.00	Electrocardiology	69.00	0	4	0		15.00	
16.00	Emergency	91.00	0	2,424	0		16.00	
	TOTALS		0	66,393				
F - CHARGEABLE MEDICAL SUPPLIES								
1.00	Employee Benefits DEPARTMENT	4.00	0	5	0		1.00	
2.00	Administrative & General	5.00	0	6	0		2.00	
3.00	Operation of Plant	7.00	0	6	0		3.00	
4.00	Housekeeping	9.00	0	1,220	0		4.00	
5.00	Dietary	10.00	0	31	0		5.00	
6.00	Nursing Administration	13.00	0	17	0		6.00	
7.00	Pharmacy	15.00	0	39,288	0		7.00	
8.00	Adults & Pediatrics	30.00	0	232,075	0		8.00	
9.00	Intensive Care Unit	31.00	0	101,975	0		9.00	
10.00	SUBPROVIDER - IPF	40.00	0	6,233	0		10.00	
11.00	SUBPROVIDER - IRF	41.00	0	29,120	0		11.00	
12.00	Nursery	43.00	0	24,601	0		12.00	
13.00	Operating Room	50.00	0	1,063,584	0		13.00	
14.00	GASTRO INTESTINAL SERVICES	50.01	0	30,007	0		14.00	
15.00	Recovery Room	51.00	0	6,053	0		15.00	
16.00	Labor Room & Delivery Room	52.00	0	99	0		16.00	
17.00	Anesthesiology	53.00	0	49,317	0		17.00	
18.00	Radiology - Diagnostic	54.00	0	2,973	0		18.00	
19.00	Radiolotope	56.00	0	1,811	0		19.00	
20.00	ULTRA SOUND	56.01	0	4,545	0		20.00	
21.00	CT Scan	57.00	0	25,241	0		21.00	
22.00	Magnetic Resonance Imaging (MRI)	58.00	0	685	0		22.00	
23.00	Cardiac Catheterization	59.00	0	362,473	0		23.00	
24.00	Respiratory Therapy	65.00	0	70,059	0		24.00	
25.00	Physical Therapy	66.00	0	2,503	0		25.00	
26.00	Occupational Therapy	67.00	0	1	0		26.00	
27.00	Speech Pathology	68.00	0	400	0		27.00	
28.00	Electrocardiology	69.00	0	3,929	0		28.00	
29.00	Electroencephalography	70.00	0	15	0		29.00	
30.00	Emergency	91.00	0	117,669	0		30.00	
	TOTALS		0	2,175,941				
G - IMPLANTABLE DEVICE								
1.00	Dietary	10.00	0	2,318	0		1.00	
2.00	Pharmacy	15.00	0	9,051	0		2.00	
3.00	Nursery	43.00	0	236	0		3.00	
4.00	Operating Room	50.00	0	1,426,798	0		4.00	
5.00	GASTRO INTESTINAL SERVICES	50.01	0	978	0		5.00	
6.00	Cardiac Catheterization	59.00	0	827,494	0		6.00	
	TOTALS		0	2,266,875				
H - NURSERY								
1.00	Adults & Pediatrics	30.00	398,503	71,402	0		1.00	
	TOTALS		398,503	71,402				
I - HOSPITAL SPACE IN POB								
1.00	POB	194.05	0	14,934	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		0	14,934				
J - REGIONAL COSTS								
1.00	Administrative & General	5.00	950,760	467,910	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
	TOTALS		950,760	467,910				
500.00	Grand Total: Decreases		1,349,263	11,313,332			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140240

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

Worksheet A-7
Part I
Date/Time Prepared:
11/17/2014 8:51 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,187,868	0	0	0	1.00
2.00	Land Improvements	4,893,624	0	0	0	2.00
3.00	Buildings and Fixtures	66,106,726	0	0	0	3.00
4.00	Building Improvements	5,948,383	91,391	0	91,391	4.00
5.00	Fixed Equipment	4,124,706	0	0	0	5.00
6.00	Movable Equipment	72,699,961	977,139	0	977,139	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	157,961,268	1,068,530	0	1,068,530	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	157,961,268	1,068,530	0	1,068,530	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,187,868	0			1.00
2.00	Land Improvements	4,893,624	0			2.00
3.00	Buildings and Fixtures	66,106,726	0			3.00
4.00	Building Improvements	6,039,774	0			4.00
5.00	Fixed Equipment	4,124,706	0			5.00
6.00	Movable Equipment	73,677,100	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	159,029,798	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	159,029,798	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140240

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

Worksheet A-7
Part II
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	0	0				1.00
2.00	Cap Rel Costs-Mvble Equip	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140240

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	77,040,124	0	77,040,124	0.497540	0	1.00
2.00	Cap Rel Costs-Mvble Equip	77,801,805	0	77,801,805	0.502460	0	2.00
3.00	Total (sum of lines 1-2)	154,841,929	0	154,841,929	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	Cap Rel Costs-Bldg & Fixt	0	0	0	2,446,388	216,068	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	4,323,940	219,807	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,770,328	435,875	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	312,165	20,595	1,552,368	0	4,547,584	1.00
2.00	Cap Rel Costs-Mvble Equip	18,347	7,011	0	0	4,569,105	2.00
3.00	Total (sum of lines 1-2)	330,512	27,606	1,552,368	0	9,116,689	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140240

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

Worksheet A-8

Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - Cap Rel Costs-Bldg & Fixt (chapter 2)			0	Cap Rel Costs-Bldg & Fixt	1.00	0	1.00
2.00 Investment income - Cap Rel Costs-Mvble Equip (chapter 2)			0	Cap Rel Costs-Mvble Equip	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,081,220				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	-3,674,557				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-113,839	Dietary		10.00	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	B	-2,158	Medical Records & Library		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-468	Dietary		10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	Respiratory Therapy	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	Physical Therapy	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - Cap Rel Costs-Bldg & Fixt	A	1,361,530	Cap Rel Costs-Bldg & Fixt		1.00	9	26.00
27.00 Depreciation - Cap Rel Costs-Mvble Equip	A	2,084,754	Cap Rel Costs-Mvble Equip		2.00	9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	Occupational Therapy	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	Adults & Pediatrics	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	Speech Pathology	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 DIRECT PHONE COSTS	A	-37,972	Administrative & General		5.00	0	33.00
33.01 PBX SALARY	A	-26,339	Administrative & General		5.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140240

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

Worksheet A-8

Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
33.02 PBX BENEFITS	A	-25,399	Employee Benefits DEPARTMENT		4.00	0	33.02
33.03 TELEVISION CABLE/SATELITE & DEPREC.	A	-49,445	Cap Rel Costs-Mvble Equip		2.00	9	33.03
33.04 EMPLOYEE BADGES	B	-420	Employee Benefits DEPARTMENT		4.00	0	33.04
33.05 GREAT WEST LIFE	B	-585	Employee Benefits DEPARTMENT		4.00	0	33.05
33.06 ADMIN SVCS	B	-11,198	Administrative & General		5.00	0	33.06
33.07 RUSH UNIV STUDENTS	B	-11,400	Administrative & General		5.00	0	33.07
33.08 PENALTY PAYMENTS	B	-20,756	Administrative & General		5.00	0	33.08
33.09 GRANT REVENUE	B	-136,848	Administrative & General		5.00	0	33.09
33.10 SEASON HOSPICE	B	-17,139	Central Services & Supply		14.00	0	33.10
33.11 SEASON HOSPICE	B	-654,505	Pharmacy		15.00	0	33.11
33.12 RENTAL INCOME	B	-400,673	Adults & Pediatrics		30.00	0	33.12
33.13 SEASON HOSPICE	B	-14,237	Operating Room		50.00	0	33.13
33.14 BARIATRIC PHONE LINE	B	-8,949	Operating Room		50.00	0	33.14
33.15 SEASON HOSPICE	B	-4,854	Recovery Room		51.00	0	33.15
33.16 SEASON HOSPICE	B	-3,230	Anesthesiology		53.00	0	33.16
33.17 SEASON HOSPICE	B	-11,996	Radiology - Diagnostic		54.00	0	33.17
33.18 SEASON HOSPICE	B	-790	ULTRA SOUND		56.01	0	33.18
33.19 SEASON HOSPICE	B	-12,324	CT Scan		57.00	0	33.19
33.20 SEASON HOSPICE	B	-47,737	Cardiac Catheterization		59.00	0	33.20
33.21 SEASON HOSPICE	B	-16,020	Laboratory		60.00	0	33.21
33.22 SEASON HOSPICE	B	-15,528	Blood Storing, Processing, & Trans.		63.00	0	33.22
33.23 SEASON HOSPICE	B	-143,878	Respiratory Therapy		65.00	0	33.23
33.24 SEASON HOSPICE	B	-4,983	Physical Therapy		66.00	0	33.24
33.25 FITNESS CENTER REVENUE	B	-81,073	Physical Therapy		66.00	0	33.25
33.26 SEASON HOSPICE	B	-3,943	Occupational Therapy		67.00	0	33.26
33.27 SEASON HOSPICE	B	-1,094	Speech Pathology		68.00	0	33.27
33.28 SEASON HOSPICE	B	-1,299	Emergency		91.00	0	33.28
33.29 ADVERTISING	A	-5,129	Administrative & General		5.00	0	33.29
33.30 ADVERTISING	A	-159	SUBPROVIDER - IPF		40.00	0	33.30
33.31 ADVERTISING	A	-548	Radiology - Diagnostic		54.00	0	33.31
33.32 OTHER EXPENSE	A	-23	Employee Benefits DEPARTMENT		4.00	0	33.32
33.33 OTHER EXPENSE	A	1,036	Administrative & General		5.00	0	33.33
33.34 OTHER EXPENSE	A	-45	Dietary		10.00	0	33.34
33.35 OTHER EXPENSE	A	-160	Nursing Administration		13.00	0	33.35
33.36 OTHER EXPENSE	A	-1,942	Adults & Pediatrics		30.00	0	33.36
33.37 OTHER EXPENSE	A	-353	SUBPROVIDER - IRF		41.00	0	33.37
33.38 OTHER EXPENSE	A	-3,254	Operating Room		50.00	0	33.38
33.39 OTHER EXPENSE	A	-81	Radiology - Diagnostic		54.00	0	33.39
33.40 OTHER EXPENSE	A	-1,270	Cardiac Catheterization		59.00	0	33.40
33.41 OTHER EXPENSE	A	-39	Physical Therapy		66.00	0	33.41
33.42 PURCHASED SVCS	A	-15,376	Employee Benefits DEPARTMENT		4.00	0	33.42
33.43 PURCHASED SVCS	A	-22,775	Administrative & General		5.00	0	33.43
33.44 PURCHASED SVCS	A	-500	Operation of Plant		7.00	0	33.44
33.45 PURCHASED SVCS	A	-2,683	Medical Records & Library		16.00	0	33.45
33.46 PURCHASED SVCS	A	-1,824	Adults & Pediatrics		30.00	0	33.46
33.47 PHYSICIAN INCENTIVE	A	-394	Employee Benefits DEPARTMENT		4.00	0	33.47
33.48 PHYSICIAN RELOCATION	A	-99,125	Administrative & General		5.00	0	33.48
33.49 TRAVEL	A	-80	Nursing Administration		13.00	0	33.49
33.50 ALCOHOL	A	-446	Administrative & General		5.00	0	33.50
33.51 MEALS	A	-1,811	Administrative & General		5.00	0	33.51
33.52 MEALS	A	-144	Dietary		10.00	0	33.52
33.53 MEALS	A	-98	SUBPROVIDER - IRF		41.00	0	33.53
33.54 PROPERTY TAXES	A	389,719	Cap Rel Costs-Bldg & Fixt		1.00	13	33.54
33.55 DONATIONS/CONTRIBUTIONS	A	-23,472	Administrative & General		5.00	0	33.55
33.56 DUES & SUBSCRIPTION	A	-19,687	Administrative & General		5.00	0	33.56
33.57 DUES & SUBSCRIPTION	A	-1,610	Operating Room		50.00	0	33.57
33.58 DUES & SUBSCRIPTION	A	-1,460	Emergency		91.00	0	33.58
33.59 LOBBYING	A	-34,166	Administrative & General		5.00	0	33.59
33.60 PATIENT TRANSPORTATION	A	-4,192	Administrative & General		5.00	0	33.60
33.61 LEGAL	A	-21,095	Administrative & General		5.00	0	33.61
33.62 IDPA TAX ASSESSMENT	A	-2,708,494	Administrative & General		5.00	0	33.62
33.63 PENALTIES & FINES	A	-230	Administrative & General		5.00	0	33.63
33.64 NON-PATIENT BAD DEBT	A	44,548	Administrative & General		5.00	0	33.64
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,727,934					50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140240

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

Worksheet A-8

Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

(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: 140240

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

Worksheet A-8-1

Date/Time Prepared: 11/17/2014 8:51 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	Administrative & General	AUTO INSURANCE	0	7,059	1.00
2.00	5.00	Administrative & General	PROPERTY INSURANCE	0	48,069	2.00
3.00	5.00	Administrative & General	MALPRACTICE INSURANCE	0	1,723,857	3.00
4.00	50.00	Operating Room	MALPRACTICE INSURANCE	0	9,570	4.00
4.01	69.00	Electro cardiology	MALPRACTICE INSURANCE	0	15,340	4.01
4.02	4.00	Employee Benefits DEPARTMENT	WORKER COMP INSURANCE	0	411,896	4.02
4.03	5.00	Administrative & General	INTEREST EXPENSE	0	4,196,689	4.03
4.04	5.00	Administrative & General	CORPORATE ALLOCATION	0	987,758	4.04
4.05	1.00	Cap Rel Costs-Bldg & Fixt	DI RECT ALLOC. -INSURANCE	7,787	0	4.05
4.06	2.00	Cap Rel Costs-Mvble Equip	DI RECT ALLOC. -INSURANCE	539	0	4.06
4.07	5.00	Administrative & General	DI RECT ALLOC. -PROF. LIABILIT	76,463	0	4.07
4.08	4.00	Employee Benefits DEPARTMENT	DI RECT ALLOC. -WORKERS COMP	30,035	0	4.08
4.09	1.00	Cap Rel Costs-Bldg & Fixt	DI RECT ALLOC. -INTEREST EXP.	58,902	0	4.09
4.10	2.00	Cap Rel Costs-Mvble Equip	DI RECT ALLOC. -INTEREST EXP.	18,347	0	4.10
4.11	2.00	Cap Rel Costs-Mvble Equip	POOLED ALLOC. -CAPITAL	25,275	0	4.11
4.12	5.00	Administrative & General	POOLED ALLOC. -MGMT FEES	323,093	0	4.12
4.13	1.00	Cap Rel Costs-Bldg & Fixt	TENET DI RECT ALLOC. -PROPERTY	12,808	0	4.13
4.14	2.00	Cap Rel Costs-Mvble Equip	TENET DI RECT ALLOC. -AUTO INS	6,472	0	4.14
4.15	5.00	Administrative & General	TENET DI RECT ALLOC. -GENERAL	4,700	0	4.15
4.16	5.00	Administrative & General	TENET DI RECT ALLOC. -PROF. LI	235,156	0	4.16
4.17	4.00	Employee Benefits DEPARTMENT	TENET DI RECT ALLOC. -WORKERS	105,118	0	4.17
4.18	1.00	Cap Rel Costs-Bldg & Fixt	TENET DI RECT ALLOC. -INTEREST	253,263	0	4.18
4.19	1.00	Cap Rel Costs-Bldg & Fixt	TENET POOL ALLOC. -CAPITAL	440,233	0	4.19
4.20	5.00	Administrative & General	TENET POOL ALLOC. -NON CAPITA	2,127,490	0	4.20
4.21	60.00	Laboratory	GENESIS LAB	1,302,613	1,302,613	4.21
4.22	0.00			0	0	4.22
4.23	0.00			0	0	4.23
4.24	0.00			0	0	4.24
4.25	0.00			0	0	4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5,028,294	8,702,851	5.00

