

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: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/28/2015 6:35 pm
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<b>PART I - COST REPORT STATUS</b>			
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: 5/28/2015	Time: 6:35 pm
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 SOUTH SUBURBAN HOSPITAL ( 140250 ) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-307,675	280,188	-30,225	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	32,356	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	-275,319	280,188	-30,225	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 6:32 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60429- County: COOK				
Street: 178TH STREET AND KEDZIE AVE		City: HAZELCREST		State: IL		Zip Code: 60429-		County: COOK		
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
V		XVIII		XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	SOUTH SUBURBAN HOSPITAL	140250	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	SOUTH SUBURBAN NURSING UNIT	145599	16974		05/01/1988	N	P	0	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,095	2,847	0	16	1,423	305		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 6:32 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<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 Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00
				1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	76.00
				1.00		
80.00	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

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		V	XIX		
		1.00	2.00		
<b>Title V and XIX Services</b>					
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
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
					1.00 2.00 3.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	6,636,407	2,430,000		0118.01
					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
<b>DO NOT USE THIS LINE</b>					
119.00	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	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
<b>Transplant Center Information</b>					
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 6:32 pm			
		1.00	2.00				
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	148036	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT SERV		Contractor's Number: 00131			
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:					
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515				
		1.00	2.00				
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00				
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y	145.00				
		1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N	146.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y	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.	Y	149.00				
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
		1.00					
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
		1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y					167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0					168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.25					169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 6:32 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2014	12/31/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 6:32 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		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)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/23/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 6:32 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
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.	MI CHAEL		VOLANTE	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5771		MI CHAEL.VOLANTE@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/23/2015	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	
<b>Cost Report Preparer Contact Information</b>			
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.	DIRECTOR OF REIMBURSEMENT	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: 140250

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	223	81,395	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)		223	81,395	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		243	88,695	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	41	14,965		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		284				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: 140250

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,701	5,277	34,362			1.00
2.00 HMO and other (see instructions)	9,430	1,423				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,701	5,277	34,362			7.00
8.00 INTENSIVE CARE UNIT	2,585	860	5,479			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,821	2,490			13.00
14.00 Total (see instructions)	16,286	7,958	42,331	0.00	1,018.86	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	5,408	0	9,817	0.00	45.51	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	1,391			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,064.37	27.00
28.00 Observation Bed Days		1,198	9,189			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	305	446			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: 140250

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,495	1,289	9,602	1.00
2.00 HMO and other (see instructions)				0	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		3,495	1,289	9,602	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140250		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/28/2015 6:32 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	69,508,771	0	69,508,771	2,215,085.66	31.38	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		488,112	0	488,112	1,196.00	408.12	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		171,600	0	171,600	1.00	171,600.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,567,799	0	2,567,799	94,661.00	27.13	9.00
10.00	Excluded area salaries (see instructions)		80,997	84,662	165,659	4,641.00	35.69	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		3,618,563	0	3,618,563	64,360.00	56.22	11.00
12.00	Contract labor: Top level management and other management and administrative services		900,770	0	900,770	4,818.00	186.96	12.00
13.00	Contract labor: Physician-Part A - Administrative		410,629	0	410,629	2,273.00	180.66	13.00
14.00	Home office salaries & wage-related costs		7,214,896	0	7,214,896	113,390.00	63.63	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		18,454,661	0	18,454,661			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		725,523	0	725,523			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	2,191,405	0	2,191,405	20,987.00	104.42	26.00
27.00	Administrative & General	5.00	6,403,050	-719,387	5,683,663	146,787.00	38.72	27.00
28.00	Administrative & General under contract (see inst.)		900,770	0	900,770	4,818.00	186.96	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,915,068	0	1,915,068	72,842.00	26.29	30.00
31.00	Laundry & Linen Service	8.00	123,398	0	123,398	8,320.00	14.83	31.00
32.00	Housekeeping	9.00	1,491,536	0	1,491,536	111,758.00	13.35	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,853,580	-953,688	899,892	53,414.00	16.85	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	953,688	953,688	56,992.00	16.73	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,130,036	0	4,130,036	89,918.00	45.93	38.00
39.00	Central Services and Supply	14.00	384,909	49,041	433,950	21,232.00	20.44	39.00
40.00	Pharmacy	15.00	2,566,981	0	2,566,981	59,176.00	43.38	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140250

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2015 6:32 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,205,401	0	1,205,401	53,955.00	22.34	41.00
42.00	Social Service	17.00	742,408	0	742,408	20,571.00	36.09	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140250

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/28/2015 6:32 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	70,237,941	0	70,237,941	2,219,902.66	31.64	1.00
2.00	Excluded area salaries (see instructions)	2,648,796	84,662	2,733,458	99,302.00	27.53	2.00
3.00	Subtotal salaries (line 1 minus line 2)	67,589,145	-84,662	67,504,483	2,120,600.66	31.83	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,144,858	0	12,144,858	184,841.00	65.70	4.00
5.00	Subtotal wage-related costs (see inst.)	18,454,661	0	18,454,661	0.00	27.34	5.00
6.00	Total (sum of lines 3 thru 5)	98,188,664	-84,662	98,104,002	2,305,441.66	42.55	6.00
7.00	Total overhead cost (see instructions)	23,908,542	-670,346	23,238,196	720,770.00	32.24	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2015 6:32 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,252,895 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,007,687 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			137,010 6.00
7.00	Employee Managed Care Program Administration Fees			889,107 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			4,638,186 8.00
9.00	Prescription Drug Plan			1,396,649 9.00
10.00	Dental, Hearing and Vision Plan			258,805 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			76,524 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			596,879 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			2,500,773 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			4,942,176 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			251,385 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			174,385 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			332,200 23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>			<b>18,454,661 24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER EMPLOYEE COSTS			139,442 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/28/2015 6:32 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	3,618,563	19,180,184	1.00
2.00	Hospital	3,618,563	18,454,661	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	725,523	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7