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

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

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

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

6.00	B		0.00	TENET HLTHCARE	100.00	6.00
7.00	G		0.00	GENESIS LAB	0.01	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:	SHARED SVCS				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: 140240

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

Worksheet A-8-1

Date/Time Prepared:
11/17/2014 8:51 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-7,059	0		1.00
2.00	-48,069	0		2.00
3.00	-1,723,857	0		3.00
4.00	-9,570	0		4.00
4.01	-15,340	0		4.01
4.02	-411,896	0		4.02
4.03	-4,196,689	0		4.03
4.04	-987,758	0		4.04
4.05	7,787	12		4.05
4.06	539	12		4.06
4.07	76,463	0		4.07
4.08	30,035	0		4.08
4.09	58,902	11		4.09
4.10	18,347	11		4.10
4.11	25,275	9		4.11
4.12	323,093	0		4.12
4.13	12,808	12		4.13
4.14	6,472	12		4.14
4.15	4,700	0		4.15
4.16	235,156	0		4.16
4.17	105,118	0		4.17
4.18	253,263	11		4.18
4.19	440,233	9		4.19
4.20	2,127,490	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
5.00	-3,674,557			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HEALTHCARE		6.00
7.00	LAB		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: 140240

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

Worksheet A-8-2

Date/Time Prepared:
11/17/2014 8:51 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	Administrative & General	1,086,433	1,061,005	25,428	177,200	299	1.00
2.00	7.00	Operation of Plant	129	129	0	0	0	2.00
3.00	30.00	Adults & Pediatrics	53,806	17,656	36,150	196,400	242	3.00
4.00	31.00	Intensive Care Unit	15,000	1,250	13,750	177,200	159	4.00
5.00	40.00	SUBPROVIDER - IPF	39,300	3,600	35,700	154,100	239	5.00
6.00	41.00	SUBPROVIDER - IRF	99,996	8,333	91,663	177,200	896	6.00
7.00	43.00	Nursery	340,791	340,791	0	0	0	7.00
8.00	50.00	Operating Room	63,350	18,450	44,900	208,000	216	8.00
9.00	52.00	Labor Room & Delivery Room	950,894	950,894	0	0	0	9.00
10.00	53.00	Anesthesiology	474,832	474,832	0	0	0	10.00
11.00	59.00	Cardiac Catheterization	140,600	119,000	21,600	177,200	105	11.00
12.00	65.00	Respiratory Therapy	15,000	1,250	13,750	177,200	159	12.00
13.00	69.00	Electrocardiology	34,642	34,642	0	0	0	13.00
14.00	70.00	Electroencephalography	6,600	6,600	0	0	0	14.00
15.00	91.00	Emergency	962,016	959,441	2,575	177,200	26	15.00
200.00			4,283,389	3,997,873	285,516		2,341	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	5.00	Administrative & General	25,473	1,274	0	0	0	1.00
2.00	7.00	Operation of Plant	0	0	0	0	0	2.00
3.00	30.00	Adults & Pediatrics	22,850	1,143	0	0	0	3.00
4.00	31.00	Intensive Care Unit	13,546	677	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	17,707	885	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	76,332	3,817	0	0	0	6.00
7.00	43.00	Nursery	0	0	0	0	0	7.00
8.00	50.00	Operating Room	21,600	1,080	0	0	0	8.00
9.00	52.00	Labor Room & Delivery Room	0	0	0	0	0	9.00
10.00	53.00	Anesthesiology	0	0	0	0	0	10.00
11.00	59.00	Cardiac Catheterization	8,945	447	0	0	0	11.00
12.00	65.00	Respiratory Therapy	13,546	677	0	0	0	12.00
13.00	69.00	Electrocardiology	0	0	0	0	0	13.00
14.00	70.00	Electroencephalography	0	0	0	0	0	14.00
15.00	91.00	Emergency	2,215	111	0	0	0	15.00
200.00			202,214	10,111	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	5.00	Administrative & General	0	25,473	0	1,061,005		1.00
2.00	7.00	Operation of Plant	0	0	0	129		2.00
3.00	30.00	Adults & Pediatrics	0	22,850	13,300	30,956		3.00
4.00	31.00	Intensive Care Unit	0	13,546	204	1,454		4.00
5.00	40.00	SUBPROVIDER - IPF	0	17,707	17,993	21,593		5.00
6.00	41.00	SUBPROVIDER - IRF	0	76,332	15,331	23,664		6.00
7.00	43.00	Nursery	0	0	0	340,791		7.00
8.00	50.00	Operating Room	0	21,600	23,300	41,750		8.00
9.00	52.00	Labor Room & Delivery Room	0	0	0	950,894		9.00
10.00	53.00	Anesthesiology	0	0	0	474,832		10.00
11.00	59.00	Cardiac Catheterization	0	8,945	12,655	131,655		11.00
12.00	65.00	Respiratory Therapy	0	13,546	204	1,454		12.00
13.00	69.00	Electrocardiology	0	0	0	34,642		13.00
14.00	70.00	Electroencephalography	0	0	0	6,600		14.00
15.00	91.00	Emergency	0	2,215	360	959,801		15.00
200.00			0	202,214	83,347	4,081,220		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B Part I Date/Time Prepared: 11/17/2014 8:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		Employee Benefits DEPARTMENT	Subtotal		
		Bldg & Fixt	Mvble Equip				
		1.00	2.00				4.00
GENERAL SERVICE COST CENTERS							
1.00 00100 Cap Rel Costs-Bldg & Fixt	4,547,584	4,547,584				1.00	
2.00 00200 Cap Rel Costs-Mvble Equip	4,569,105		4,569,105			2.00	
4.00 00400 Employee Benefits DEPARTMENT	6,419,104	0	0	6,419,104		4.00	
5.00 00500 Administrative & General	9,368,897	298,504	299,917	1,132,381	11,099,699	5.00	
7.00 00700 Operation of Plant	4,591,941	618,534	621,461	200,792	6,032,728	7.00	
8.00 00800 Laundry & Linen Service	449,002	24,463	24,579	0	498,044	8.00	
9.00 00900 Housekeeping	1,093,587	39,660	39,848	160,322	1,333,417	9.00	
10.00 01000 Dietary	1,206,701	156,145	156,884	170,862	1,690,592	10.00	
11.00 01100 Cafeteria	0	0	0	0	0	11.00	
13.00 01300 Nursing Administration	742,810	22,068	22,173	142,680	929,731	13.00	
14.00 01400 Central Services & Supply	452,019	30,194	30,337	42,446	554,996	14.00	
15.00 01500 Pharmacy	1,171,870	29,410	29,549	223,593	1,454,422	15.00	
16.00 01600 Medical Records & Library	839,033	46,702	46,923	124,454	1,057,112	16.00	
21.00 02100 I&R Services-Salary & Fringes Apprvd	16,457	0	0	3,324	19,781	21.00	
22.00 02200 I&R Services-Other Prgrm Costs Apprvd	56	0	0	0	56	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 Adults & Pediatrics	6,505,734	340,031	341,640	1,304,350	8,491,755	30.00	
31.00 03100 Intensive Care Unit	1,747,140	98,893	99,361	319,099	2,264,493	31.00	
40.00 04000 SUBPROVIDER - IPF	973,820	84,894	85,296	187,030	1,331,040	40.00	
41.00 04100 SUBPROVIDER - IRF	1,078,227	182,518	183,382	191,988	1,636,115	41.00	
43.00 04300 Nursery	849,797	71,935	72,276	156,114	1,150,122	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 Operating Room	3,037,832	182,618	183,482	411,697	3,815,629	50.00	
50.01 03340 GASTRO INTESTINAL SERVICES	272,279	26,801	26,928	39,838	365,846	50.01	
51.00 05100 Recovery Room	399,798	19,673	19,766	80,493	519,730	51.00	
52.00 05200 Labor Room & Delivery Room	1,142,113	180,451	181,305	218,579	1,722,448	52.00	
53.00 05300 Anesthesiology	135,476	5,674	5,701	22,191	169,042	53.00	
54.00 05400 Radiology - Diagnostic	1,003,740	148,675	149,378	181,216	1,483,009	54.00	
56.00 05600 Radioisotope	133,925	11,048	11,101	24,733	180,807	56.00	
56.01 03630 ULTRA SOUND	458,131	8,411	8,451	90,348	565,341	56.01	
57.00 05700 CT Scan	150,244	11,832	11,888	28,092	202,056	57.00	
58.00 05800 Magnetic Resonance Imaging (MRI)	142,949	10,792	10,843	26,596	191,180	58.00	
59.00 05900 Cardiac Catheterization	527,488	49,739	49,974	103,006	730,207	59.00	
60.00 06000 Laboratory	2,007,297	94,887	95,336	81	2,197,601	60.00	
63.00 06300 Blood Storing, Processing, & Trans.	203,820	3,949	3,968	0	211,737	63.00	
65.00 06500 Respiratory Therapy	470,094	8,468	8,508	116,487	603,557	65.00	
66.00 06600 Physical Therapy	577,572	83,340	83,734	124,670	869,316	66.00	
67.00 06700 Occupational Therapy	402,609	0	0	81,729	484,338	67.00	
68.00 06800 Speech Pathology	100,859	6,672	6,703	18,128	132,362	68.00	
69.00 06900 Electrocardiology	224,117	29,381	29,520	44,140	327,158	69.00	
70.00 07000 Electroencephalography	13,327	0	0	2,656	15,983	70.00	
71.00 07100 Medical Supplies Charged to Patients	2,174,622	0	0	0	2,174,622	71.00	
72.00 07200 Implantable Devices Chrgd to Patient	2,266,306	0	0	0	2,266,306	72.00	
73.00 07300 Drugs Charged to Patients	1,740,380	0	0	0	1,740,380	73.00	
74.00 07400 RENAL DIALYSIS	272,564	0	0	0	272,564	74.00	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 Emergency	1,955,479	157,485	158,230	359,416	2,630,610	91.00	
92.00 09200 Observation Beds (Non-Distinct Part)					0	92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (sum of lines 1-117)	66,435,905	3,083,847	3,098,442	6,333,531	63,415,932	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 Gift, Flower, Coffee Shop, & Canteen	8,963	2,637	2,650	0	14,250	190.00	
191.00 19100 Research	0	0	0	0	0	191.00	
192.00 19200 Physicians' Private Offices	0	0	0	0	0	192.00	
194.00 07950 MARKETING	713,513	8,368	8,408	45,265	775,554	194.00	
194.02 07952 COMMUNITY RELATIONS	141,064	7,171	7,205	27,432	182,872	194.02	
194.03 07953 SENIOR CENTER	33,418	0	0	0	33,418	194.03	
194.04 07954 PHYSICIAN CLINICS	65,508	17,905	17,990	12,876	114,279	194.04	
194.05 07955 POB	275,532	1,327,052	1,333,330	0	2,935,914	194.05	
194.06 07956 TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06	
194.07 07957 GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07	
194.08 07958 HOSPICE	0	100,604	101,080	0	201,684	194.08	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118-201)	67,673,903	4,547,584	4,569,105	6,419,104	67,673,903	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part I Date/Time Prepared: 11/17/2014 8:51 am				
Cost Center Description		Administrative & General	Operation of Plant	Laundry & Linen Service	Housekeeping	Dietary		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-MVble Equip					2.00	
4.00	00400	Employee Benefits DEPARTMENT					4.00	
5.00	00500	Administrative & General	11,099,699				5.00	
7.00	00700	Operation of Plant	1,183,603	7,216,331			7.00	
8.00	00800	Laundry & Linen Service	97,715	48,625	644,384		8.00	
9.00	00900	Housekeeping	261,612	78,831	7,301	1,681,161	9.00	
10.00	01000	Dietary	331,689	310,364	0	73,604	2,406,249	10.00
11.00	01100	Cafeteria	0	0	0	0	657,457	11.00
13.00	01300	Nursing Administration	182,410	43,864	0	10,403	0	13.00
14.00	01400	Central Services & Supply	108,889	60,016	0	14,233	0	14.00
15.00	01500	Pharmacy	285,353	58,457	0	13,863	0	15.00
16.00	01600	Medical Records & Library	207,402	92,829	0	22,015	0	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	3,881	0	0	0	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	11	0	136	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	1,666,068	675,870	311,687	160,286	963,388	30.00
31.00	03100	Intensive Care Unit	444,287	196,567	37,115	46,617	115,690	31.00
40.00	04000	SUBPROVIDER - I PF	261,146	168,741	43,159	40,018	190,042	40.00
41.00	04100	SUBPROVIDER - IRF	321,001	362,786	31,763	86,036	150,804	41.00
43.00	04300	Nursery	225,650	142,983	0	33,909	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	748,615	362,984	52,914	86,083	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	71,778	53,272	0	12,634	0	50.01
51.00	05100	Recovery Room	101,969	39,104	19,859	9,274	0	51.00
52.00	05200	Labor Room & Delivery Room	337,939	358,677	0	85,062	0	52.00
53.00	05300	Anesthesiology	33,166	11,278	0	2,675	0	53.00
54.00	05400	Radiology - Diagnostic	290,962	295,516	43,383	70,083	0	54.00
56.00	05600	Radiotope	35,474	21,960	0	5,208	0	56.00
56.01	03630	ULTRA SOUND	110,918	16,718	0	3,965	0	56.01
57.00	05700	CT Scan	39,643	23,519	0	5,578	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	37,509	21,450	0	5,087	0	58.00
59.00	05900	Cardiac Catheterization	143,264	98,864	0	23,446	0	59.00
60.00	06000	Laboratory	431,163	188,604	111	44,728	0	60.00
63.00	06300	Food Storing, Processing, & Trans.	41,542	7,849	0	1,861	0	63.00
65.00	06500	Respiratory Therapy	118,416	16,832	5,712	3,992	0	65.00
66.00	06600	Physical Therapy	170,557	165,652	30,032	39,285	0	66.00
67.00	06700	Occupational Therapy	95,026	0	753	0	0	67.00
68.00	06800	Speech Pathology	25,969	13,261	0	3,145	0	68.00
69.00	06900	Electrocardiology	64,187	58,401	0	13,850	0	69.00
70.00	07000	Electroencephalography	3,136	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	426,654	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	444,642	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	341,457	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	53,476	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	516,118	313,028	58,402	74,236	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	10,264,297	4,306,902	642,327	991,176	2,077,381	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	2,796	5,242	0	1,243	0	190.00
191.00	19100	Research	0	0	0	0	0	191.00
192.00	19200	Physicians' Private Offices	0	0	0	0	278,429	192.00
194.00	07950	MARKETING	152,161	16,633	0	3,945	0	194.00
194.02	07952	COMMUNITY RELATIONS	35,879	14,253	0	3,380	0	194.02
194.03	07953	SENIOR CENTER	6,557	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	22,421	35,590	0	8,440	0	194.04
194.05	07955	POB	576,018	2,637,744	2,057	625,554	0	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
194.08	07958	HOSPICE	39,570	199,967	0	47,423	50,439	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	11,099,699	7,216,331	644,384	1,681,161	2,406,249	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B Part I Date/Time Prepared: 11/17/2014 8:51 am

Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library		
		11.00	13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
4.00	00400	Employee Benefits DEPARTMENT					4.00	
5.00	00500	Administrative & General					5.00	
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	657,457				11.00	
13.00	01300	Nursing Administration	14,322	1,180,730			13.00	
14.00	01400	Central Services & Supply	9,021	0	747,155		14.00	
15.00	01500	Pharmacy	22,896	0	0	1,834,991	15.00	
16.00	01600	Medical Records & Library	23,212	0	0	0	1,402,570	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	2,158	0	0	0	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	194,531	457,682	0	0	265,168	30.00
31.00	03100	Intensive Care Unit	39,970	148,362	0	0	46,395	31.00
40.00	04000	SUBPROVIDER - IPF	25,946	48,035	0	0	43,999	40.00
41.00	04100	SUBPROVIDER - IRF	28,178	67,927	0	0	14,393	41.00
43.00	04300	Nursery	16,461	64,887	0	0	11,071	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	52,804	109,100	0	0	103,315	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	3,441	13,203	0	0	12,403	50.01
51.00	05100	Recovery Room	7,719	29,794	0	0	22,507	51.00
52.00	05200	Labor Room & Delivery Room	27,527	89,990	0	0	22,517	52.00
53.00	05300	Anesthesiology	4,743	1,911	0	0	24,310	53.00
54.00	05400	Radiology - Diagnostic	27,118	0	0	0	31,088	54.00
56.00	05600	Radiosotope	2,269	0	0	0	13,260	56.00
56.01	03630	ULTRA SOUND	9,263	0	0	0	29,512	56.01
57.00	05700	CT Scan	3,367	3,214	0	0	77,611	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	2,623	0	0	0	15,618	58.00
59.00	05900	Cardiac Catheterization	10,007	9,121	0	0	51,136	59.00
60.00	06000	Laboratory	22,282	87	0	0	135,582	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	8,820	63.00
65.00	06500	Respiratory Therapy	17,521	0	0	0	20,890	65.00
66.00	06600	Physical Therapy	17,837	0	0	0	26,103	66.00
67.00	06700	Occupational Therapy	10,825	0	0	0	17,230	67.00
68.00	06800	Speech Pathology	2,269	0	0	0	3,191	68.00
69.00	06900	Electrocardiology	6,361	0	0	0	21,794	69.00
70.00	07000	Electroencephalography	484	0	0	0	872	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	365,882	0	31,212	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	381,273	0	29,708	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	1,834,991	201,944	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,616	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	44,267	137,417	0	0	118,305	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	649,422	1,180,730	747,155	1,834,991	1,402,570	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
191.00	19100	Research	0	0	0	0	0	191.00
192.00	19200	Physicians' Private Offices	0	0	0	0	0	192.00
194.00	07950	MARKETING	4,724	0	0	0	0	194.00
194.02	07952	COMMUNITY RELATIONS	1,860	0	0	0	0	194.02
194.03	07953	SENIOR CENTER	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	1,451	0	0	0	0	194.04
194.05	07955	POB	0	0	0	0	0	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
194.08	07958	HOSPICE	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	657,457	1,180,730	747,155	1,834,991	1,402,570	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B
Part I
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		Services-Salary & Fringes	Services-Other Prgrm Costs				
		21.00	22.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits DEPARTMENT					4.00
5.00	00500	Administrative & General					5.00
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
21.00	02100	I&R Services-Salary & Fringes Apprvd	25,820				21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	203			22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	25,820	203	13,212,458	-26,023	30.00
31.00	03100	Intensive Care Unit	0	0	3,339,496	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,152,126	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,699,003	0	41.00
43.00	04300	Nursery	0	0	1,645,083	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	5,331,444	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	532,577	0	50.01
51.00	05100	Recovery Room	0	0	749,956	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	2,644,160	0	52.00
53.00	05300	Anesthesiology	0	0	247,125	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	2,241,159	0	54.00
56.00	05600	Radiisotope	0	0	258,978	0	56.00
56.01	03630	ULTRA SOUND	0	0	735,717	0	56.01
57.00	05700	CT Scan	0	0	354,988	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	273,467	0	58.00
59.00	05900	Cardiac Catheterization	0	0	1,066,045	0	59.00
60.00	06000	Laboratory	0	0	3,020,158	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	271,809	0	63.00
65.00	06500	Respiratory Therapy	0	0	786,920	0	65.00
66.00	06600	Physical Therapy	0	0	1,318,782	0	66.00
67.00	06700	Occupational Therapy	0	0	608,172	0	67.00
68.00	06800	Speech Pathology	0	0	180,197	0	68.00
69.00	06900	Electrocardiology	0	0	491,751	0	69.00
70.00	07000	Electroencephalography	0	0	20,475	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	2,998,370	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	3,121,929	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	4,118,772	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	328,656	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	0	0	3,892,383	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	25,820	203	58,642,156	-26,023	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	23,531	0	190.00
191.00	19100	Research	0	0	0	0	191.00
192.00	19200	Physicians' Private Offices	0	0	278,429	0	192.00
194.00	07950	MARKETING	0	0	953,017	0	194.00
194.02	07952	COMMUNITY RELATIONS	0	0	238,244	0	194.02
194.03	07953	SENIOR CENTER	0	0	39,975	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	0	182,181	0	194.04
194.05	07955	POB	0	0	6,777,287	0	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	194.07
194.08	07958	HOSPICE	0	0	539,083	0	194.08
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	25,820	203	67,673,903	-26,023	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	Employee Benefits DEPARTMENT
		Bldg & Fixt	Mvble Equip		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	Cap Rel Costs-Bldg & Fixt				1.00
2.00 00200	Cap Rel Costs-Mvble Equip				2.00
4.00 00400	Employee Benefits DEPARTMENT	0	0	0	0 4.00
5.00 00500	Administrative & General	0	298,504	299,917	0 5.00
7.00 00700	Operation of Plant	0	618,534	621,461	0 7.00
8.00 00800	Laundry & Linen Service	0	24,463	24,579	0 8.00
9.00 00900	Housekeeping	0	39,660	39,848	0 9.00
10.00 01000	Dietary	0	156,145	156,884	0 10.00
11.00 01100	Cafeteria	0	0	0	0 11.00
13.00 01300	Nursing Administration	0	22,068	22,173	0 13.00
14.00 01400	Central Services & Supply	0	30,194	30,337	0 14.00
15.00 01500	Pharmacy	0	29,410	29,549	0 15.00
16.00 01600	Medical Records & Library	0	46,702	46,923	0 16.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0 21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	Adults & Pediatrics	0	340,031	341,640	0 30.00
31.00 03100	Intensive Care Unit	0	98,893	99,361	0 31.00
40.00 04000	SUBPROVIDER - IPF	0	84,894	85,296	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	182,518	183,382	0 41.00
43.00 04300	Nursery	0	71,935	72,276	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	Operating Room	0	182,618	183,482	0 50.00
50.01 03340	GASTRO INTESTINAL SERVICES	0	26,801	26,928	0 50.01
51.00 05100	Recovery Room	0	19,673	19,766	0 51.00
52.00 05200	Labor Room & Delivery Room	0	180,451	181,305	0 52.00
53.00 05300	Anesthesiology	0	5,674	5,701	0 53.00
54.00 05400	Radiology - Diagnostic	0	148,675	149,378	0 54.00
56.00 05600	Radiolotope	0	11,048	11,101	0 56.00
56.01 03630	ULTRA SOUND	0	8,411	8,451	0 56.01
57.00 05700	CT Scan	0	11,832	11,888	0 57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	0	10,792	10,843	0 58.00
59.00 05900	Cardiac Catheterization	0	49,739	49,974	0 59.00
60.00 06000	Laboratory	0	94,887	95,336	0 60.00
63.00 06300	Blood Storing, Processing, & Trans.	0	3,949	3,968	0 63.00
65.00 06500	Respiratory Therapy	0	8,468	8,508	0 65.00
66.00 06600	Physical Therapy	0	83,340	83,734	0 66.00
67.00 06700	Occupational Therapy	0	0	0	0 67.00
68.00 06800	Speech Pathology	0	6,672	6,703	0 68.00
69.00 06900	Electrocardiology	0	29,381	29,520	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	Implantable Devices Chrgd to Patient	0	0	0	0 72.00
73.00 07300	Drugs Charged to Patients	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	Emergency	0	157,485	158,230	0 91.00
92.00 09200	Observation Beds (Non-Distinct Part)				0 92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (sum of lines 1-117)	0	3,083,847	3,098,442	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	2,637	2,650	0 190.00
191.00 19100	Research	0	0	0	0 191.00
192.00 19200	Physicians' Private Offices	0	0	0	0 192.00
194.00 07950	MARKETING	0	8,368	8,408	0 194.00
194.02 07952	COMMUNITY RELATIONS	0	7,171	7,205	0 194.02
194.03 07953	SENIOR CENTER	0	0	0	0 194.03
194.04 07954	PHYSICIAN CLINICS	0	17,905	17,990	0 194.04
194.05 07955	POB	0	1,327,052	1,333,330	0 194.05
194.06 07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0 194.06
194.07 07957	GUEST TRAYS & CATERING MEALS	0	0	0	0 194.07
194.08 07958	HOSPICE	0	100,604	101,080	0 194.08
200.00	Cross Foot Adjustments				0 200.00
201.00	Negative Cost Centers				0 201.00
202.00	TOTAL (sum lines 118-201)	0	4,547,584	4,569,105	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/17/2014 8:51 am				
Cost Center Description		Administrative & General	Operation of Plant	Laundry & Linen Service	Housekeeping	Dietary		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-MVble Equip					2.00	
4.00	00400	Employee Benefits DEPARTMENT					4.00	
5.00	00500	Administrative & General	598,421				5.00	
7.00	00700	Operation of Plant	63,814	1,303,809			7.00	
8.00	00800	Laundry & Linen Service	5,268	8,785	63,095		8.00	
9.00	00900	Housekeeping	14,105	14,243	715	108,571	9.00	
10.00	01000	Dietary	17,883	56,075	0	4,753	391,740	10.00
11.00	01100	Cafeteria	0	0	0	0	107,035	11.00
13.00	01300	Nursing Administration	9,835	7,925	0	672	0	13.00
14.00	01400	Central Services & Supply	5,871	10,843	0	919	0	14.00
15.00	01500	Pharmacy	15,385	10,562	0	895	0	15.00
16.00	01600	Medical Records & Library	11,182	16,772	0	1,422	0	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	209	0	0	0	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	1	0	13	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	89,805	122,113	30,520	10,351	156,841	30.00
31.00	03100	Intensive Care Unit	23,954	35,515	3,634	3,011	18,834	31.00
40.00	04000	SUBPROVIDER - I PF	14,080	30,487	4,226	2,584	30,939	40.00
41.00	04100	SUBPROVIDER - IRF	17,307	65,546	3,110	5,556	24,551	41.00
43.00	04300	Nursery	12,166	25,834	0	2,190	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	40,362	65,582	5,181	5,559	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	3,870	9,625	0	816	0	50.01
51.00	05100	Recovery Room	5,498	7,065	1,944	599	0	51.00
52.00	05200	Labor Room & Delivery Room	18,220	64,804	0	5,493	0	52.00
53.00	05300	Anesthesiology	1,788	2,038	0	173	0	53.00
54.00	05400	Radiology - Diagnostic	15,687	53,392	4,248	4,526	0	54.00
56.00	05600	Radiotope	1,913	3,968	0	336	0	56.00
56.01	03630	ULTRA SOUND	5,980	3,021	0	256	0	56.01
57.00	05700	CT Scan	2,137	4,249	0	360	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	2,022	3,876	0	329	0	58.00
59.00	05900	Cardiac Catheterization	7,724	17,862	0	1,514	0	59.00
60.00	06000	Laboratory	23,246	34,076	11	2,889	0	60.00
63.00	06300	Food Storing, Processing, & Trans.	2,240	1,418	0	120	0	63.00
65.00	06500	Respiratory Therapy	6,384	3,041	559	258	0	65.00
66.00	06600	Physical Therapy	9,196	29,929	2,941	2,537	0	66.00
67.00	06700	Occupational Therapy	5,123	0	74	0	0	67.00
68.00	06800	Speech Pathology	1,400	2,396	0	203	0	68.00
69.00	06900	Electrocardiology	3,461	10,551	0	894	0	69.00
70.00	07000	Electroencephalography	169	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	23,003	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	23,973	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	18,410	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,883	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	27,827	56,556	5,718	4,794	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	553,381	778,149	62,894	64,009	338,200	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	151	947	0	80	0	190.00
191.00	19100	Research	0	0	0	0	0	191.00
192.00	19200	Physicians' Private Offices	0	0	0	0	45,329	192.00
194.00	07950	MARKETING	8,204	3,005	0	255	0	194.00
194.02	07952	COMMUNITY RELATIONS	1,934	2,575	0	218	0	194.02
194.03	07953	SENIOR CENTER	353	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	1,209	6,430	0	545	0	194.04
194.05	07955	POB	31,056	476,574	201	40,401	0	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
194.08	07958	HOSPICE	2,133	36,129	0	3,063	8,211	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	598,421	1,303,809	63,095	108,571	391,740	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140240		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/17/2014 8:51 am	
Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits DEPARTMENT					4.00
5.00	00500	Administrative & General					5.00
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	107,035				11.00
13.00	01300	Nursing Administration	2,332	65,005			13.00
14.00	01400	Central Services & Supply	1,469	0	79,633		14.00
15.00	01500	Pharmacy	3,728	0	0	89,529	15.00
16.00	01600	Medical Records & Library	3,779	0	0	0	126,780
21.00	02100	I&R Services-Salary & Fringes Apprvd	351	0	0	0	0
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	31,670	25,198	0	0	23,928
31.00	03100	Intensive Care Unit	6,507	8,168	0	0	4,195
40.00	04000	SUBPROVIDER - IPF	4,224	2,645	0	0	3,979
41.00	04100	SUBPROVIDER - IRF	4,587	3,740	0	0	1,302
43.00	04300	Nursery	2,680	3,572	0	0	1,001
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	8,597	6,006	0	0	9,343
50.01	03340	GASTRO INTESTINAL SERVICES	560	727	0	0	1,122
51.00	05100	Recovery Room	1,257	1,640	0	0	2,035
52.00	05200	Labor Room & Delivery Room	4,481	4,954	0	0	2,036
53.00	05300	Anesthesiology	772	105	0	0	2,198
54.00	05400	Radiology - Diagnostic	4,415	0	0	0	2,811
56.00	05600	Radiology - Diagnostic	369	0	0	0	1,199
56.01	03630	ULTRA SOUND	1,508	0	0	0	2,669
57.00	05700	CT Scan	548	177	0	0	7,018
58.00	05800	Magnetic Resonance Imaging (MRI)	427	0	0	0	1,412
59.00	05900	Cardiac Catheterization	1,629	502	0	0	4,624
60.00	06000	Laboratory	3,628	5	0	0	12,260
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	798
65.00	06500	Respiratory Therapy	2,852	0	0	0	1,889
66.00	06600	Physical Therapy	2,904	0	0	0	2,360
67.00	06700	Occupational Therapy	1,762	0	0	0	1,558
68.00	06800	Speech Pathology	369	0	0	0	289
69.00	06900	Electrocardiology	1,036	0	0	0	1,971
70.00	07000	Electroencephalography	79	0	0	0	79
71.00	07100	Medical Supplies Charged to Patients	0	0	38,996	0	2,822
72.00	07200	Implantable Devices Chrgd to Patient	0	0	40,637	0	2,686
73.00	07300	Drugs Charged to Patients	0	0	0	89,529	18,261
74.00	07400	RENAL DIALYSIS	0	0	0	0	237
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	7,207	7,566	0	0	10,698
92.00	09200	Observation Beds (Non-Distinct Part)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	105,727	65,005	79,633	89,529	126,780
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0
191.00	19100	Research	0	0	0	0	0
192.00	19200	Physicians' Private Offices	0	0	0	0	0
194.00	07950	MARKETING	769	0	0	0	0
194.02	07952	COMMUNITY RELATIONS	303	0	0	0	0
194.03	07953	SENIOR CENTER	0	0	0	0	0
194.04	07954	PHYSICIAN CLINICS	236	0	0	0	0
194.05	07955	POB	0	0	0	0	0
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	0
194.08	07958	HOSPICE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	107,035	65,005	79,633	89,529	126,780