Date/Time Prepared:  
5/28/2015 6:32 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	3.00
4.00		RUL	59	0	4.00
5.00		RVX	4	0	5.00
6.00		RVL	143	0	6.00
7.00		RHX	4	0	7.00
8.00		RHL	31	0	8.00
9.00		RMX	0	0	9.00
10.00		RML	7	0	10.00
11.00		RLX	0	0	11.00
12.00		RUC	140	0	12.00
13.00		RUB	1,820	0	13.00
14.00		RUA	768	0	14.00
15.00		RVC	68	0	15.00
16.00		RVB	1,001	0	16.00
17.00		RVA	715	0	17.00
18.00		RHC	41	0	18.00
19.00		RHB	208	0	19.00
20.00		RHA	38	0	20.00
21.00		RMC	21	0	21.00
22.00		RMB	140	0	22.00
23.00		RMA	66	0	23.00
24.00		RLB	0	0	24.00
25.00		RLA	4	0	25.00
26.00		ES3	0	0	26.00
27.00		ES2	0	0	27.00
28.00		ES1	38	0	28.00
29.00		HE2	0	0	29.00
30.00		HE1	0	0	30.00
31.00		HD2	0	0	31.00
32.00		HD1	0	0	32.00
33.00		HC2	0	0	33.00
34.00		HC1	37	0	34.00
35.00		HB2	0	0	35.00
36.00		HB1	0	0	36.00
37.00		LE2	0	0	37.00
38.00		LE1	7	0	38.00
39.00		LD2	0	0	39.00
40.00		LD1	0	0	40.00
41.00		LC2	0	0	41.00
42.00		LC1	0	0	42.00
43.00		LB2	0	0	43.00
44.00		LB1	0	0	44.00
45.00		CE2	0	0	45.00
46.00		CE1	0	0	46.00
47.00		CD2	0	0	47.00
48.00		CD1	0	0	48.00
49.00		CC2	0	0	49.00
50.00		CC1	17	0	50.00
51.00		CB2	0	0	51.00
52.00		CB1	8	0	52.00
53.00		CA2	0	0	53.00
54.00		CA1	16	0	54.00
55.00		SE3	0	0	55.00
56.00		SE2	0	0	56.00
57.00		SE1	0	0	57.00
58.00		SSC	0	0	58.00
59.00		SSB	0	0	59.00
60.00		SSA	0	0	60.00
61.00		IB2	0	0	61.00
62.00		IB1	0	0	62.00
63.00		IA2	0	0	63.00
64.00		IA1	0	0	64.00
65.00		BB2	0	0	65.00
66.00		BB1	0	0	66.00
67.00		BA2	0	0	67.00
68.00		BA1	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7

Date/Time Prepared:  
5/28/2015 6:32 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	3	0	3	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	1	0	1	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	3	0	3	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		5,408	0	5,408	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		2,567,799	29.10	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		8,824,965			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10	Date/Time Prepared: 5/28/2015 6:32 pm	
					1.00	
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)				0.222033	1.00
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid				19,428,734	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?					4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid				0	5.00
6.00	Medicaid charges				150,479,822	6.00
7.00	Medicaid cost (line 1 times line 6)				33,411,486	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)				13,982,752	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)				13,982,752	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	11,148,134	2,297,933	13,446,067		20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,475,254	510,217	2,985,471		21.00
22.00	Partial payment by patients approved for charity care	186,608	114,897	301,505		22.00
23.00	Cost of charity care (line 21 minus line 22)	2,288,646	395,320	2,683,966		23.00
					1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				19,344,147	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				764,009	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				18,580,138	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				4,125,404	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				6,809,370	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				20,792,122	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A  
Date/Time Prepared:  
5/28/2015 6:32 pm