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		Servi ces-Sal ar y & Fringes	Servi ces-Other Prgrm Costs					
		21.00	22.00					24.00
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
4.00	00400	Employee Benefits DEPARTMENT					4.00	
5.00	00500	Administrative & General					5.00	
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	
21.00	02100	I&R Services-Salary & Fringes Apprvd	560				21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd		14			22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics		1,172,097	0	1,172,097	30.00	
31.00	03100	Intensive Care Unit		302,072	0	302,072	31.00	
40.00	04000	SUBPROVIDER - IPF		263,354	0	263,354	40.00	
41.00	04100	SUBPROVIDER - IRF		491,599	0	491,599	41.00	
43.00	04300	Nursery		191,654	0	191,654	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room		506,730	0	506,730	50.00	
50.01	03340	GASTRO INTESTINAL SERVICES		70,449	0	70,449	50.01	
51.00	05100	Recovery Room		59,477	0	59,477	51.00	
52.00	05200	Labor Room & Delivery Room		461,744	0	461,744	52.00	
53.00	05300	Anesthesiology		18,449	0	18,449	53.00	
54.00	05400	Radiology - Diagnostic		383,132	0	383,132	54.00	
56.00	05600	Radi isotope		29,934	0	29,934	56.00	
56.01	03630	ULTRA SOUND		30,296	0	30,296	56.01	
57.00	05700	CT Scan		38,209	0	38,209	57.00	
58.00	05800	Magnetic Resonance Imaging (MRI)		29,701	0	29,701	58.00	
59.00	05900	Cardiac Catheterization		133,568	0	133,568	59.00	
60.00	06000	Laboratory		266,338	0	266,338	60.00	
63.00	06300	Blood Storing, Processing, & Trans.		12,493	0	12,493	63.00	
65.00	06500	Respiratory Therapy		31,959	0	31,959	65.00	
66.00	06600	Physical Therapy		216,941	0	216,941	66.00	
67.00	06700	Occupational Therapy		8,517	0	8,517	67.00	
68.00	06800	Speech Pathology		18,032	0	18,032	68.00	
69.00	06900	Electrocardiology		76,814	0	76,814	69.00	
70.00	07000	Electroencephalography		327	0	327	70.00	
71.00	07100	Medical Supplies Charged to Patients		64,821	0	64,821	71.00	
72.00	07200	Implantable Devices Chrgd to Patient		67,296	0	67,296	72.00	
73.00	07300	Drugs Charged to Patients		126,200	0	126,200	73.00	
74.00	07400	RENAL DIALYSIS		3,120	0	3,120	74.00	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency		436,081	0	436,081	91.00	
92.00	09200	Observation Beds (Non-Distinct Part)			0		92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	0	0	5,511,404	0	5,511,404	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen		6,465	0	6,465	190.00	
191.00	19100	Research		0	0	0	191.00	
192.00	19200	Physicians' Private Offices		45,329	0	45,329	192.00	
194.00	07950	MARKETING		29,009	0	29,009	194.00	
194.02	07952	COMMUNITY RELATIONS		19,406	0	19,406	194.02	
194.03	07953	SENIOR CENTER		353	0	353	194.03	
194.04	07954	PHYSICIAN CLINICS		44,315	0	44,315	194.04	
194.05	07955	POB		3,208,614	0	3,208,614	194.05	
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR		0	0	0	194.06	
194.07	07957	GUEST TRAYS & CATERING MEALS		0	0	0	194.07	
194.08	07958	HOSPICE		251,220	0	251,220	194.08	
200.00		Cross Foot Adjustments	560	14	574	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	560	14	9,116,689	0	9,116,689	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140240

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

Worksheet B-1
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description	CAPITAL RELATED COSTS		Employee Benefits DEPARTMENT (GROSS SALARIES)	Reconciliation	Administrative & General (Accum. Cost)	
	Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt	318,997				1.00
2.00 00200	Cap Rel Costs-Mvble Equip		318,997			2.00
4.00 00400	Employee Benefits DEPARTMENT	0	0	31,778,812		4.00
5.00 00500	Administrative & General	20,939	20,939	5,606,041	-11,099,699	5.00
7.00 00700	Operation of Plant	43,388	43,388	994,055	0	7.00
8.00 00800	Laundry & Linen Service	1,716	1,716	0	0	8.00
9.00 00900	Housekeeping	2,782	2,782	793,701	0	9.00
10.00 01000	Dietary	10,953	10,953	845,880	0	10.00
11.00 01100	Cafeteria	0	0	0	0	11.00
13.00 01300	Nursing Administration	1,548	1,548	706,361	0	13.00
14.00 01400	Central Services & Supply	2,118	2,118	210,134	0	14.00
15.00 01500	Pharmacy	2,063	2,063	1,106,935	0	15.00
16.00 01600	Medical Records & Library	3,276	3,276	616,132	0	16.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	0	0	16,457	0	21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	23,852	23,852	6,457,359	0	30.00
31.00 03100	Intensive Care Unit	6,937	6,937	1,579,754	0	31.00
40.00 04000	SUBPROVIDER - IPF	5,955	5,955	925,924	0	40.00
41.00 04100	SUBPROVIDER - IRF	12,803	12,803	950,469	0	41.00
43.00 04300	Nursery	5,046	5,046	772,867	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	12,810	12,810	2,038,176	0	50.00
50.01 03340	GASTRO INTESTINAL SERVICES	1,880	1,880	197,224	0	50.01
51.00 05100	Recovery Room	1,380	1,380	398,495	0	51.00
52.00 05200	Labor Room & Delivery Room	12,658	12,658	1,082,113	0	52.00
53.00 05300	Anesthesiology	398	398	109,861	0	53.00
54.00 05400	Radiology - Diagnostic	10,429	10,429	897,138	0	54.00
56.00 05600	Radiisotope	775	775	122,445	0	56.00
56.01 03630	ULTRA SOUND	590	590	447,285	0	56.01
57.00 05700	CT Scan	830	830	139,072	0	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	757	757	131,669	0	58.00
59.00 05900	Cardiac Catheterization	3,489	3,489	509,948	0	59.00
60.00 06000	Laboratory	6,656	6,656	400	0	60.00
63.00 06300	Blood Storing, Processing, & Trans.	277	277	0	0	63.00
65.00 06500	Respiratory Therapy	594	594	576,687	0	65.00
66.00 06600	Physical Therapy	5,846	5,846	617,202	0	66.00
67.00 06700	Occupational Therapy	0	0	404,612	0	67.00
68.00 06800	Speech Pathology	468	468	89,747	0	68.00
69.00 06900	Electrocardiology	2,061	2,061	218,522	0	69.00
70.00 07000	Electroencephalography	0	0	13,148	0	70.00
71.00 07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00 07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00 07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	Emergency	11,047	11,047	1,779,351	0	91.00
92.00 09200	Observation Beds (Non-Distinct Part)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	216,321	216,321	31,355,164	-11,099,699	52,316,233 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	185	185	0	0	14,250 190.00
191.00 19100	Research	0	0	0	0	0 191.00
192.00 19200	Physicians' Private Offices	0	0	0	0	0 192.00
194.00 07950	MARKETING	587	587	224,094	0	775,554 194.00
194.02 07952	COMMUNITY RELATIONS	503	503	135,809	0	182,872 194.02
194.03 07953	SENIOR CENTER	0	0	0	0	33,418 194.03
194.04 07954	PHYSICIAN CLINICS	1,256	1,256	63,745	0	114,279 194.04
194.05 07955	POB	93,088	93,088	0	0	2,935,914 194.05
194.06 07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0 194.06
194.07 07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	0 194.07
194.08 07958	HOSPICE	7,057	7,057	0	0	201,684 194.08
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,547,584	4,569,105	6,419,104		11,099,699 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.255883	14.323348	0.201993		0.196197 203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140240

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

Worksheet B-1

Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		CAPITAL RELATED COSTS		Employee Benefits DEPARTMENT (GROSS SALARIES)	Reconciliation	Administrative & General (Accum. Cost)	
		Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)				
		1.00	2.00				
204.00	Cost to be allocated (per Wkst. B, Part II)			0		598,421	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.010578	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140240

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

Worksheet B-1

Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		Operation of Plant (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (Square Feet)	Dietary (Meals Served)	Cafeteria (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits DEPARTMENT					4.00
5.00	00500	Administrative & General					5.00
7.00	00700	Operation of Plant	254,670				7.00
8.00	00800	Laundry & Linen Service	1,716	431,403			8.00
9.00	00900	Housekeeping	2,782	4,888	250,172		9.00
10.00	01000	Dietary	10,953	0	10,953	216,540	10.00
11.00	01100	Cafeteria	0	0	0	59,165	35,348 11.00
13.00	01300	Nursing Administration	1,548	0	1,548	0	770 13.00
14.00	01400	Central Services & Supply	2,118	0	2,118	0	485 14.00
15.00	01500	Pharmacy	2,063	0	2,063	0	1,231 15.00
16.00	01600	Medical Records & Library	3,276	0	3,276	0	1,248 16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0	116 21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	91	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	23,852	208,669	23,852	86,696	10,459 30.00
31.00	03100	Intensive Care Unit	6,937	24,848	6,937	10,411	2,149 31.00
40.00	04000	SUBPROVIDER - I PF	5,955	28,894	5,955	17,102	1,395 40.00
41.00	04100	SUBPROVIDER - I RF	12,803	21,265	12,803	13,571	1,515 41.00
43.00	04300	Nursery	5,046	0	5,046	0	885 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	12,810	35,425	12,810	0	2,839 50.00
50.01	03340	GASTRO INTESTINAL SERVICES	1,880	0	1,880	0	185 50.01
51.00	05100	Recovery Room	1,380	13,295	1,380	0	415 51.00
52.00	05200	Labor Room & Delivery Room	12,658	0	12,658	0	1,480 52.00
53.00	05300	Anesthesiology	398	0	398	0	255 53.00
54.00	05400	Radiology - Diagnostic	10,429	29,044	10,429	0	1,458 54.00
56.00	05600	Radiotope	775	0	775	0	122 56.00
56.01	03630	ULTRA SOUND	590	0	590	0	498 56.01
57.00	05700	CT Scan	830	0	830	0	181 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	757	0	757	0	141 58.00
59.00	05900	Cardiac Catheterization	3,489	0	3,489	0	538 59.00
60.00	06000	Laboratory	6,656	74	6,656	0	1,198 60.00
63.00	06300	Blood Storing, Processing, & Trans.	277	0	277	0	0 63.00
65.00	06500	Respiratory Therapy	594	3,824	594	0	942 65.00
66.00	06600	Physical Therapy	5,846	20,106	5,846	0	959 66.00
67.00	06700	Occupational Therapy	0	504	0	0	582 67.00
68.00	06800	Speech Pathology	468	0	468	0	122 68.00
69.00	06900	Electrocardiology	2,061	0	2,061	0	342 69.00
70.00	07000	Electroencephalography	0	0	0	0	26 70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0 71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	0 72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	11,047	39,099	11,047	0	2,380 91.00
92.00	09200	Observation Beds (Non-Distinct Part)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	151,994	430,026	147,496	186,945	34,916 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	185	0	185	0	0 190.00
191.00	19100	Research	0	0	0	0	0 191.00
192.00	19200	Physicians' Private Offices	0	0	0	25,056	0 192.00
194.00	07950	MARKETING	587	0	587	0	254 194.00
194.02	07952	COMMUNITY RELATIONS	503	0	503	0	100 194.02
194.03	07953	SENIOR CENTER	0	0	0	0	0 194.03
194.04	07954	PHYSICIAN CLINICS	1,256	0	1,256	0	78 194.04
194.05	07955	POB	93,088	1,377	93,088	0	0 194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0 194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	0 194.07
194.08	07958	HOSPICE	7,057	0	7,057	4,539	0 194.08
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)	7,216,331	644,384	1,681,161	2,406,249	657,457 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.336007	1.493694	6.720021	11.112261	18.599553 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,303,809	63,095	108,571	391,740	107,035 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.119602	0.146255	0.433985	1.809088	3.028036 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140240

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

Worksheet B-1
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description	Nursing Administration	Central Services & Supply	Pharmacy (Costed Requi s.)	Medical Records & Library (GROSS CHARGES)	INTERNS & RESIDENTS		
	(Direct Nurs. Hrs. (FTES))	(Costed Requi s.)			Services-Salary & Fringes (Assigned Time)		
	13.00	14.00	15.00	16.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 Cap Rel Costs-Bldg & Fixt						1.00	
2.00 00200 Cap Rel Costs-Mvble Equip						2.00	
4.00 00400 Employee Benefits DEPARTMENT						4.00	
5.00 00500 Administrative & General						5.00	
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	13,593					13.00	
14.00 01400 Central Services & Supply	0	10,000				14.00	
15.00 01500 Pharmacy	0	0	1,000			15.00	
16.00 01600 Medical Records & Library	0	0	0	322,728,027		16.00	
21.00 02100 I&R Services-Salary & Fringes Apprvd	0	0	0	0	127	21.00	
22.00 02200 I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 Adults & Pediatrics	5,269	0	0	61,015,428	127	30.00	
31.00 03100 Intensive Care Unit	1,708	0	0	10,675,276	0	31.00	
40.00 04000 SUBPROVIDER - I PF	553	0	0	10,123,946	0	40.00	
41.00 04100 SUBPROVIDER - IRF	782	0	0	3,311,772	0	41.00	
43.00 04300 Nursery	747	0	0	2,547,331	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 Operating Room	1,256	0	0	23,772,397	0	50.00	
50.01 03340 GASTRO INTESTINAL SERVICES	152	0	0	2,853,832	0	50.01	
51.00 05100 Recovery Room	343	0	0	5,178,817	0	51.00	
52.00 05200 Labor Room & Delivery Room	1,036	0	0	5,181,186	0	52.00	
53.00 05300 Anesthesiology	22	0	0	5,593,591	0	53.00	
54.00 05400 Radiology - Diagnostic	0	0	0	7,153,252	0	54.00	
56.00 05600 Radi isotope	0	0	0	3,051,078	0	56.00	
56.01 03630 ULTRA SOUND	0	0	0	6,790,581	0	56.01	
57.00 05700 CT Scan	37	0	0	17,857,964	0	57.00	
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0	0	3,593,670	0	58.00	
59.00 05900 Cardiac Catheterization	105	0	0	11,766,293	0	59.00	
60.00 06000 Laboratory	1	0	0	31,196,861	0	60.00	
63.00 06300 Blood Storing, Processing, & Trans.	0	0	0	2,029,454	0	63.00	
65.00 06500 Respiratory Therapy	0	0	0	4,806,764	0	65.00	
66.00 06600 Physical Therapy	0	0	0	6,006,211	0	66.00	
67.00 06700 Occupational Therapy	0	0	0	3,964,619	0	67.00	
68.00 06800 Speech Pathology	0	0	0	734,249	0	68.00	
69.00 06900 Electrocardiology	0	0	0	5,014,804	0	69.00	
70.00 07000 Electroencephalography	0	0	0	200,741	0	70.00	
71.00 07100 Medical Supplies Charged to Patients	0	4,897	0	7,181,802	0	71.00	
72.00 07200 Implantable Devices Chrgd to Patient	0	5,103	0	6,835,819	0	72.00	
73.00 07300 Drugs Charged to Patients	0	0	1,000	46,466,675	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	602,032	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 Emergency	1,582	0	0	27,221,582	0	91.00	
92.00 09200 Observation Beds (Non-Distinct Part)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (sum of lines 1-117)	13,593	10,000	1,000	322,728,027	127	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00	
191.00 19100 Research	0	0	0	0	0	191.00	
192.00 19200 Physicians' Private Offices	0	0	0	0	0	192.00	
194.00 07950 MARKETING	0	0	0	0	0	194.00	
194.02 07952 COMMUNITY RELATIONS	0	0	0	0	0	194.02	
194.03 07953 SENIOR CENTER	0	0	0	0	0	194.03	
194.04 07954 PHYSICIAN CLINICS	0	0	0	0	0	194.04	
194.05 07955 POB	0	0	0	0	0	194.05	
194.06 07956 TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06	
194.07 07957 GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07	
194.08 07958 HOSPICE	0	0	0	0	0	194.08	
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)	1,180,730	747,155	1,834,991	1,402,570	25,820	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	86.863091	74.715500	1,834.991000	0.004346	203.307087	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140240

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

Worksheet B-1

Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		Nursing Administration (Direct Nurs. Hrs. (FTES))	Central Services & Supply (Costed Requi s.)	Pharmacy (Costed Requi s.)	Medical Records & Library (GROSS CHARGES)	INTERNS & RESIDENTS Services-Salary & Fringes (Assigned Time)	
		13.00	14.00	15.00	16.00	21.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	65,005	79,633	89,529	126,780	560	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.782241	7.963300	89.529000	0.000393	4.409449	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140240

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

Worksheet B-1

Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		INTERNS & RESIDENTS	
		Services-Other Prgrm Costs (Assigned Time)	
		22.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 Cap Rel Costs-Bldg & Fixt		1.00
2.00	00200 Cap Rel Costs-Mvble Equip		2.00
4.00	00400 Employee Benefits DEPARTMENT		4.00
5.00	00500 Administrative & General		5.00
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
21.00	02100 I&R Services-Salary & Fringes Apprvd		21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd	127	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 Adults & Pediatrics	127	30.00
31.00	03100 Intensive Care Unit	0	31.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
43.00	04300 Nursery	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 Operating Room	0	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	50.01
51.00	05100 Recovery Room	0	51.00
52.00	05200 Labor Room & Delivery Room	0	52.00
53.00	05300 Anesthesiology	0	53.00
54.00	05400 Radiology - Diagnostic	0	54.00
56.00	05600 Radiosotope	0	56.00
56.01	03630 ULTRA SOUND	0	56.01
57.00	05700 CT Scan	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	58.00
59.00	05900 Cardiac Catheterization	0	59.00
60.00	06000 Laboratory	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	63.00
65.00	06500 Respiratory Therapy	0	65.00
66.00	06600 Physical Therapy	0	66.00
67.00	06700 Occupational Therapy	0	67.00
68.00	06800 Speech Pathology	0	68.00
69.00	06900 Electrocardiology	0	69.00
70.00	07000 Electroencephalography	0	70.00
71.00	07100 Medical Supplies Charged to Patients	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	72.00
73.00	07300 Drugs Charged to Patients	0	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 Emergency	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (sum of lines 1-117)	127	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	190.00
191.00	19100 Research	0	191.00
192.00	19200 Physicians' Private Offices	0	192.00
194.00	07950 MARKETING	0	194.00
194.02	07952 COMMUNITY RELATIONS	0	194.02
194.03	07953 SENIOR CENTER	0	194.03
194.04	07954 PHYSICIAN CLINICS	0	194.04
194.05	07955 POB	0	194.05
194.06	07956 TRITON HLTH CAREER SCHOLARSHIP PROGR	0	194.06
194.07	07957 GUEST TRAYS & CATERING MEALS	0	194.07
194.08	07958 HOSPICE	0	194.08
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)	203	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.598425	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	14	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140240

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

Worksheet B-1

Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		INTERNS & RESIDENTS		
		Services-Other Prgrm Costs (Assigned Time) 22.00		
205.00	Unit cost multiplier (Wkst. B, Part 11)	0.110236		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240

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

Worksheet C
Part I
Date/Time Prepared:
11/17/2014 8:51 am

		Title XVIIII		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	13,186,435		13,186,435	13,300	13,199,735	30.00
31.00	03100 Intensive Care Unit	3,339,496		3,339,496	204	3,339,700	31.00
40.00	04000 SUBPROVIDER - IPF	2,152,126		2,152,126	17,993	2,170,119	40.00
41.00	04100 SUBPROVIDER - IRF	2,699,003		2,699,003	15,331	2,714,334	41.00
43.00	04300 Nursery	1,645,083		1,645,083	0	1,645,083	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	5,331,444		5,331,444	23,300	5,354,744	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	532,577		532,577	0	532,577	50.01
51.00	05100 Recovery Room	749,956		749,956	0	749,956	51.00
52.00	05200 Labor Room & Delivery Room	2,644,160		2,644,160	0	2,644,160	52.00
53.00	05300 Anesthesiology	247,125		247,125	0	247,125	53.00
54.00	05400 Radiology - Diagnostic	2,241,159		2,241,159	0	2,241,159	54.00
56.00	05600 Radiosotope	258,978		258,978	0	258,978	56.00
56.01	03630 ULTRA SOUND	735,717		735,717	0	735,717	56.01
57.00	05700 CT Scan	354,988		354,988	0	354,988	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	273,467		273,467	0	273,467	58.00
59.00	05900 Cardiac Catheterization	1,066,045		1,066,045	12,655	1,078,700	59.00
60.00	06000 Laboratory	3,020,158		3,020,158	0	3,020,158	60.00
63.00	06300 Blood Storing, Processing, & Trans.	271,809		271,809	0	271,809	63.00
65.00	06500 Respiratory Therapy	786,920	0	786,920	204	787,124	65.00
66.00	06600 Physical Therapy	1,318,782	0	1,318,782	0	1,318,782	66.00
67.00	06700 Occupational Therapy	608,172	0	608,172	0	608,172	67.00
68.00	06800 Speech Pathology	180,197	0	180,197	0	180,197	68.00
69.00	06900 Electrocardiology	491,751		491,751	0	491,751	69.00
70.00	07000 Electroencephalography	20,475		20,475	0	20,475	70.00
71.00	07100 Medical Supplies Charged to Patients	2,998,370		2,998,370	0	2,998,370	71.00
72.00	07200 Implantable Devices Chrgd to Patient	3,121,929		3,121,929	0	3,121,929	72.00
73.00	07300 Drugs Charged to Patients	4,118,772		4,118,772	0	4,118,772	73.00
74.00	07400 RENAL DIALYSIS	328,656		328,656	0	328,656	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 Emergency	3,892,383		3,892,383	360	3,892,743	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	705,648		705,648		705,648	92.00
200.00	Subtotal (see instructions)	59,321,781	0	59,321,781	83,347	59,405,128	200.00
201.00	Less Observation Beds	705,648		705,648		705,648	201.00
202.00	Total (see instructions)	58,616,133	0	58,616,133	83,347	58,699,480	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240

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

Worksheet C
Part I
Date/Time Prepared:
11/17/2014 8:51 am

		Title XVII			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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	57,852,039		57,852,039		30.00
31.00	03100	Intensive Care Unit	10,675,276		10,675,276		31.00
40.00	04000	SUBPROVIDER - IPF	10,123,946		10,123,946		40.00
41.00	04100	SUBPROVIDER - IRF	3,311,772		3,311,772		41.00
43.00	04300	Nursery	2,547,331		2,547,331		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	9,007,917	14,764,480	23,772,397	0.224270	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	903,460	1,950,372	2,853,832	0.186618	50.01
51.00	05100	Recovery Room	2,083,675	3,095,142	5,178,817	0.144812	51.00
52.00	05200	Labor Room & Delivery Room	4,823,025	358,161	5,181,186	0.510339	52.00
53.00	05300	Anesthesiology	2,030,708	3,562,883	5,593,591	0.044180	53.00
54.00	05400	Radiology - Diagnostic	2,121,607	5,031,645	7,153,252	0.313306	54.00
56.00	05600	Radiology - Diagnostic	1,292,942	1,758,136	3,051,078	0.084881	56.00
56.01	03630	ULTRA SOUND	1,575,768	5,214,813	6,790,581	0.108344	56.01
57.00	05700	CT Scan	6,789,843	11,068,121	17,857,964	0.019878	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	1,126,872	2,466,798	3,593,670	0.076097	58.00
59.00	05900	Cardiac Catheterization	8,541,796	3,224,497	11,766,293	0.090602	59.00
60.00	06000	Laboratory	21,691,394	9,505,467	31,196,861	0.096810	60.00
63.00	06300	Blood Storing, Processing, & Trans.	1,746,173	283,281	2,029,454	0.133932	63.00
65.00	06500	Respiratory Therapy	4,509,818	296,946	4,806,764	0.163711	65.00
66.00	06600	Physical Therapy	3,270,149	2,736,062	6,006,211	0.219570	66.00
67.00	06700	Occupational Therapy	3,570,008	394,611	3,964,619	0.153400	67.00
68.00	06800	Speech Pathology	729,949	4,300	734,249	0.245417	68.00
69.00	06900	Electrocardiology	2,631,800	2,383,004	5,014,804	0.098060	69.00
70.00	07000	Electroencephalography	162,712	38,029	200,741	0.101997	70.00
71.00	07100	Medical Supplies Charged to Patients	3,683,711	3,498,091	7,181,802	0.417495	71.00
72.00	07200	Implantable Devices Chrgd to Patient	4,180,681	2,655,138	6,835,819	0.456702	72.00
73.00	07300	Drugs Charged to Patients	34,709,978	11,756,697	46,466,675	0.088639	73.00
74.00	07400	RENAL DIALYSIS	582,780	19,252	602,032	0.545911	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	7,364,751	19,856,831	27,221,582	0.142989	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	591,519	2,571,870	3,163,389	0.223067	92.00
200.00		Subtotal (see instructions)	214,233,400	108,494,627	322,728,027		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	214,233,400	108,494,627	322,728,027		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/17/2014 8:51 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics			30.00
31.00	03100 Intensive Care Unit			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 Nursery			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0.225250		50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.186618		50.01
51.00	05100 Recovery Room	0.144812		51.00
52.00	05200 Labor Room & Delivery Room	0.510339		52.00
53.00	05300 Anesthesiology	0.044180		53.00
54.00	05400 Radiology - Diagnostic	0.313306		54.00
56.00	05600 Radioisotope	0.084881		56.00
56.01	03630 ULTRA SOUND	0.108344		56.01
57.00	05700 CT Scan	0.019878		57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.076097		58.00
59.00	05900 Cardiac Catheterization	0.091677		59.00
60.00	06000 Laboratory	0.096810		60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.133932		63.00
65.00	06500 Respiratory Therapy	0.163753		65.00
66.00	06600 Physical Therapy	0.219570		66.00
67.00	06700 Occupational Therapy	0.153400		67.00
68.00	06800 Speech Pathology	0.245417		68.00
69.00	06900 Electrocardiology	0.098060		69.00
70.00	07000 Electroencephalography	0.101997		70.00
71.00	07100 Medical Supplies Charged to Patients	0.417495		71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.456702		72.00
73.00	07300 Drugs Charged to Patients	0.088639		73.00
74.00	07400 RENAL DIALYSIS	0.545911		74.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 Emergency	0.143002		91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.223067		92.00
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: 140240

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

Worksheet C
Part I
Date/Time Prepared:
11/17/2014 8:51 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 Adults & Pediatrics		13,186,435	13,300	13,199,735	30.00
31.00	03100 Intensive Care Unit		3,339,496	204	3,339,700	31.00
40.00	04000 SUBPROVIDER - IPF		2,152,126	17,993	2,170,119	40.00
41.00	04100 SUBPROVIDER - IRF		2,699,003	15,331	2,714,334	41.00
43.00	04300 Nursery		1,645,083	0	1,645,083	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 Operating Room		5,331,444	23,300	5,354,744	50.00
50.01	03340 GASTRO INTESTINAL SERVICES		532,577	0	532,577	50.01
51.00	05100 Recovery Room		749,956	0	749,956	51.00
52.00	05200 Labor Room & Delivery Room		2,644,160	0	2,644,160	52.00
53.00	05300 Anesthesiology		247,125	0	247,125	53.00
54.00	05400 Radiology - Diagnostic		2,241,159	0	2,241,159	54.00
56.00	05600 Radiosotope		258,978	0	258,978	56.00
56.01	03630 ULTRA SOUND		735,717	0	735,717	56.01
57.00	05700 CT Scan		354,988	0	354,988	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)		273,467	0	273,467	58.00
59.00	05900 Cardiac Catheterization		1,066,045	12,655	1,078,700	59.00
60.00	06000 Laboratory		3,020,158	0	3,020,158	60.00
63.00	06300 Blood Storing, Processing, & Trans.		271,809	0	271,809	63.00
65.00	06500 Respiratory Therapy	0	786,920	204	787,124	65.00
66.00	06600 Physical Therapy	0	1,318,782	0	1,318,782	66.00
67.00	06700 Occupational Therapy	0	608,172	0	608,172	67.00
68.00	06800 Speech Pathology	0	180,197	0	180,197	68.00
69.00	06900 Electrocardiology		491,751	0	491,751	69.00
70.00	07000 Electroencephalography		20,475	0	20,475	70.00
71.00	07100 Medical Supplies Charged to Patients		2,998,370	0	2,998,370	71.00
72.00	07200 Implantable Devices Chrgd to Patient		3,121,929	0	3,121,929	72.00
73.00	07300 Drugs Charged to Patients		4,118,772	0	4,118,772	73.00
74.00	07400 RENAL DIALYSIS		328,656	0	328,656	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 Emergency		3,892,383	360	3,892,743	91.00
92.00	09200 Observation Beds (Non-Distinct Part)		705,648		705,648	92.00
200.00	Subtotal (see instructions)	0	59,321,781	83,347	59,405,128	200.00
201.00	Less Observation Beds		705,648		705,648	201.00
202.00	Total (see instructions)	0	58,616,133	83,347	58,699,480	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240

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

Worksheet C
Part I
Date/Time Prepared:
11/17/2014 8:51 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	57,852,039		57,852,039		30.00
31.00	03100	Intensive Care Unit	10,675,276		10,675,276		31.00
40.00	04000	SUBPROVIDER - IPF	10,123,946		10,123,946		40.00
41.00	04100	SUBPROVIDER - IRF	3,311,772		3,311,772		41.00
43.00	04300	Nursery	2,547,331		2,547,331		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	9,007,917	14,764,480	23,772,397	0.224270	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	903,460	1,950,372	2,853,832	0.186618	50.01
51.00	05100	Recovery Room	2,083,675	3,095,142	5,178,817	0.144812	51.00
52.00	05200	Labor Room & Delivery Room	4,823,025	358,161	5,181,186	0.510339	52.00
53.00	05300	Anesthesiology	2,030,708	3,562,883	5,593,591	0.044180	53.00
54.00	05400	Radiology - Diagnostic	2,121,607	5,031,645	7,153,252	0.313306	54.00
56.00	05600	Radiology - Diagnostic	1,292,942	1,758,136	3,051,078	0.084881	56.00
56.01	03630	ULTRA SOUND	1,575,768	5,214,813	6,790,581	0.108344	56.01
57.00	05700	CT Scan	6,789,843	11,068,121	17,857,964	0.019878	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	1,126,872	2,466,798	3,593,670	0.076097	58.00
59.00	05900	Cardiac Catheterization	8,541,796	3,224,497	11,766,293	0.090602	59.00
60.00	06000	Laboratory	21,691,394	9,505,467	31,196,861	0.096810	60.00
63.00	06300	Blood Storing, Processing, & Trans.	1,746,173	283,281	2,029,454	0.133932	63.00
65.00	06500	Respiratory Therapy	4,509,818	296,946	4,806,764	0.163711	65.00
66.00	06600	Physical Therapy	3,270,149	2,736,062	6,006,211	0.219570	66.00
67.00	06700	Occupational Therapy	3,570,008	394,611	3,964,619	0.153400	67.00
68.00	06800	Speech Pathology	729,949	4,300	734,249	0.245417	68.00
69.00	06900	Electrocardiology	2,631,800	2,383,004	5,014,804	0.098060	69.00
70.00	07000	Electroencephalography	162,712	38,029	200,741	0.101997	70.00
71.00	07100	Medical Supplies Charged to Patients	3,683,711	3,498,091	7,181,802	0.417495	71.00
72.00	07200	Implantable Devices Chrgd to Patient	4,180,681	2,655,138	6,835,819	0.456702	72.00
73.00	07300	Drugs Charged to Patients	34,709,978	11,756,697	46,466,675	0.088639	73.00
74.00	07400	RENAL DIALYSIS	582,780	19,252	602,032	0.545911	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	7,364,751	19,856,831	27,221,582	0.142989	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	591,519	2,571,870	3,163,389	0.223067	92.00
200.00		Subtotal (see instructions)	214,233,400	108,494,627	322,728,027		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	214,233,400	108,494,627	322,728,027		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/17/2014 8:51 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics			30.00
31.00	03100 Intensive Care Unit			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 Nursery			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0.000000		50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.000000		50.01
51.00	05100 Recovery Room	0.000000		51.00
52.00	05200 Labor Room & Delivery Room	0.000000		52.00
53.00	05300 Anesthesiology	0.000000		53.00
54.00	05400 Radiology - Diagnostic	0.000000		54.00
56.00	05600 Radioisotope	0.000000		56.00
56.01	03630 ULTRA SOUND	0.000000		56.01
57.00	05700 CT Scan	0.000000		57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.000000		58.00
59.00	05900 Cardiac Catheterization	0.000000		59.00
60.00	06000 Laboratory	0.000000		60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.000000		63.00
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 Implantable Devices Chrgd 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
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 Emergency	0.000000		91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.000000		92.00
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: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 11/17/2014 8:51 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	1,172,097	0	1,172,097	22,204	52.79	30.00
31.00	Intensive Care Unit	302,072	0	302,072	2,524	119.68	31.00
40.00	SUBPROVIDER - IPF	263,354	0	263,354	4,146	63.52	40.00
41.00	SUBPROVIDER - IRF	491,599	0	491,599	3,290	149.42	41.00
43.00	Nursery	191,654		191,654	1,474	130.02	43.00
200.00	Total (lines 30-199)	2,420,776		2,420,776	33,638		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	6,923	365,465				30.00
31.00	Intensive Care Unit	943	112,858				31.00
40.00	SUBPROVIDER - IPF	2,903	184,399				40.00
41.00	SUBPROVIDER - IRF	1,014	151,512				41.00
43.00	Nursery	0	0				43.00
200.00	Total (lines 30-199)	11,783	814,234				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140240