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		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		4,448,167	4,448,167	3,926,012	8,374,179	1.00	
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,191,405	14,307,904	16,499,309	-2,384	16,496,925	4.00	
5.00 00500 ADMIN STRATIVE & GENERAL	6,403,050	47,020,029	53,423,079	-1,379,694	52,043,385	5.00	
7.00 00700 OPERATION OF PLANT	1,915,068	4,229,648	6,144,716	-118,698	6,026,018	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	123,398	17,869	141,267	-8,410	132,857	8.00	
9.00 00900 HOUSEKEEPING	1,491,536	1,169,193	2,660,729	-28,522	2,632,207	9.00	
10.00 01000 DIETARY	1,853,580	1,379,384	3,232,964	-1,697,925	1,535,039	10.00	
11.00 01100 CAFETERIA	0	0	0	1,663,397	1,663,397	11.00	
13.00 01300 NURSING ADMINISTRATION	4,130,036	696,572	4,826,608	-11,628	4,814,980	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	384,909	405,039	789,948	-52,806	737,142	14.00	
15.00 01500 PHARMACY	2,566,981	9,766,427	12,333,408	-10,757,551	1,575,857	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,205,401	930,106	2,135,507	-7,859	2,127,648	16.00	
17.00 01700 SOCIAL SERVICE	742,408	81,643	824,051	-623	823,428	17.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	80,997	43,528	124,525	82,783	207,308	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	18,330,270	7,097,456	25,427,726	-2,379,133	23,048,593	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,616,514	1,732,003	5,348,517	-547,107	4,801,410	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 04300 NURSERY	464,054	641,730	1,105,784	-81,295	1,024,489	43.00	
44.00 04400 SKILLED NURSING FACILITY	2,567,799	460,472	3,028,271	-131,905	2,896,366	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	3,967,909	13,435,043	17,402,952	-11,180,930	6,222,022	50.00	
53.00 05300 ANESTHESIOLOGY	91,441	420,511	511,952	711,006	1,222,958	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,370,782	2,705,442	7,076,224	-1,509,632	5,566,592	54.00	
56.00 05600 RADIO SOTOPE	290,978	611,815	902,793	-50,965	851,828	56.00	
56.01 05601 ULTRASOUND	575,611	178,537	754,148	-112,553	641,595	56.01	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	1,168,710	5,051,127	6,219,837	-4,518,665	1,701,172	59.00	
60.00 06000 LABORATORY	0	6,481,672	6,481,672	-4,127	6,477,545	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,459,617	1,459,617	-968,425	491,192	62.00	
64.00 06400 INTRAVENOUS THERAPY	342,459	228,177	570,636	-154,450	416,186	64.00	
65.00 06500 RESPIRATORY THERAPY	1,452,548	408,909	1,861,457	-185,744	1,675,713	65.00	
66.00 06600 PHYSICAL THERAPY	35,547	4,037,319	4,072,866	-1,290,631	2,782,235	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	654	654	1,261,962	1,262,616	67.00	
68.00 06800 SPEECH PATHOLOGY	217,915	17,093	235,008	-182	234,826	68.00	
69.00 06900 ELECTROCARDIOLOGY	724,017	293,413	1,017,430	101,777	1,119,207	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	85,132	44,910	130,042	-37,250	92,792	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,912,353	12,912,353	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,438,669	7,438,669	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	10,634,590	10,634,590	73.00	
74.00 07400 RENAL DIALYSIS	431,987	175,847	607,834	-114,399	493,435	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	1,426,911	400,528	1,827,439	-132,461	1,694,978	75.00	
76.00 03020 PULMONARY FUNCTION TESTING	122,582	22,132	144,714	19,656	164,370	76.00	
76.97 07697 CARDIAC REHABILITATION	256,631	36,632	293,263	38,186	331,449	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	1,349,649	832,663	2,182,312	-541,095	1,641,217	90.00	
91.00 09100 EMERGENCY	4,255,067	2,921,125	7,176,192	-795,742	6,380,450	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
93.00 04040 SLEEP LAB	275,489	204,297	479,786	-20,421	459,365	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
112.00 08600 OTHER ORGAN ACQUISITION (SPECIF)	0	0	0	0	0	112.00	
113.00 11300 INTEREST EXPENSE	0	1,989,927	1,989,927	0	1,989,927	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	33,000	33,000	114.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	69,508,771	136,384,560	205,893,331	179	205,893,510	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,809	57,809	0	57,809	190.00
190.01	19001	NONREIMBURSABLE HHA	0	29,062	29,062	-179	28,883	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	69,508,771	136,471,431	205,980,202	0	205,980,202	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	1,598,617	9,972,796	1.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	2,560,663	19,057,588	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-18,544,846	33,498,539	5.00
7.00	00700 OPERATION OF PLANT	-69,443	5,956,575	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	132,857	8.00
9.00	00900 HOUSEKEEPING	-715	2,631,492	9.00
10.00	01000 DIETARY	0	1,535,039	10.00
11.00	01100 CAFETERIA	-654,549	1,008,848	11.00
13.00	01300 NURSING ADMINISTRATION	-51,005	4,763,975	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	737,142	14.00
15.00	01500 PHARMACY	0	1,575,857	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-1,288	2,126,360	16.00
17.00	01700 SOCIAL SERVICE	-23,294	800,134	17.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	-22,665	184,643	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-2,916,119	20,132,474	30.00
31.00	03100 INTENSIVE CARE UNIT	-98	4,801,312	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	-514,080	510,409	43.00
44.00	04400 SKILLED NURSING FACILITY	-23,760	2,872,606	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	-162,212	6,059,810	50.00
53.00	05300 ANESTHESIOLOGY	-996,617	226,341	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-104,333	5,462,259	54.00
56.00	05600 RADIOISOTOPE	-12,593	839,235	56.00
56.01	05601 ULTRASOUND	0	641,595	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	1,701,172	59.00
60.00	06000 LABORATORY	-362,670	6,114,875	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	491,192	62.00
64.00	06400 INTRAVENOUS THERAPY	0	416,186	64.00
65.00	06500 RESPIRATORY THERAPY	-81,570	1,594,143	65.00
66.00	06600 PHYSICAL THERAPY	-60	2,782,175	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,262,616	67.00
68.00	06800 SPEECH PATHOLOGY	0	234,826	68.00
69.00	06900 ELECTROCARDIOLOGY	-42,495	1,076,712	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	92,792	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,912,353	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,438,669	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	10,634,590	73.00
74.00	07400 RENAL DIALYSIS	-15,600	477,835	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,694,978	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	164,370	76.00
76.97	07697 CARDIAC REHABILITATION	0	331,449	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-145,326	1,495,891	90.00
91.00	09100 EMERGENCY	-1,249,208	5,131,242	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 SLEEP LAB	-25,812	433,553	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF	0	0	112.00
113.00	11300 INTEREST EXPENSE	-1,989,927	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	-33,000	0	114.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	-23,884,005	182,009,505	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,809	190.00
190.01	19001 NONREIMBURSABLE HHA	-29,062	-179	190.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6.00	7.00	
194.00	07950	FUND RAISING	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-23,913,067	182,067,135	194.00
					200.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2015 6:32 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - CAFETERIA COSTS</b>						
1.00	CAFETERIA	11.00	953,688	709,709	1.00	
	TOTALS		953,688	709,709		
<b>B - PATIENT DRUGS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,634,590	1.00	
	TOTALS		0	10,634,590		
<b>C - PHYSICIAN COMPENSATION</b>						
1.00	UTILIZATION REVIEW-SNF	114.00	0	33,000	1.00	
	TOTALS		0	33,000		
<b>D - CENTRAL PROCESSING</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	49,041	0	1.00	
	TOTALS		49,041	0		
<b>E - MEDICAL DIRECTORS - PHYSICIANS</b>						
1.00	ADULTS & PEDIATRICS	30.00	14,430	59,595	1.00	
2.00	SKILLED NURSING FACILITY	44.00	0	23,760	2.00	
3.00	OPERATING ROOM	50.00	134,879	19,000	3.00	
4.00	ANESTHESIOLOGY	53.00	0	996,617	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	90,000	5.00	
6.00	RESPIRATORY THERAPY	65.00	81,120	0	6.00	
7.00	ELECTROCARDIOLOGY	69.00	38,000	0	7.00	
8.00	RENAL DIALYSIS	74.00	15,600	0	8.00	
9.00	PULMONARY FUNCTION TESTING	76.00	0	25,800	9.00	
10.00	CLINIC	90.00	10,000	45,430	10.00	
11.00	EMERGENCY	91.00	64,000	0	11.00	
	TOTALS		358,029	1,260,202		