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

Worksheet D
Part II
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XVIII		Capital Costs (column 3 x column 4)	
					Hospital	Inpatient Program Charges		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	506,730	23,772,397	0.021316	2,803,802	59,766	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	70,449	2,853,832	0.024686	482,025	11,899	50.01
51.00	05100	Recovery Room	59,477	5,178,817	0.011485	639,906	7,349	51.00
52.00	05200	Labor Room & Delivery Room	461,744	5,181,186	0.089119	9,131	814	52.00
53.00	05300	Anesthesiology	18,449	5,593,591	0.003298	578,934	1,909	53.00
54.00	05400	Radiology - Diagnostic	383,132	7,153,252	0.053561	1,058,549	56,697	54.00
56.00	05600	Radiisotope	29,934	3,051,078	0.009811	612,224	6,007	56.00
56.01	03630	ULTRA SOUND	30,296	6,790,581	0.004461	604,068	2,695	56.01
57.00	05700	CT Scan	38,209	17,857,964	0.002140	2,758,413	5,903	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	29,701	3,593,670	0.008265	477,847	3,949	58.00
59.00	05900	Cardiac Catheterization	133,568	11,766,293	0.011352	3,803,049	43,172	59.00
60.00	06000	Laboratory	266,338	31,196,861	0.008537	8,179,177	69,826	60.00
63.00	06300	Blood Storing, Processing, & Trans.	12,493	2,029,454	0.006156	847,121	5,215	63.00
65.00	06500	Respiratory Therapy	31,959	4,806,764	0.006649	1,435,930	9,547	65.00
66.00	06600	Physical Therapy	216,941	6,006,211	0.036119	510,949	18,455	66.00
67.00	06700	Occupational Therapy	8,517	3,964,619	0.002148	548,569	1,178	67.00
68.00	06800	Speech Pathology	18,032	734,249	0.024558	94,542	2,322	68.00
69.00	06900	Electrocardiology	76,814	5,014,804	0.015317	1,313,617	20,121	69.00
70.00	07000	Electroencephalography	327	200,741	0.001629	71,321	116	70.00
71.00	07100	Medical Supplies Charged to Patients	64,821	7,181,802	0.009026	1,159,636	10,467	71.00
72.00	07200	Implantable Devices Chrgd to Patient	67,296	6,835,819	0.009845	1,596,789	15,720	72.00
73.00	07300	Drugs Charged to Patients	126,200	46,466,675	0.002716	9,484,185	25,759	73.00
74.00	07400	RENAL DIALYSIS	3,120	602,032	0.005182	297,087	1,540	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	436,081	27,221,582	0.016020	2,380,375	38,134	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	62,659	3,163,389	0.019808	300,144	5,945	92.00
200.00		Total (lines 50-199)	3,153,287	238,217,663		42,047,390	424,505	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140240		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part III Date/Time Prepared: 11/17/2014 8:51 am	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	0	0	0	0	0	30.00
31.00	03100	Intensive Care Unit	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	Nursery	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	22,204	0.00	6,923	0		30.00
31.00	03100	Intensive Care Unit	2,524	0.00	943	0		31.00
40.00	04000	SUBPROVIDER - IPF	4,146	0.00	2,903	0		40.00
41.00	04100	SUBPROVIDER - IRF	3,290	0.00	1,014	0		41.00
43.00	04300	Nursery	1,474	0.00	0	0		43.00
200.00		Total (lines 30-199)	33,638		11,783	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	0	0	52.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
56.00	05600	Radiotope	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
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	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	23,772,397	0.000000	0.000000	2,803,802	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	2,853,832	0.000000	0.000000	482,025	50.01
51.00	05100	Recovery Room	0	5,178,817	0.000000	0.000000	639,906	51.00
52.00	05200	Labor Room & Delivery Room	0	5,181,186	0.000000	0.000000	9,131	52.00
53.00	05300	Anesthesiology	0	5,593,591	0.000000	0.000000	578,934	53.00
54.00	05400	Radiology - Diagnostic	0	7,153,252	0.000000	0.000000	1,058,549	54.00
56.00	05600	Radioisotope	0	3,051,078	0.000000	0.000000	612,224	56.00
56.01	03630	ULTRA SOUND	0	6,790,581	0.000000	0.000000	604,068	56.01
57.00	05700	CT Scan	0	17,857,964	0.000000	0.000000	2,758,413	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	3,593,670	0.000000	0.000000	477,847	58.00
59.00	05900	Cardiac Catheterization	0	11,766,293	0.000000	0.000000	3,803,049	59.00
60.00	06000	Laboratory	0	31,196,861	0.000000	0.000000	8,179,177	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	2,029,454	0.000000	0.000000	847,121	63.00
65.00	06500	Respiratory Therapy	0	4,806,764	0.000000	0.000000	1,435,930	65.00
66.00	06600	Physical Therapy	0	6,006,211	0.000000	0.000000	510,949	66.00
67.00	06700	Occupational Therapy	0	3,964,619	0.000000	0.000000	548,569	67.00
68.00	06800	Speech Pathology	0	734,249	0.000000	0.000000	94,542	68.00
69.00	06900	Electrocardiology	0	5,014,804	0.000000	0.000000	1,313,617	69.00
70.00	07000	Electroencephalography	0	200,741	0.000000	0.000000	71,321	70.00
71.00	07100	Medical Supplies Charged to Patients	0	7,181,802	0.000000	0.000000	1,159,636	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	6,835,819	0.000000	0.000000	1,596,789	72.00
73.00	07300	Drugs Charged to Patients	0	46,466,675	0.000000	0.000000	9,484,185	73.00
74.00	07400	RENAL DIALYSIS	0	602,032	0.000000	0.000000	297,087	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	0	27,221,582	0.000000	0.000000	2,380,375	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	3,163,389	0.000000	0.000000	300,144	92.00
200.00		Total (lines 50-199)	0	238,217,663			42,047,390	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/17/2014 8:51 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0	3,468,469	0	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	594,369	0	50.01
51.00	05100 Recovery Room	0	1,243,116	0	51.00
52.00	05200 Labor Room & Delivery Room	0	0	0	52.00
53.00	05300 Anesthesiology	0	647,678	0	53.00
54.00	05400 Radiology - Diagnostic	0	1,424,065	0	54.00
56.00	05600 Radioisotope	0	632,992	0	56.00
56.01	03630 ULTRA SOUND	0	203,805	0	56.01
57.00	05700 CT Scan	0	2,451,905	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	591,451	0	58.00
59.00	05900 Cardiac Catheterization	0	1,562,887	0	59.00
60.00	06000 Laboratory	0	916,935	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	12,378	0	63.00
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	749,299	0	69.00
70.00	07000 Electroencephalography	0	10,747	0	70.00
71.00	07100 Medical Supplies Charged to Patients	0	971,096	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	1,196,720	0	72.00
73.00	07300 Drugs Charged to Patients	0	2,410,207	0	73.00
74.00	07400 RENAL DIALYSIS	0	10,854	0	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 Emergency	0	2,470,259	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	623,851	0	92.00
200.00	Total (lines 50-199)	0	22,193,083	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/17/2014 8:51 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0.224270	3,468,469	0	0	777,874	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.186618	594,369	0	0	110,920	50.01
51.00	05100	Recovery Room	0.144812	1,243,116	0	0	180,018	51.00
52.00	05200	Labor Room & Delivery Room	0.510339	0	0	0	0	52.00
53.00	05300	Anesthesiology	0.044180	647,678	0	0	28,614	53.00
54.00	05400	Radiology - Diagnostic	0.313306	1,424,065	0	0	446,168	54.00
56.00	05600	Radiotope	0.084881	632,992	0	0	53,729	56.00
56.01	03630	ULTRA SOUND	0.108344	203,805	0	0	22,081	56.01
57.00	05700	CT Scan	0.019878	2,451,905	0	0	48,739	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.076097	591,451	0	0	45,008	58.00
59.00	05900	Cardiac Catheterization	0.090602	1,562,887	0	0	141,601	59.00
60.00	06000	Laboratory	0.096810	916,935	0	0	88,768	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.133932	12,378	0	0	1,658	63.00
65.00	06500	Respiratory Therapy	0.163711	0	0	0	0	65.00
66.00	06600	Physical Therapy	0.219570	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0.153400	0	0	0	0	67.00
68.00	06800	Speech Pathology	0.245417	0	0	0	0	68.00
69.00	06900	Electrocardiology	0.098060	749,299	0	0	73,476	69.00
70.00	07000	Electroencephalography	0.101997	10,747	0	0	1,096	70.00
71.00	07100	Medical Supplies Charged to Patients	0.417495	971,096	0	0	405,428	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.456702	1,196,720	0	0	546,544	72.00
73.00	07300	Drugs Charged to Patients	0.088639	2,410,207	0	39,509	213,638	73.00
74.00	07400	RENAL DIALYSIS	0.545911	10,854	0	0	5,925	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	0.142989	2,470,259	0	0	353,220	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.223067	623,851	0	0	139,161	92.00
200.00		Subtotal (see instructions)		22,193,083	0	39,509	3,683,666	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		22,193,083	0	39,509	3,683,666	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/17/2014 8:51 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	Operating Room	0	0	50.00
50.01 03340	GASTRO INTESTINAL SERVICES	0	0	50.01
51.00 05100	Recovery Room	0	0	51.00
52.00 05200	Labor Room & Delivery Room	0	0	52.00
53.00 05300	Anesthesiology	0	0	53.00
54.00 05400	Radiology - Diagnostic	0	0	54.00
56.00 05600	Radiotope	0	0	56.00
56.01 03630	ULTRA SOUND	0	0	56.01
57.00 05700	CT Scan	0	0	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00 05900	Cardiac Catheterization	0	0	59.00
60.00 06000	Laboratory	0	0	60.00
63.00 06300	Blood Storing, Processing, & Trans.	0	0	63.00
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	Implantable Devices Chrgd to Patient	0	0	72.00
73.00 07300	Drugs Charged to Patients	0	3,502	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100	Emergency	0	0	91.00
92.00 09200	Observation Beds (Non-Distinct Part)	0	0	92.00
200.00	Subtotal (see instructions)	0	3,502	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	3,502	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140240		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/17/2014 8:51 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	506,730	23,772,397	0.021316	1,980	42 50.00
50.01	03340	GASTRO INTESTINAL SERVICES	70,449	2,853,832	0.024686	0	0 50.01
51.00	05100	Recovery Room	59,477	5,178,817	0.011485	1,014	12 51.00
52.00	05200	Labor Room & Delivery Room	461,744	5,181,186	0.089119	0	0 52.00
53.00	05300	Anesthesiology	18,449	5,593,591	0.003298	50,430	166 53.00
54.00	05400	Radiology - Diagnostic	383,132	7,153,252	0.053561	27,426	1,469 54.00
56.00	05600	Radiology - Diagnostic	29,934	3,051,078	0.009811	8,220	81 56.00
56.01	03630	ULTRA SOUND	30,296	6,790,581	0.004461	5,927	26 56.01
57.00	05700	CT Scan	38,209	17,857,964	0.002140	35,617	76 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	29,701	3,593,670	0.008265	0	0 58.00
59.00	05900	Cardiac Catheterization	133,568	11,766,293	0.011352	1,865	21 59.00
60.00	06000	Laboratory	266,338	31,196,861	0.008537	696,233	5,944 60.00
63.00	06300	Blood Storing, Processing, & Trans.	12,493	2,029,454	0.006156	0	0 63.00
65.00	06500	Respiratory Therapy	31,959	4,806,764	0.006649	8,709	58 65.00
66.00	06600	Physical Therapy	216,941	6,006,211	0.036119	19,356	699 66.00
67.00	06700	Occupational Therapy	8,517	3,964,619	0.002148	1,599	3 67.00
68.00	06800	Speech Pathology	18,032	734,249	0.024558	1,059	26 68.00
69.00	06900	Electrocardiology	76,814	5,014,804	0.015317	94,360	1,445 69.00
70.00	07000	Electroencephalography	327	200,741	0.001629	7,816	13 70.00
71.00	07100	Medical Supplies Charged to Patients	64,821	7,181,802	0.009026	13,677	123 71.00
72.00	07200	Implantable Devices Chrgd to Patient	67,296	6,835,819	0.009845	0	0 72.00
73.00	07300	Drugs Charged to Patients	126,200	46,466,675	0.002716	1,239,975	3,368 73.00
74.00	07400	RENAL DIALYSIS	3,120	602,032	0.005182	1,809	9 74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	436,081	27,221,582	0.016020	313,074	5,015 91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	3,163,389	0.000000	0	0 92.00
200.00		Total (lines 50-199)	3,090,628	238,217,663		2,530,146	18,596 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 14S240