<b>F - EDUCATION COST</b>						
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	84,662	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		84,662	0		
<b>G - CONTRACTED OR NURSE ASSISTANTS</b>						
1.00	OPERATING ROOM	50.00	0	99,000	1.00	
	TOTALS		0	99,000		
<b>H - EQUIP DEPR</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,926,012	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
	TOTALS		0	3,926,012	
<b>I - OCCUPATIONAL THERAPY</b>					
1.00	OCCUPATIONAL THERAPY	67.00	0	1,262,415	1.00
	TOTALS		0	1,262,415	
<b>J - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,351,022	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	20,351,022	
<b>K - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	7,438,669	1.00
	TOTALS		0	7,438,669	
<b>L - CARDIOLOGY ADMINISTRATION</b>					
1.00	CARDIAC CATHETERIZATION	59.00	163,092	57,244	1.00
2.00	ELECTROCARDIOLOGY	69.00	101,036	35,463	2.00
3.00	CARDIAC REHABILITATION	76.97	35,813	12,570	3.00
	TOTALS		299,941	105,277	
500.00	Grand Total: Increases		1,745,361	45,819,896	500.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2015 6:32 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - CAFETERIA COSTS</b>						
1.00	DIETARY	10.00	953,688	709,709	0	1.00
	TOTALS		953,688	709,709		
<b>B - PATIENT DRUGS</b>						
1.00	PHARMACY	15.00	0	10,634,590	0	1.00
	TOTALS		0	10,634,590		
<b>C - PHYSICIAN COMPENSATION</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	33,000	0	1.00
	TOTALS		0	33,000		
<b>D - CENTRAL PROCESSING</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	49,041	0	0	1.00
	TOTALS		49,041	0		
<b>E - MEDICAL DIRECTORS - PHYSICIANS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	358,029	313,585	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	946,617	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
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
	TOTALS		358,029	1,260,202		
<b>F - EDUCATION COST</b>						
1.00	ADULTS & PEDIATRICS	30.00	15,596	0	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	12,832	0	0	2.00
3.00	EMERGENCY	91.00	43,858	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	12,376	0	0	4.00
	TOTALS		84,662	0		
<b>G - CONTRACTED OR NURSE ASSISTANTS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	99,000	0	1.00
	TOTALS		0	99,000		
<b>H - EQUIP DEPR</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,171	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,818	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	3,984	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	27,818	0	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	4,583	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	8,549	0	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	61,932	0	7.00
8.00	OPERATION OF PLANT	7.00	0	112,920	0	8.00
9.00	HOUSEKEEPING	9.00	0	20,044	0	9.00
10.00	DIETARY	10.00	0	33,028	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	11,204	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	21,191	0	12.00
13.00	PHARMACY	15.00	0	107,333	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,803	0	14.00
15.00	SOCIAL SERVICE	17.00	0	600	0	15.00
16.00	PARAMED PRGM-(SPECIFY)	23.00	0	1,879	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	226,871	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	110,982	0	18.00
19.00	NURSERY	43.00	0	40,738	0	19.00
20.00	SKILLED NURSING FACILITY	44.00	0	1,214	0	20.00
21.00	OPERATING ROOM	50.00	0	1,263,802	0	21.00
22.00	ANESTHESIOLOGY	53.00	0	37,362	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	949,476	0	23.00
24.00	RADIOISOTOPE	56.00	0	46,943	0	24.00
25.00	ULTRASOUND	56.01	0	67,385	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	275,976	0	26.00
27.00	LABORATORY	60.00	0	3,841	0	27.00
28.00	INTRAVENOUS THERAPY	64.00	0	8,080	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	15,090	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	6,352	0	30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	205	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	57,531	0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	28,760	0	33.00
34.00	RENAL DIALYSIS	74.00	0	25,965	0	34.00
35.00	ASC (NON-DISTINCT PART)	75.00	0	87,629	0	35.00
36.00	PULMONARY FUNCTION TESTING	76.00	0	483	0	36.00
37.00	CARDIAC REHABILITATION	76.97	0	7,948	0	37.00
38.00	CLINIC	90.00	0	12,523	0	38.00
39.00	EMERGENCY	91.00	0	221,962	0	39.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2015 6:32 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
40.00	SLEEP LAB	93.00	0	2,037	0	40.00
	TOTALS		0	3,926,012		
I - OCCUPATIONAL THERAPY						
1.00	PHYSICAL THERAPY	66.00	0	1,262,415	0	1.00
	TOTALS		0	1,262,415		
J - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	213	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	660	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	101	0	3.00
4.00	OPERATION OF PLANT	7.00	0	5,778	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	8,410	0	5.00
6.00	HOUSEKEEPING	9.00	0	8,478	0	6.00
7.00	DIETARY	10.00	0	1,500	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	424	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	80,656	0	9.00
10.00	PHARMACY	15.00	0	15,628	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	56	0	11.00
12.00	SOCIAL SERVICE	17.00	0	23	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,264,074	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	423,293	0	14.00
15.00	NURSERY	43.00	0	40,557	0	15.00
16.00	SKILLED NURSING FACILITY	44.00	0	154,451	0	16.00
17.00	OPERATING ROOM	50.00	0	10,170,007	0	17.00
18.00	ANESTHESIOLOGY	53.00	0	248,249	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	650,156	0	19.00
20.00	RADIOISOTOPE	56.00	0	4,022	0	20.00
21.00	ULTRASOUND	56.01	0	45,168	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	4,463,025	0	22.00
23.00	LABORATORY	60.00	0	286	0	23.00
24.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	968,425	0	24.00
25.00	INTRAVENOUS THERAPY	64.00	0	146,370	0	25.00
26.00	RESPIRATORY THERAPY	65.00	0	251,774	0	26.00
27.00	PHYSICAL THERAPY	66.00	0	21,864	0	27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	248	0	28.00
29.00	SPEECH PATHOLOGY	68.00	0	182	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	0	15,191	0	30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,490	0	31.00
32.00	RENAL DIALYSIS	74.00	0	104,034	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0	44,832	0	33.00
34.00	PULMONARY FUNCTION TESTING	76.00	0	5,661	0	34.00
35.00	CARDIAC REHABILITATION	76.97	0	2,249	0	35.00
36.00	CLINIC	90.00	0	584,002	0	36.00
37.00	EMERGENCY	91.00	0	593,922	0	37.00
38.00	SLEEP LAB	93.00	0	18,384	0	38.00
39.00	NONREIMBURSABLE HHA	190.01	0	179	0	39.00
	TOTALS		0	20,351,022		
K - IMPLANTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,438,669	0	1.00
	TOTALS		0	7,438,669		
L - RADIOLOGY ADMINISTRATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	299,941	105,277	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		299,941	105,277		
500.00	Grand Total: Decreases		1,745,361	45,819,896		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	714,843	0	0	0	1.00
2.00	Land Improvements	5,355,764	0	0	0	2.00
3.00	Buildings and Fixtures	116,470,463	4,304,984	0	4,304,984	3.00
4.00	Building Improvements	493,741	455,127	0	455,127	4.00
5.00	Fixed Equipment	48,562,303	3,886,919	0	3,886,919	5.00
6.00	Movable Equipment	25,793	0	0	0	6.00
7.00	HIT designated Assets	802,434	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	172,425,341	8,647,030	0	8,647,030	8.00
9.00	Reconciling Items	-7,942,958	-3,684,315	0	-3,684,315	9.00
10.00	Total (line 8 minus line 9)	180,368,299	12,331,345	0	12,331,345	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	714,843	0			1.00
2.00	Land Improvements	5,355,764	2,604,200			2.00
3.00	Buildings and Fixtures	120,775,447	50,934,687			3.00
4.00	Building Improvements	948,868	269,880			4.00
5.00	Fixed Equipment	51,840,310	26,806,791			5.00
6.00	Movable Equipment	25,793	0			6.00
7.00	HIT designated Assets	802,434	374,351			7.00
8.00	Subtotal (sum of lines 1-7)	180,463,459	80,989,909			8.00
9.00	Reconciling Items	-11,627,273	0			9.00
10.00	Total (line 8 minus line 9)	192,090,732	80,989,909			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,448,167	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	4,448,167	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	4,448,167				1.00
3.00	Total (sum of lines 1-2)	0	4,448,167				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,972,796	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	9,972,796	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	9,972,796	1.00
3.00	Total (sum of lines 1-2)	0	0	0	0	9,972,796	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140250

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

Worksheet A-8

Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst. A-7	Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-75,227		ADMINISTRATIVE & GENERAL	5.00		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	-5,395,304					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	-3,040,638					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-1,288		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)	A	-33,000		UTILIZATION REVIEW-SNF	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		-770,700		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 OTHER NONALLOWABLE EXPENSES	A	-1,518		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 OTHER NONALLOWABLE EXPENSES	A	-294,177	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02 OTHER NONALLOWABLE EXPENSES	A	-69,443	OPERATION OF PLANT		7.00	0 33.02
33.03 OTHER NONALLOWABLE EXPENSES	A	-715	HOUSEKEEPING		9.00	0 33.03
33.04 OTHER NONALLOWABLE EXPENSES	A	-74	CAFETERIA		11.00	0 33.04
33.05 OTHER NONALLOWABLE EXPENSES	A	-1,001	NURSING ADMINISTRATION		13.00	0 33.05
33.06 OTHER NONALLOWABLE EXPENSES	A	-23,294	SOCIAL SERVICE		17.00	0 33.06
33.07 OTHER NONALLOWABLE EXPENSES	A	-644	ADULTS & PEDIATRICS		30.00	0 33.07
33.08 OTHER NONALLOWABLE EXPENSES	A	-98	INTENSIVE CARE UNIT		31.00	0 33.08
33.09 OTHER NONALLOWABLE EXPENSES	A	-53	RADIOLOGY-DIAGNOSTIC		54.00	0 33.09
33.10 OTHER NONALLOWABLE EXPENSES	A	-450	RESPIRATORY THERAPY		65.00	0 33.10
34.00 EMPLOYED PHYSICIANS	A	-153,595	ADMINISTRATIVE & GENERAL		5.00	0 34.00
34.05 EMPLOYED PHYSICIANS	A	-50,004	NURSING ADMINISTRATION		13.00	0 34.05
36.05 AHP FEE	A	-1,380,624	ADMINISTRATIVE & GENERAL		5.00	0 36.05
37.00 OTHER NONALLOWABLE EXPENSES	A	-284	EMERGENCY		91.00	0 37.00
37.01 BOOKED DEPR TO MC	A	1,102	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 37.01
38.00 OTHER NONALLOWABLE EXPENSES	A	-12	SLEEP LAB		93.00	0 38.00
39.00		0			0.00	0 39.00
39.05		0			0.00	0 39.05
40.03 AHA/IHA LOBBYING EXPENSES	A	997	ADMINISTRATIVE & GENERAL		5.00	0 40.03
41.00 ADVERTISING COSTS	A	-35,960	ADMINISTRATIVE & GENERAL		5.00	0 41.00
45.01		0			0.00	0 45.01
45.02 BOOKED INTEREST EXPENSE	A	-1,989,927	INTEREST EXPENSE		113.00	0 45.02
45.06		0			0.00	0 45.06
45.07 HHA EXPENSES	A	-29,062	NONREIMBURSABLE HHA		190.01	0 45.07
45.10		0			0.00	0 45.10
45.15 PUBLIC AID ASSESSMENT	A	-7,899,564	ADMINISTRATIVE & GENERAL		5.00	0 45.15
45.16		0			0.00	0 45.16
45.17 OTHER INCOME	B	-1,081	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.17
45.18 OTHER INCOME	B	-5,325	ADMINISTRATIVE & GENERAL		5.00	0 45.18
45.19 OTHER INCOME	B	-1,499,956	ADMINISTRATIVE & GENERAL		5.00	0 45.19
45.24 OTHER INCOME	B	-654,475	CAFETERIA		11.00	0 45.24
45.25 OTHER INCOME	B	-22,665	PARAMEDICAL PRGM-(SPECIFY)		23.00	0 45.25
45.27 OTHER INCOME	B	3	ADULTS & PEDIATRICS		30.00	0 45.27
45.28 OTHER INCOME	B	-14,280	RADIOLOGY-DIAGNOSTIC		54.00	0 45.28
45.30 OTHER INCOME	B	-12,593	RADIOISOTOPE		56.00	0 45.30
45.34 OTHER INCOME	B	-362,670	LABORATORY		60.00	0 45.34
45.35 OTHER INCOME	B	-60	PHYSICAL THERAPY		66.00	0 45.35
45.36 OTHER INCOME	B	-4,495	ELECTROCARDIOLOGY		69.00	0 45.36
45.37 OTHER INCOME	B	-90,896	CLINICAL		90.00	0 45.37
45.38 OTHER INCOME	B	-17	EMERGENCY		91.00	0 45.38
45.39		0			0.00	0 45.39
45.40		0			0.00	0 45.40
45.41		0			0.00	0 45.41
45.42		0			0.00	0 45.42
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,913,067				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 140250

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2015 6:32 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOCATION	7,849,804	15,051,219 1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE PERSONNEL ALLOC	2,563,262	0 2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE DEPR	1,597,515	0 3.00
4.00	0.00			0	0 4.00
4.01	0.00			0	0 4.01
4.02	0.00			0	0 4.02
5.00	0		0	12,010,581	15,051,219 5.00

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

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

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

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

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

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

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

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

Provider CCN: 140250

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2015 6:32 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-7,201,415	0		1.00
2.00	2,563,262	0		2.00
3.00	1,597,515	9		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
5.00	-3,040,638			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140250