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

Worksheet D
Part IV
Date/Time Prepared:
11/17/2014 8:51 am
PPS

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
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	0	0	52.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
56.00	05600	Radioisotope	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
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	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140240 Component CCN: 14S240	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/17/2014 8:51 am
	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	23,772,397	0.000000	0.000000	1,980	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	2,853,832	0.000000	0.000000	0	50.01
51.00	05100 Recovery Room	0	5,178,817	0.000000	0.000000	1,014	51.00
52.00	05200 Labor Room & Delivery Room	0	5,181,186	0.000000	0.000000	0	52.00
53.00	05300 Anesthesiology	0	5,593,591	0.000000	0.000000	50,430	53.00
54.00	05400 Radiology - Diagnostic	0	7,153,252	0.000000	0.000000	27,426	54.00
56.00	05600 Radiology - Diagnostic	0	3,051,078	0.000000	0.000000	8,220	56.00
56.01	03630 ULTRA SOUND	0	6,790,581	0.000000	0.000000	5,927	56.01
57.00	05700 CT Scan	0	17,857,964	0.000000	0.000000	35,617	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	3,593,670	0.000000	0.000000	0	58.00
59.00	05900 Cardiac Catheterization	0	11,766,293	0.000000	0.000000	1,865	59.00
60.00	06000 Laboratory	0	31,196,861	0.000000	0.000000	696,233	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	2,029,454	0.000000	0.000000	0	63.00
65.00	06500 Respiratory Therapy	0	4,806,764	0.000000	0.000000	8,709	65.00
66.00	06600 Physical Therapy	0	6,006,211	0.000000	0.000000	19,356	66.00
67.00	06700 Occupational Therapy	0	3,964,619	0.000000	0.000000	1,599	67.00
68.00	06800 Speech Pathology	0	734,249	0.000000	0.000000	1,059	68.00
69.00	06900 Electrocardiology	0	5,014,804	0.000000	0.000000	94,360	69.00
70.00	07000 Electroencephalography	0	200,741	0.000000	0.000000	7,816	70.00
71.00	07100 Medical Supplies Charged to Patients	0	7,181,802	0.000000	0.000000	13,677	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	6,835,819	0.000000	0.000000	0	72.00
73.00	07300 Drugs Charged to Patients	0	46,466,675	0.000000	0.000000	1,239,975	73.00
74.00	07400 RENAL DIALYSIS	0	602,032	0.000000	0.000000	1,809	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 Emergency	0	27,221,582	0.000000	0.000000	313,074	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	3,163,389	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	238,217,663			2,530,146	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140240 Component CCN: 14S240	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/17/2014 8:51 am
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
50.01	03340 GASTRO INTESTINAL SERVICES	0	0	0	50.01
51.00	05100 Recovery Room	0	0	0	51.00
52.00	05200 Labor Room & Delivery Room	0	0	0	52.00
53.00	05300 Anesthesiology	0	0	0	53.00
54.00	05400 Radiology - Diagnostic	0	5,789	0	54.00
56.00	05600 Radiolisothe	0	4,110	0	56.00
56.01	03630 ULTRA SOUND	0	1,743	0	56.01
57.00	05700 CT Scan	0	2,677	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	5,701	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	0	63.00
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	11,933	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 Implantable Devices Chrgd to Patient	0	1,199	0	72.00
73.00	07300 Drugs Charged to Patients	0	10,546	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 Emergency	0	18,529	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	0	0	92.00
200.00	Total (lines 50-199)	0	62,227	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140240 Component CCN: 14S240	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/17/2014 8:51 am
	Title XVIII	Subprovider - IPF	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	0.224270	0	0	0	0	50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0.186618	0	0	0	0	50.01
51.00 05100 Recovery Room	0.144812	0	0	0	0	51.00
52.00 05200 Labor Room & Delivery Room	0.510339	0	0	0	0	52.00
53.00 05300 Anesthesiology	0.044180	0	0	0	0	53.00
54.00 05400 Radiology - Diagnostic	0.313306	5,789	0	0	1,814	54.00
56.00 05600 Radiology	0.084881	4,110	0	0	349	56.00
56.01 03630 ULTRA SOUND	0.108344	1,743	0	0	189	56.01
57.00 05700 CT Scan	0.019878	2,677	0	0	53	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0.076097	0	0	0	0	58.00
59.00 05900 Cardiac Catheterization	0.090602	0	0	0	0	59.00
60.00 06000 Laboratory	0.096810	5,701	0	0	552	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0.133932	0	0	0	0	63.00
65.00 06500 Respiratory Therapy	0.163711	0	0	0	0	65.00
66.00 06600 Physical Therapy	0.219570	0	0	0	0	66.00
67.00 06700 Occupational Therapy	0.153400	0	0	0	0	67.00
68.00 06800 Speech Pathology	0.245417	0	0	0	0	68.00
69.00 06900 Electrocardiology	0.098060	11,933	0	0	1,170	69.00
70.00 07000 Electroencephalography	0.101997	0	0	0	0	70.00
71.00 07100 Medical Supplies Charged to Patients	0.417495	0	0	0	0	71.00
72.00 07200 Implantable Devices Chrgd to Patient	0.456702	1,199	0	0	548	72.00
73.00 07300 Drugs Charged to Patients	0.088639	10,546	0	0	935	73.00
74.00 07400 RENAL DIALYSIS	0.545911	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 Emergency	0.142989	18,529	0	0	2,649	91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0.223067	0	0	0	0	92.00
200.00		Subtotal (see instructions)	62,227	0	8,259	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	62,227	0	8,259	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140240 Component CCN: 14S240	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/17/2014 8:51 am
	Title XVII I	Subprovider - IPF	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
50.01 03340 GASTRO INTESTINAL SERVICES	0	0	50.01
51.00 05100 Recovery Room	0	0	51.00
52.00 05200 Labor Room & Delivery Room	0	0	52.00
53.00 05300 Anesthesiology	0	0	53.00
54.00 05400 Radiology - Diagnostic	0	0	54.00
56.00 05600 Radioisotope	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	56.01
57.00 05700 CT Scan	0	0	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00 05900 Cardiac Catheterization	0	0	59.00
60.00 06000 Laboratory	0	0	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	0	63.00
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 Implantable Devices Chrgd 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
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 Emergency	0	0	91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140240		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/17/2014 8:51 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	506,730	23,772,397	0.021316	926	20 50.00
50.01	03340	GASTRO INTESTINAL SERVICES	70,449	2,853,832	0.024686	0	0 50.01
51.00	05100	Recovery Room	59,477	5,178,817	0.011485	494	6 51.00
52.00	05200	Labor Room & Delivery Room	461,744	5,181,186	0.089119	0	0 52.00
53.00	05300	Anesthesiology	18,449	5,593,591	0.003298	0	0 53.00
54.00	05400	Radiology - Diagnostic	383,132	7,153,252	0.053561	43,072	2,307 54.00
56.00	05600	Radiology - Diagnostic	29,934	3,051,078	0.009811	3,286	32 56.00
56.01	03630	ULTRA SOUND	30,296	6,790,581	0.004461	4,745	21 56.01
57.00	05700	CT Scan	38,209	17,857,964	0.002140	28,351	61 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	29,701	3,593,670	0.008265	8,934	74 58.00
59.00	05900	Cardiac Catheterization	133,568	11,766,293	0.011352	8,615	98 59.00
60.00	06000	Laboratory	266,338	31,196,861	0.008537	325,000	2,775 60.00
63.00	06300	Blood Storing, Processing, & Trans.	12,493	2,029,454	0.006156	8,409	52 63.00
65.00	06500	Respiratory Therapy	31,959	4,806,764	0.006649	51,259	341 65.00
66.00	06600	Physical Therapy	216,941	6,006,211	0.036119	719,817	25,999 66.00
67.00	06700	Occupational Therapy	8,517	3,964,619	0.002148	827,959	1,778 67.00
68.00	06800	Speech Pathology	18,032	734,249	0.024558	164,026	4,028 68.00
69.00	06900	Electrocardiology	76,814	5,014,804	0.015317	14,001	214 69.00
70.00	07000	Electroencephalography	327	200,741	0.001629	0	0 70.00
71.00	07100	Medical Supplies Charged to Patients	64,821	7,181,802	0.009026	14,949	135 71.00
72.00	07200	Implantable Devices Chrgd to Patient	67,296	6,835,819	0.009845	795	8 72.00
73.00	07300	Drugs Charged to Patients	126,200	46,466,675	0.002716	594,771	1,615 73.00
74.00	07400	RENAL DIALYSIS	3,120	602,032	0.005182	38,929	202 74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	436,081	27,221,582	0.016020	0	0 91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	3,163,389	0.000000	0	0 92.00
200.00		Total (lines 50-199)	3,090,628	238,217,663		2,858,338	39,766 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 14T240

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

Worksheet D
Part IV
Date/Time Prepared:
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PPS

Title XVIII

Subprovider -
IRF

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
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	0	0	52.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
56.00	05600	Radioisotope	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
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	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/17/2014 8:51 am

Component CCN: 14T240

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	23,772,397	0.000000	0.000000	926 50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	2,853,832	0.000000	0.000000	0 50.01
51.00	05100	Recovery Room	0	5,178,817	0.000000	0.000000	494 51.00
52.00	05200	Labor Room & Delivery Room	0	5,181,186	0.000000	0.000000	0 52.00
53.00	05300	Anesthesiology	0	5,593,591	0.000000	0.000000	0 53.00
54.00	05400	Radiology - Diagnostic	0	7,153,252	0.000000	0.000000	43,072 54.00
56.00	05600	Radiology - Diagnostic	0	3,051,078	0.000000	0.000000	3,286 56.00
56.01	03630	ULTRA SOUND	0	6,790,581	0.000000	0.000000	4,745 56.01
57.00	05700	CT Scan	0	17,857,964	0.000000	0.000000	28,351 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	3,593,670	0.000000	0.000000	8,934 58.00
59.00	05900	Cardiac Catheterization	0	11,766,293	0.000000	0.000000	8,615 59.00
60.00	06000	Laboratory	0	31,196,861	0.000000	0.000000	325,000 60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	2,029,454	0.000000	0.000000	8,409 63.00
65.00	06500	Respiratory Therapy	0	4,806,764	0.000000	0.000000	51,259 65.00
66.00	06600	Physical Therapy	0	6,006,211	0.000000	0.000000	719,817 66.00
67.00	06700	Occupational Therapy	0	3,964,619	0.000000	0.000000	827,959 67.00
68.00	06800	Speech Pathology	0	734,249	0.000000	0.000000	164,026 68.00
69.00	06900	Electrocardiology	0	5,014,804	0.000000	0.000000	14,001 69.00
70.00	07000	Electroencephalography	0	200,741	0.000000	0.000000	0 70.00
71.00	07100	Medical Supplies Charged to Patients	0	7,181,802	0.000000	0.000000	14,949 71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	6,835,819	0.000000	0.000000	795 72.00
73.00	07300	Drugs Charged to Patients	0	46,466,675	0.000000	0.000000	594,771 73.00
74.00	07400	RENAL DIALYSIS	0	602,032	0.000000	0.000000	38,929 74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	0	27,221,582	0.000000	0.000000	0 91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	3,163,389	0.000000	0.000000	0 92.00
200.00		Total (lines 50-199)	0	238,217,663			2,858,338 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140240 Component CCN: 14T240	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/17/2014 8:51 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0	0	0	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	0	0	50.01
51.00	05100 Recovery Room	0	0	0	51.00
52.00	05200 Labor Room & Delivery Room	0	0	0	52.00
53.00	05300 Anesthesiology	0	0	0	53.00
54.00	05400 Radiology - Diagnostic	0	5,011	0	54.00
56.00	05600 Radiolisothe	0	2,357	0	56.00
56.01	03630 ULTRA SOUND	0	0	0	56.01
57.00	05700 CT Scan	0	2,177	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	1,798	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	0	63.00
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	2,073	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 Implantable Devices Chrgd to Patient	0	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	4,934	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 Emergency	0	0	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	0	0	92.00
200.00	Total (lines 50-199)	0	18,350	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140240 Component CCN: 14T240	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/17/2014 8:51 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 Operating Room	0.224270	0	0	0	0	0	50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0.186618	0	0	0	0	0	50.01
51.00 05100 Recovery Room	0.144812	0	0	0	0	0	51.00
52.00 05200 Labor Room & Delivery Room	0.510339	0	0	0	0	0	52.00
53.00 05300 Anesthesiology	0.044180	0	0	0	0	0	53.00
54.00 05400 Radiology - Diagnostic	0.313306	5,011	0	0	1,570	0	54.00
56.00 05600 Radiosotope	0.084881	2,357	0	0	200	0	56.00
56.01 03630 ULTRA SOUND	0.108344	0	0	0	0	0	56.01
57.00 05700 CT Scan	0.019878	2,177	0	0	43	0	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0.076097	0	0	0	0	0	58.00
59.00 05900 Cardiac Catheterization	0.090602	0	0	0	0	0	59.00
60.00 06000 Laboratory	0.096810	1,798	0	0	174	0	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0.133932	0	0	0	0	0	63.00
65.00 06500 Respiratory Therapy	0.163711	0	0	0	0	0	65.00
66.00 06600 Physical Therapy	0.219570	0	0	0	0	0	66.00
67.00 06700 Occupational Therapy	0.153400	0	0	0	0	0	67.00
68.00 06800 Speech Pathology	0.245417	0	0	0	0	0	68.00
69.00 06900 Electrocardiology	0.098060	2,073	0	0	203	0	69.00
70.00 07000 Electroencephalography	0.101997	0	0	0	0	0	70.00
71.00 07100 Medical Supplies Charged to Patients	0.417495	0	0	0	0	0	71.00
72.00 07200 Implantable Devices Chrgd to Patient	0.456702	0	0	0	0	0	72.00
73.00 07300 Drugs Charged to Patients	0.088639	4,934	0	0	437	0	73.00
74.00 07400 RENAL DIALYSIS	0.545911	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 Emergency	0.142989	0	0	0	0	0	91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0.223067	0	0	0	0	0	92.00
200.00	Subtotal (see instructions)		18,350	0	2,627	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)		18,350	0	2,627	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140240 Component CCN: 14T240	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/17/2014 8:51 am
	Title XVIII	Subprovider - IRF	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
50.01 03340 GASTRO INTESTINAL SERVICES	0	0		50.01
51.00 05100 Recovery Room	0	0		51.00
52.00 05200 Labor Room & Delivery Room	0	0		52.00
53.00 05300 Anesthesiology	0	0		53.00
54.00 05400 Radiology - Diagnostic	0	0		54.00
56.00 05600 Radioisotope	0	0		56.00
56.01 03630 ULTRA SOUND	0	0		56.01
57.00 05700 CT Scan	0	0		57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0		58.00
59.00 05900 Cardiac Catheterization	0	0		59.00
60.00 06000 Laboratory	0	0		60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	0		63.00
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 Implantable Devices Chrgd 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
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 Emergency	0	0		91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/17/2014 8:51 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,204	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,204	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)		21,017	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,923	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)		13,199,735	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)		13,199,735	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)		13,199,735	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)		594.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,115,585	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)		4,115,585	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140240		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/17/2014 8:51 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 Nursery (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 Intensive Care Unit	3,339,700	2,524	1,323.18	943	1,247,759		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,852,975		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,216,319		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)					478,323		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					424,505		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					902,828		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,313,491		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)					1,187		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					594.48		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					705,648		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140240		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/17/2014 8:51 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,172,097	13,199,735	0.088797	705,648	62,659	90.00
91.00	Nursing School cost	0	13,199,735	0.000000	705,648	0	91.00
92.00	Allied health cost	0	13,199,735	0.000000	705,648	0	92.00
93.00	All other Medical Education	0	13,199,735	0.000000	705,648	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140240 Component CCN: 14S240	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/17/2014 8:51 am
		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)		4,146	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,146	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)		4,146	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)		2,903	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)		2,170,119	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)		2,170,119	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)		2,170,119	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)		523.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,519,488	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)		1,519,488	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140240		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 14S240		Date/Time Prepared: 11/17/2014 8:51 am			
		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							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					258,644		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,778,132		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)					184,399		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					18,596		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					202,995		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,575,137		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: 140240 Component CCN: 14S240		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/17/2014 8:51 am	
		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	263,354	2,170,119	0.121355	0	0	90.00
91.00	Nursing School cost	0	2,170,119	0.000000	0	0	91.00
92.00	Allied health cost	0	2,170,119	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,170,119	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 14T240		Date/Time Prepared: 11/17/2014 8:51 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,290	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,290	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)		3,290	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)		1,014	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)		2,714,334	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)		2,714,334	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)		2,714,334	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)		825.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		836,580	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)		836,580	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140240		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 14T240		Date/Time Prepared: 11/17/2014 8:51 am			
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 Nursery (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 Intensive Care Unit	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					464,849		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,301,429		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)					151,512		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					39,766		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					191,278		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,110,151		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: 140240 Component CCN: 14T240		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/17/2014 8:51 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	491,599	2,714,334	0.181112	0	0	90.00
91.00	Nursing School cost	0	2,714,334	0.000000	0	0	91.00
92.00	Allied health cost	0	2,714,334	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,714,334	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/17/2014 8:51 am
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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		21,008,318		30.00
31.00	03100 Intensive Care Unit		4,106,232		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.225250	2,803,802	631,556	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.186618	482,025	89,955	50.01
51.00	05100 Recovery Room	0.144812	639,906	92,666	51.00
52.00	05200 Labor Room & Delivery Room	0.510339	9,131	4,660	52.00
53.00	05300 Anesthesiology	0.044180	578,934	25,577	53.00
54.00	05400 Radiology - Diagnostic	0.313306	1,058,549	331,650	54.00
56.00	05600 Radiosotope	0.084881	612,224	51,966	56.00
56.01	03630 ULTRA SOUND	0.108344	604,068	65,447	56.01
57.00	05700 CT Scan	0.019878	2,758,413	54,832	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.076097	477,847	36,363	58.00
59.00	05900 Cardiac Catheterization	0.091677	3,803,049	348,652	59.00
60.00	06000 Laboratory	0.096810	8,179,177	791,826	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.133932	847,121	113,457	63.00
65.00	06500 Respiratory Therapy	0.163753	1,435,930	235,138	65.00
66.00	06600 Physical Therapy	0.219570	510,949	112,189	66.00
67.00	06700 Occupational Therapy	0.153400	548,569	84,150	67.00
68.00	06800 Speech Pathology	0.245417	94,542	23,202	68.00
69.00	06900 Electrocardiology	0.098060	1,313,617	128,813	69.00
70.00	07000 Electroencephalography	0.101997	71,321	7,275	70.00
71.00	07100 Medical Supplies Charged to Patients	0.417495	1,159,636	484,142	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.456702	1,596,789	729,257	72.00
73.00	07300 Drugs Charged to Patients	0.088639	9,484,185	840,669	73.00
74.00	07400 RENAL DIALYSIS	0.545911	297,087	162,183	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 Emergency	0.143002	2,380,375	340,398	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.223067	300,144	66,952	92.00
200.00	Total (sum of lines 50-94 and 96-98)		42,047,390	5,852,975	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)		42,047,390		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 14S240		Date/Time Prepared: 11/17/2014 8:51 am	
		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
40.00	04000	SUBPROVIDER - IPF		6,633,355	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	Nursery		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0.225250	1,980	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.186618	0	50.01
51.00	05100	Recovery Room	0.144812	1,014	51.00
52.00	05200	Labor Room & Delivery Room	0.510339	0	52.00
53.00	05300	Anesthesiology	0.044180	50,430	53.00
54.00	05400	Radiology - Diagnostic	0.313306	27,426	54.00
56.00	05600	Radiotope	0.084881	8,220	56.00
56.01	03630	ULTRA SOUND	0.108344	5,927	56.01
57.00	05700	CT Scan	0.019878	35,617	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.076097	0	58.00
59.00	05900	Cardiac Catheterization	0.091677	1,865	59.00
60.00	06000	Laboratory	0.096810	696,233	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.133932	0	63.00
65.00	06500	Respiratory Therapy	0.163753	8,709	65.00
66.00	06600	Physical Therapy	0.219570	19,356	66.00
67.00	06700	Occupational Therapy	0.153400	1,599	67.00
68.00	06800	Speech Pathology	0.245417	1,059	68.00
69.00	06900	Electrocardiology	0.098060	94,360	69.00
70.00	07000	Electroencephalography	0.101997	7,816	70.00
71.00	07100	Medical Supplies Charged to Patients	0.417495	13,677	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.456702	0	72.00
73.00	07300	Drugs Charged to Patients	0.088639	1,239,975	73.00
74.00	07400	RENAL DIALYSIS	0.545911	1,809	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	Emergency	0.143002	313,074	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.223067	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,530,146	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)		2,530,146	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140240 Component CCN: 14T240	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/17/2014 8:51 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics		0	30.00
31.00	03100 Intensive Care Unit		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		1,006,902	41.00
43.00	04300 Nursery			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0.225250	926	209 50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.186618	0	0 50.01
51.00	05100 Recovery Room	0.144812	494	72 51.00
52.00	05200 Labor Room & Delivery Room	0.510339	0	0 52.00
53.00	05300 Anesthesiology	0.044180	0	0 53.00
54.00	05400 Radiology - Diagnostic	0.313306	43,072	13,495 54.00
56.00	05600 Radiosotope	0.084881	3,286	279 56.00
56.01	03630 ULTRA SOUND	0.108344	4,745	514 56.01
57.00	05700 CT Scan	0.019878	28,351	564 57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.076097	8,934	680 58.00
59.00	05900 Cardiac Catheterization	0.091677	8,615	790 59.00
60.00	06000 Laboratory	0.096810	325,000	31,463 60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.133932	8,409	1,126 63.00
65.00	06500 Respiratory Therapy	0.163753	51,259	8,394 65.00
66.00	06600 Physical Therapy	0.219570	719,817	158,050 66.00
67.00	06700 Occupational Therapy	0.153400	827,959	127,009 67.00
68.00	06800 Speech Pathology	0.245417	164,026	40,255 68.00
69.00	06900 Electrocardiology	0.098060	14,001	1,373 69.00
70.00	07000 Electroencephalography	0.101997	0	0 70.00
71.00	07100 Medical Supplies Charged to Patients	0.417495	14,949	6,241 71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.456702	795	363 72.00
73.00	07300 Drugs Charged to Patients	0.088639	594,771	52,720 73.00
74.00	07400 RENAL DIALYSIS	0.545911	38,929	21,252 74.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 Emergency	0.143002	0	0 91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.223067	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,858,338	464,849 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		2,858,338	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/17/2014 8:51 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		2,725,566		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		7,858,036		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		76,250		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		1,623,143		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		129.75		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		36.87		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		-35.59		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.28		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.27		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)		1.27		12.00
13.00	Total allowable FTE count for the prior year.		1.50		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.		30.53		14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.10		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		11.10		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.085549		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.011737		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.011737		21.00
22.00	IME payment adjustment (see instructions)		78,062		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.01		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		78,062		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.16		30.00
31.00	Percentage of Medicaid patient days (see instructions)		46.38		31.00
32.00	Sum of lines 30 and 31		53.54		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/17/2014 8:51 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		33.39		33.00
34.00	Disproportionate share adjustment (see instructions)		1,566,016		34.00
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143 35.00
35.01	Factor 3 (see instructions)				0.000243510 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				2,202,882 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				1,647,635 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,647,635		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		13,951,565		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		13,951,565		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		988,578		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		414,047		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		15,354,190		59.00
60.00	Primary payer payments		30,538		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		15,323,652		61.00
62.00	Deductibles billed to program beneficiaries		885,376		62.00
63.00	Coinurance billed to program beneficiaries		205,256		63.00
64.00	Allowable bad debts (see instructions)		681,474		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		442,958		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/17/2014 8:51 am
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		460,534			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,675,978			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		-11,412			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-67,416			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		14,597,150			71.00
71.01	Sequestration adjustment (see instructions)		291,943			71.01
72.00	Interim payments		14,903,625			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		-598,418			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		533,555			75.00
TO BE COMPLETED BY CONTRACTOR						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/17/2014 8:51 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,502	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,683,666	2.00
3.00	PPS payments		3,551,741	3.00
4.00	Outlier payment (see instructions)		16,639	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,502	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		39,509	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		39,509	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)		39,509	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		36,007	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)		3,502	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)		3,568,380	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		771,457	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		2,800,425	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		106,893	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,907,318	30.00
31.00	Primary payer payments		15,768	31.00
32.00	Subtotal (line 30 minus line 31)		2,891,550	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		257,299	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		167,244	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		150,833	36.00
37.00	Subtotal (see instructions)		3,058,794	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,058,794	40.00
40.01	Sequestration adjustment (see instructions)		61,176	40.01
41.00	Interim payments		3,011,981	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-14,363	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		7,889	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: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/17/2014 8:51 am
		Component CCN: 14S240	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)		8,259	2.00
3.00	PPS payments		7,106	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		7,106	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,482	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		5,624	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		5,624	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,624	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		5,624	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		5,624	40.00
40.01	Sequestration adjustment (see instructions)		112	40.01
41.00	Interim payments		5,512	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/17/2014 8:51 am
		Component CCN: 14T240	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)		2,627	2.00
3.00	PPS payments		2,149	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		2,149	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		493	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,656	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,656	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,656	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,656	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,656	40.00
40.01	Sequestration adjustment (see instructions)		33	40.01
41.00	Interim payments		1,622	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	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: 140240