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

Worksheet A-8-2

Date/Time Prepared:  
5/28/2015 6:32 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,144,778	2,144,778	0	200,300	0	1.00
2.00	43.00	AGGREGATE-NURSERY	514,080	514,080	0	177,200	0	2.00
3.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	23,760	23,760	0	177,200	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	162,212	162,212	0	177,200	0	4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	996,617	996,617	0	200,300	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	90,000	90,000	0	225,300	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	81,120	81,120	0	177,200	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	38,000	38,000	0	177,200	0	8.00
9.00	74.00	AGGREGATE-RENAL DIALYSIS	15,600	15,600	0	177,200	0	9.00
10.00	91.00	AGGREGATE-EMERGENCY	1,248,907	1,248,907	0	208,000	0	10.00
11.00	90.00	AGGREGATE-CLINIC	54,430	54,430	0	177,200	0	11.00
12.00	93.00	AGGREGATE-SLEEP LAB	25,800	25,800	0	177,200	0	12.00
200.00			5,395,304	5,395,304	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	2.00
3.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	0	0	9.00
10.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	10.00
11.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	11.00
12.00	93.00	AGGREGATE-SLEEP LAB	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,144,778		1.00
2.00	43.00	AGGREGATE-NURSERY	0	0	0	514,080		2.00
3.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	23,760		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	162,212		4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	996,617		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	90,000		6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	81,120		7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	38,000		8.00
9.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	15,600		9.00
10.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,248,907		10.00
11.00	90.00	AGGREGATE-CLINIC	0	0	0	54,430		11.00
12.00	93.00	AGGREGATE-SLEEP LAB	0	0	0	25,800		12.00
200.00			0	0	0	5,395,304		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	9,972,796	9,972,796				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	19,057,588	67,185	19,124,773			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	33,498,539	1,100,296	1,614,723	36,213,558	36,213,558	5.00
7.00 00700	OPERATION OF PLANT	5,956,575	2,207,504	544,069	8,708,148	2,162,120	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	132,857	24,975	35,057	192,889	47,892	8.00
9.00 00900	HOUSEKEEPING	2,631,492	126,799	423,744	3,182,035	790,058	9.00
10.00 01000	DIETARY	1,535,039	179,719	255,658	1,970,416	489,229	10.00
11.00 01100	CAFETERIA	1,008,848	173,926	270,942	1,453,716	360,939	11.00
13.00 01300	NURSING ADMINISTRATION	4,763,975	52,141	1,173,339	5,989,455	1,487,104	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	737,142	87,608	123,285	948,035	235,385	14.00
15.00 01500	PHARMACY	1,575,857	123,440	729,277	2,428,574	602,983	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,126,360	136,463	342,453	2,605,276	646,856	16.00
17.00 01700	SOCIAL SERVICE	800,134	9,615	210,917	1,020,666	253,418	17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	184,643	19,036	47,064	250,743	62,256	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	20,132,474	2,107,167	5,207,257	27,446,898	6,814,722	30.00
31.00 03100	INTENSIVE CARE UNIT	4,801,312	355,787	1,023,802	6,180,901	1,534,637	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	510,409	41,090	131,837	683,336	169,663	43.00
44.00 04400	SKILLED NURSING FACILITY	2,872,606	385,655	729,509	3,987,770	990,111	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	6,059,810	535,117	1,165,598	7,760,525	1,926,837	50.00
53.00 05300	ANESTHESIOLOGY	226,341	9,737	25,978	262,056	65,065	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,462,259	574,137	1,241,735	7,278,131	1,807,065	54.00
56.00 05600	RADIOISOTOPE	839,235	65,554	82,667	987,456	245,172	56.00
56.01 05601	ULTRASOUND	641,595	0	163,531	805,126	199,902	56.01
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,701,172	111,074	378,364	2,190,610	543,900	59.00
60.00 06000	LABORATORY	6,114,875	233,029	0	6,347,904	1,576,102	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	491,192	26,728	0	517,920	128,593	62.00
64.00 06400	INTRAVENOUS THERAPY	416,186	6,426	97,292	519,904	129,085	64.00
65.00 06500	RESPIRATORY THERAPY	1,594,143	52,263	435,714	2,082,120	516,963	65.00
66.00 06600	PHYSICAL THERAPY	2,782,175	133,566	10,099	2,925,840	726,448	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,262,616	20,910	0	1,283,526	318,683	67.00
68.00 06800	SPEECH PATHOLOGY	234,826	4,941	61,909	301,676	74,902	68.00
69.00 06900	ELECTROCARDIOLOGY	1,076,712	29,527	245,192	1,351,431	335,543	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	92,792	19,328	24,186	136,306	33,843	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,912,353	0	0	12,912,353	3,205,969	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	7,438,669	0	0	7,438,669	1,846,925	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,634,590	0	0	10,634,590	2,640,430	73.00
74.00 07400	RENAL DIALYSIS	477,835	26,777	127,159	631,771	156,861	74.00
75.00 07500	ASC (NON-DISTINCT PART)	1,694,978	173,780	405,384	2,274,142	564,640	75.00
76.00 03020	PULMONARY FUNCTION TESTING	164,370	7,692	34,825	206,887	51,367	76.00
76.97 07697	CARDIAC REHABILITATION	331,449	73,149	83,083	487,681	121,085	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	1,495,891	155,985	386,275	2,038,151	506,046	90.00
91.00 09100	EMERGENCY	5,131,242	480,201	1,214,583	6,826,026	1,694,814	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040	SLEEP LAB	433,553	2,532	78,266	514,351	127,707	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910	CORF	0	0	0	0	0	99.10
100.00 10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	182,009,505	9,940,859	19,124,773	181,977,568	36,191,320	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,809	28,846	0	86,655	21,515	190.00
190.01	19001 NONREIMBURSABLE HHA	-179	3,091	0	2,912	723	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 FUND RAISING	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	182,067,135	9,972,796	19,124,773	182,067,135	36,213,558	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	10,870,268				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	41,148	281,929			8.00
9.00	00900	HOUSEKEEPING	208,909	0	4,181,002		9.00
10.00	01000	DIETARY	296,098	0	116,569	2,872,312	10.00
11.00	01100	CAFETERIA	286,553	0	112,811	0	11.00
13.00	01300	NURSING ADMINISTRATION	85,906	0	33,820	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	144,339	0	56,824	0	14.00
15.00	01500	PHARMACY	203,374	0	80,065	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	224,830	0	88,512	0	16.00
17.00	01700	SOCIAL SERVICE	15,842	0	6,237	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	31,362	0	12,347	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,471,676	185,772	1,366,741	1,892,660	30.00
31.00	03100	INTENSIVE CARE UNIT	586,179	29,621	230,769	301,783	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	67,698	13,462	26,652	137,149	43.00
44.00	04400	SKILLED NURSING FACILITY	635,389	53,074	250,142	540,720	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	881,635	0	347,085	0	50.00
53.00	05300	ANESTHESIOLOGY	16,042	0	6,316	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	945,924	0	372,395	0	54.00
56.00	05600	RADIOISOTOPE	108,004	0	42,519	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	183,001	0	72,044	0	59.00
60.00	06000	LABORATORY	383,928	0	151,146	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	44,036	0	17,336	0	62.00
64.00	06400	INTRAVENOUS THERAPY	10,588	0	4,168	0	64.00
65.00	06500	RESPIRATORY THERAPY	86,106	0	33,899	0	65.00
66.00	06600	PHYSICAL THERAPY	220,058	0	86,633	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,450	0	13,563	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,141	0	3,205	0	68.00
69.00	06900	ELECTROCARDIOLOGY	48,648	0	19,152	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,844	0	12,536	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	44,116	0	17,368	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	286,312	0	112,716	0	75.00
76.00	03020	PULMONARY FUNCTION TESTING	12,673	0	4,989	0	76.00
76.97	07697	CARDIAC REHABILITATION	120,517	0	47,445	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	256,995	0	101,175	0	90.00
91.00	09100	EMERGENCY	791,158	0	311,466	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	SLEEP LAB	4,171	0	1,642	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,817,650	281,929	4,160,287	2,872,312	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,525	0	18,710	0	190.00
190.01	19001	NONREIMBURSABLE HHA	5,093	0	2,005	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.00	07950 FUND RAISING	0	0	0	0	0	194.00
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)	10,870,268	281,929	4,181,002	2,872,312	2,214,019	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	7,758,843					13.00
14.00	01400		1,401,663				14.00
15.00	01500		62,177	3,478,209			15.00
16.00	01600	21,709	6,961		3,641,589		16.00
17.00	01700	148,877	1,026			1,475,287	17.00
23.00	02300	16,610	14,329				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,602,697	356,811	56,635	437,399	972,114	30.00
31.00	03100	731,506	36,096	13,910	93,501	155,003	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	93,199	2,540	178	12,953	70,443	43.00
44.00	04400	523,963	40,191	4,064	39,143	277,727	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	803,354	571,654	13,598	438,532	0	50.00
53.00	05300	18,187	51,700	25,119	80,281	0	53.00
54.00	05400	13,852	40,088	7,069	484,111	0	54.00
56.00	05600	0	3,268	169,508	35,998	0	56.00
56.01	05601	0	8,498	74	53,068	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	226,579	25,990	2,904	138,578	0	59.00
60.00	06000	0	0	0	291,052	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	20,688	0	62.00
64.00	06400	67,643	1,096	15,522	5,469	0	64.00
65.00	06500	21,029	20,051	18	71,515	0	65.00
66.00	06600	8,296	21,266	10	64,885	0	66.00
67.00	06700	0	25	0	29,368	0	67.00
68.00	06800	40,053	255	0	3,540	0	68.00
69.00	06900	136,058	15,977	1,054	100,359	0	69.00
70.00	07000	17,133	769	0	5,520	0	70.00
71.00	07100	0	0	0	125,430	0	71.00
72.00	07200	0	0	0	113,546	0	72.00
73.00	07300	0	0	3,062,837	407,185	0	73.00
74.00	07400	87,176	5,428	386	19,091	0	74.00
75.00	07500	288,792	24,556	25,905	42,568	0	75.00
76.00	03020	0	5,477	145	5,269	0	76.00
76.97	07697	20,525	2,121	0	3,557	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	19,114	28,027	1,352	45,419	0	90.00
91.00	09100	852,491	48,600	77,921	457,997	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	2,045	0	15,567	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
112.00	08600	0	0	0	0	0	112.00
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
118.00		7,758,843	1,397,022	3,478,209	3,641,589	1,475,287	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	3,922	0	0	0	190.00
190.01	19001	0	719	0	0	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
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)	7,758,843	1,401,663	3,478,209	3,641,589	1,475,287	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
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
17.00	01700	SOCIAL SERVICE				17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	394,167			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	65,695	47,391,268	0	47,391,268
31.00	03100	INTENSIVE CARE UNIT	65,695	10,101,442	0	10,101,442
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	1,295,538	0	1,295,538
44.00	04400	SKILLED NURSING FACILITY	0	7,443,363	0	7,443,363
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	12,904,706	0	12,904,706
53.00	05300	ANESTHESIOLOGY	0	528,365	0	528,365
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,120,669	0	11,120,669
56.00	05600	RADIOISOTOPE	0	1,603,378	0	1,603,378
56.01	05601	ULTRASOUND	0	1,089,324	0	1,089,324
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	3,436,026	0	3,436,026
60.00	06000	LABORATORY	0	8,750,132	0	8,750,132
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	728,573	0	728,573
64.00	06400	INTRAVENOUS THERAPY	0	766,954	0	766,954
65.00	06500	RESPIRATORY THERAPY	0	2,892,066	0	2,892,066
66.00	06600	PHYSICAL THERAPY	0	4,054,835	0	4,054,835
67.00	06700	OCCUPATIONAL THERAPY	0	1,679,615	0	1,679,615
68.00	06800	SPEECH PATHOLOGY	0	440,349	0	440,349
69.00	06900	ELECTROCARDIOLOGY	0	2,042,192	0	2,042,192
70.00	07000	ELECTROENCEPHALOGRAPHY	0	241,302	0	241,302
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,243,752	0	16,243,752
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,399,140	0	9,399,140
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,745,042	0	16,745,042
74.00	07400	RENAL DIALYSIS	0	979,814	0	979,814
75.00	07500	ASC (NON-DISTINCT PART)	0	3,675,794	0	3,675,794
76.00	03020	PULMONARY FUNCTION TESTING	0	291,632	0	291,632
76.97	07697	CARDIAC REHABILITATION	0	814,442	0	814,442
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	3,049,795	0	3,049,795
91.00	09100	EMERGENCY	262,777	11,491,522	0	11,491,522
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
93.00	04040	SLEEP LAB	0	676,326	0	676,326
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	394,167	181,877,356	0	181,877,356