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

Worksheet E-1
Part I
Date/Time Prepared:
11/17/2014 8:51 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		16,019,362		3,257,580	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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/14/2014	498,050	02/14/2014	20,837	3.50
3.51		06/26/2014	617,687	06/26/2014	224,762	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-1,115,737		-245,599	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)		14,903,625		3,011,981	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		598,418		14,363	6.02
7.00	Total Medicare program liability (see instructions)		14,305,207		2,997,618	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: 140240
Component CCN: 14S240

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

Worksheet E-1
Part I
Date/Time Prepared:
11/17/2014 8:51 am

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		2,060,162		5,512	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,060,162		5,512	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1		0	6.02
7.00	Total Medicare program liability (see instructions)		2,060,161		5,512	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: 140240
Component CCN: 14T240

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

Worksheet E-1
Part I
Date/Time Prepared:
11/17/2014 8:51 am

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		1,604,872		1,622	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/14/2014	53,895		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)		53,895		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)		1,658,767		1,622	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		1	6.01
6.02	SETTLEMENT TO PROGRAM		105,170		0	6.02
7.00	Total Medicare program liability (see instructions)		1,553,597		1,623	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: 140240

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

Worksheet E-1
Part II
Date/Time Prepared:
11/17/2014 8:51 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			4,637 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			7,866 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			957 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			23,541 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			322,728,027 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			14,325,843 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,057,999 8.00
9.00	Sequestration adjustment amount (see instructions)			21,160 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,036,839 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,198,341 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)			-161,502 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part II Date/Time Prepared: 11/17/2014 8:51 am
		Component CCN: 14S240	Title XVII	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)		2,294,478	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		26,410	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §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 inst.)		0.00	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 inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		11.358904	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,320,888	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)		2,320,888	16.00
17.00	Primary payer payments		2,163	17.00
18.00	Subtotal (line 16 less line 17).		2,318,725	18.00
19.00	Deductibles		109,152	19.00
20.00	Subtotal (line 18 minus line 19)		2,209,573	20.00
21.00	Coinsurance		107,368	21.00
22.00	Subtotal (line 20 minus line 21)		2,102,205	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,102,205	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		2,102,205	31.00
31.01	Sequestration adjustment (see instructions)		42,044	31.01
32.00	Interim payments		2,060,162	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		-1	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		0	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: 140240 Component CCN: 14T240	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 11/17/2014 8:51 am
		Title XVII	Subprovider - IRF	PPS
			Prior to 10/01 1.00	On/After 10/01 1.01
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		55,389	1,407,721
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0830	
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		8,303	142,039
4.00	Outlier Payments		2,069	
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	
6.00	New Teaching program adjustment. (see instructions)		0.00	
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	
10.00	Average Daily Census (see instructions)		9.013699	
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000
12.00	Teaching Adjustment (see instructions)		0	0
13.00	Total PPS Payment (see instructions)		1,615,521	
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	
15.00	Organ acquisition (DO NOT USE THIS LINE)			
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
17.00	Subtotal (see instructions)		1,615,521	
18.00	Primary payer payments		0	
19.00	Subtotal (line 17 less line 18).		1,615,521	
20.00	Deductibles		9,956	
21.00	Subtotal (line 19 minus line 20)		1,605,565	
22.00	Coinsurance		20,262	
23.00	Subtotal (line 21 minus line 22)		1,585,303	
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	
25.00	Adjusted reimbursable bad debts (see instructions)		0	
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	
27.00	Subtotal (sum of lines 23 and 25)		1,585,303	
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	
29.00	Other pass through costs (see instructions)		0	
30.00	Outlier payments reconciliation		0	
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
31.99	Recovery of Accelerated Depreciation		0	
32.00	Total amount payable to the provider (see instructions)		1,585,303	
32.01	Sequestration adjustment (see instructions)		31,706	
33.00	Interim payments		1,658,767	
34.00	Tentative settlement (for contractor use only)		0	
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		-105,170	
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		17,813	
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		2,069	
51.00	Outlier reconciliation adjustment amount (see instructions)		0	
52.00	The rate used to calculate the Time Value of Money		0.00	
53.00	Time Value of Money (see instructions)		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/17/2014 8:51 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240 Component CCN: 14S240	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/17/2014 8:51 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240 Component CCN: 14T240	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/17/2014 8:51 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/17/2014 8:51 am	
		Title XVII I	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.			36.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-35.05	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.28	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.27	6.00
7.00	Enter the lesser of line 5 or line 6			1.27	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.	1.27	0.00	1.27	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.	1.27	0.00	1.27	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	1.27	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.50	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	29.63	0.90		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	10.80	0.30		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	10.80	0.30		17.00
18.00	Per resident amount	114,045.41	110,982.30		18.00
19.00	Approved amount for resident costs	1,231,690	33,295	1,264,985	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)			1,264,985	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	11,783	1,134		26.00
27.00	Total Inpatient Days (see instructions)	30,977	30,977		27.00
28.00	Ratio of inpatient days to total inpatient days	0.380379	0.036608		28.00
29.00	Program direct GME amount	481,174	46,309		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		6,543		30.00
31.00	Net Program direct GME amount			520,940	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/17/2014 8:51 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		602,032	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)		14,295,880	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)		32,701	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		14,263,179	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		3,698,054	42.00
43.00	Primary payer payments (see instructions)		15,768	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		3,682,286	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		17,945,465	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.794807	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.205193	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		520,940	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		414,047	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		106,893	50.00

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

Provider CCN: 140240

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

Worksheet G

Date/Time Prepared:
11/17/2014 8:51 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	19,649	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	18,916,268	0	0	0	4.00
5.00	Other receivable	101,829	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-3,806,539	0	0	0	6.00
7.00	Inventory	1,473,681	0	0	0	7.00
8.00	Prepaid expenses	57,504	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	16,762,392	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,200,000	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	9,623,487	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	11,693,919	0	0	0	23.00
24.00	Accumulated depreciation	-7,707,939	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	6,665	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	18,816,132	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	701,211	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	701,211	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	36,279,735	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,000,620	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,494,605	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	2,135,264	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,630,489	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	51,576,926	0	0	0	46.00
47.00	Notes payable	1,880,844	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,802,178	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	55,259,948	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	64,890,437	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-28,610,702	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)	-28,610,702	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	36,279,735	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140240

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

Worksheet G-1

Date/Time Prepared:
11/17/2014 8:51 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		-21,005,302		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-7,608,636			2.00
3.00	Total (sum of line 1 and line 2)		-28,613,938		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	RECONCILING ITEM	3,236		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)		3,236		0	10.00
11.00	Subtotal (line 3 plus line 10)		-28,610,702		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)		-28,610,702		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	RECONCILING ITEM		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: 140240

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/17/2014 8:51 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	60,399,370		60,399,370	1.00
2.00	SUBPROVIDER - IPF	10,123,946		10,123,946	2.00
3.00	SUBPROVIDER - IRF	3,311,772		3,311,772	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	73,835,088		73,835,088	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	Intensive Care Unit	10,675,276		10,675,276	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,675,276		10,675,276	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	84,510,364		84,510,364	17.00
18.00	Ancillary services	121,766,768	86,065,924	207,832,692	18.00
19.00	Outpatient services	7,956,270	22,428,701	30,384,971	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY	0	20,080	20,080	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	214,233,402	108,514,705	322,748,107	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		76,401,837		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		76,401,837		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140240

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

Worksheet G-3

Date/Time Prepared:
11/17/2014 8:51 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	322,748,107	1.00
2.00	Less contractual allowances and discounts on patients' accounts	255,064,687	2.00
3.00	Net patient revenues (line 1 minus line 2)	67,683,420	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	76,401,837	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,718,417	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	468	21.00
22.00	Rental of hospital space	1,060,427	22.00
23.00	Governmental appropriations	0	23.00
24.00	HOSPICE BED RENTAL REVENUE	160,673	24.00
25.00	Total other income (sum of lines 6-24)	1,221,568	25.00
26.00	Total (line 5 plus line 25)	-7,496,849	26.00
27.00	OTHER OPERATING REVENUE	111,787	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	111,787	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-7,608,636	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140240	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/17/2014 8:51 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		844,705	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,088	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)		64.50	3.00
4.00	Number of interns & residents (see instructions)		11.10	4.00
5.00	Indirect medical education percentage (see instructions)		4.98	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		42,066	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.16	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		46.38	8.00
9.00	Sum of lines 7 and 8		53.54	9.00
10.00	Allowable disproportionate share percentage (see instructions)		11.45	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		96,719	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		988,578	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