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	178,327	0	178,327	190.00
190.01	19001	NONREIMBURSABLE HHA	0	11,452	0	11,452	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	194.00
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)	394,167	182,067,135	0	182,067,135	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	67,185		67,185	67,185		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	390,450	1,100,296		1,490,746	5,672	1,496,418	5.00
7.00 00700 OPERATION OF PLANT	12,848	2,207,504		2,220,352	1,911	89,346	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	24,975		24,975	123	1,979	8.00
9.00 00900 HOUSEKEEPING	4,403	126,799		131,202	1,489	32,648	9.00
10.00 01000 DIETARY	4,503	179,719		184,222	898	20,216	10.00
11.00 01100 CAFETERIA	0	173,926		173,926	952	14,915	11.00
13.00 01300 NURSING ADMINISTRATION	0	52,141		52,141	4,122	61,452	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	182,402	87,608		270,010	433	9,727	14.00
15.00 01500 PHARMACY	91,771	123,440		215,211	2,562	24,917	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	136,463		136,463	1,203	26,730	16.00
17.00 01700 SOCIAL SERVICE	0	9,615		9,615	741	10,472	17.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	19,036		19,036	165	2,573	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	5,015	2,107,167		2,112,182	18,296	281,563	30.00
31.00 03100 INTENSIVE CARE UNIT	0	355,787		355,787	3,596	63,416	31.00
32.00 03200 CORONARY CARE UNIT	0	0		0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0		0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0		0	0	0	34.00
41.00 04100 SUBPROVIDER - IRF	0	0		0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	0	42.00
43.00 04300 NURSERY	0	41,090		41,090	463	7,011	43.00
44.00 04400 SKILLED NURSING FACILITY	750	385,655		386,405	2,563	40,915	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	30,399	535,117		565,516	4,095	79,623	50.00
53.00 05300 ANESTHESIOLOGY	0	9,737		9,737	91	2,689	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	39,686	574,137		613,823	4,362	74,674	54.00
56.00 05600 RADIOISOTOPE	0	65,554		65,554	290	10,131	56.00
56.01 05601 ULTRASOUND	0	0		0	574	8,261	56.01
57.00 05700 CT SCAN	0	0		0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	237,843	111,074		348,917	1,329	22,476	59.00
60.00 06000 LABORATORY	0	233,029		233,029	0	65,129	60.00
60.01 06001 BLOOD LABORATORY	0	0		0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	26,728		26,728	0	5,314	62.00
64.00 06400 INTRAVENOUS THERAPY	0	6,426		6,426	342	5,334	64.00
65.00 06500 RESPIRATORY THERAPY	8,181	52,263		60,444	1,531	21,363	65.00
66.00 06600 PHYSICAL THERAPY	360	133,566		133,926	35	30,019	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	20,910		20,910	0	13,169	67.00
68.00 06800 SPEECH PATHOLOGY	0	4,941		4,941	217	3,095	68.00
69.00 06900 ELECTROCARDIOLOGY	0	29,527		29,527	861	13,866	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	19,328		19,328	85	1,398	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	132,481	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0	0	76,321	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	109,111	73.00
74.00 07400 RENAL DIALYSIS	0	26,777		26,777	447	6,482	74.00
75.00 07500 ASC (NON-DISTINCT PART)	675	173,780		174,455	1,424	23,333	75.00
76.00 03020 PULMONARY FUNCTION TESTING	0	7,692		7,692	122	2,123	76.00
76.97 07697 CARDIAC REHABILITATION	0	73,149		73,149	292	5,004	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0		0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	0	89.00
90.00 09000 CLINIC	0	155,985		155,985	1,357	20,911	90.00
91.00 09100 EMERGENCY	0	480,201		480,201	4,267	70,035	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0	0	92.00
93.00 04040 SLEEP LAB	113,885	2,532		116,417	275	5,277	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0	0		0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0		0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900 PANCREAS ACQUISITION	0	0		0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0		0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION (SPECIF	0	0		0	0	0	112.00
113.00 11300 INTEREST EXPENSE	0	0		0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0		0	0	0	114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,123,171	9,940,859		11,064,030	67,185	1,495,499	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,846	28,846	0	889	190.00
190.01 19001	NONREIMBURSABLE HHA	0	3,091	3,091	0	30	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950	FUND RAISING	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments		0	0			200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,123,171	9,972,796	11,095,967	67,185	1,496,418	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 6:32 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	2,311,609				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	8,750	35,827			8.00	
9.00	00900	HOUSEKEEPING	44,425	0	209,764		9.00	
10.00	01000	DIETARY	62,966	0	5,848	274,150	10.00	
11.00	01100	CAFETERIA	60,937	0	5,660	0	256,390	11.00
13.00	01300	NURSING ADMINISTRATION	18,268	0	1,697	0	18,825	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,694	0	2,851	0	1,978	14.00
15.00	01500	PHARMACY	43,248	0	4,017	0	11,700	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,811	0	4,441	0	5,494	16.00
17.00	01700	SOCIAL SERVICE	3,369	0	313	0	3,384	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,669	0	619	0	755	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	738,271	23,607	68,571	180,647	83,546	30.00
31.00	03100	INTENSIVE CARE UNIT	124,654	3,764	11,578	28,804	16,426	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	14,396	1,711	1,337	13,090	2,115	43.00
44.00	04400	SKILLED NURSING FACILITY	135,118	6,745	12,550	51,609	11,704	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	187,484	0	17,414	0	18,701	50.00
53.00	05300	ANESTHESIOLOGY	3,411	0	317	0	417	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	201,155	0	18,683	0	19,922	54.00
56.00	05600	RADIOISOTOPE	22,967	0	2,133	0	1,326	56.00
56.01	05601	ULTRASOUND	0	0	0	0	2,624	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,916	0	3,615	0	6,070	59.00
60.00	06000	LABORATORY	81,644	0	7,583	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,364	0	870	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	2,252	0	209	0	1,561	64.00
65.00	06500	RESPIRATORY THERAPY	18,311	0	1,701	0	6,990	65.00
66.00	06600	PHYSICAL THERAPY	46,796	0	4,346	0	162	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,326	0	680	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,731	0	161	0	993	68.00
69.00	06900	ELECTROCARDIOLOGY	10,345	0	961	0	3,934	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,772	0	629	0	388	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,381	0	871	0	2,040	74.00
75.00	07500	ASC (NON-DISTINCT PART)	60,885	0	5,655	0	6,504	75.00
76.00	03020	PULMONARY FUNCTION TESTING	2,695	0	250	0	559	76.00
76.97	07697	CARDIAC REHABILITATION	25,628	0	2,380	0	1,333	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	54,651	0	5,076	0	6,197	90.00
91.00	09100	EMERGENCY	168,243	0	15,626	0	19,486	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	SLEEP LAB	887	0	82	0	1,256	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,300,420	35,827	208,724	274,150	256,390	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,106	0	939	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	1,083	0	101	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140250			Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 6:32 pm	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
			7.00	8.00	9.00	10.00	11.00		
194.00	07950	FUND RAISING	0	0	0	0	0		194.00
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	2,311,609	35,827	209,764	274,150	256,390		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140250		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 6:32 pm	
Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
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	156,505				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	315,693			14.00
15.00	01500	PHARMACY	0	14,004	315,659		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	438	1,568	0	224,148	16.00
17.00	01700	SOCIAL SERVICE	3,003	231	0	0	31,128
23.00	02300	PARAMED ED PRGM-(SPECIFY)	335	3,227	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	72,672	80,364	5,140	26,956	20,511
31.00	03100	INTENSIVE CARE UNIT	14,755	8,130	1,262	5,762	3,271
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,880	572	16	798	1,486
44.00	04400	SKILLED NURSING FACILITY	10,569	9,052	369	2,412	5,860
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	16,205	128,749	1,234	27,026	0
53.00	05300	ANESTHESIOLOGY	367	11,644	2,280	4,948	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	279	9,029	642	29,558	0
56.00	05600	RADIOISOTOPE	0	736	15,383	2,219	0
56.01	05601	ULTRASOUND	0	1,914	7	3,271	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,570	5,854	264	8,540	0
60.00	06000	LABORATORY	0	0	0	17,937	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,275	0
64.00	06400	INTRAVENOUS THERAPY	1,364	247	1,409	337	0
65.00	06500	RESPIRATORY THERAPY	424	4,516	2	4,407	0
66.00	06600	PHYSICAL THERAPY	167	4,790	1	3,999	0
67.00	06700	OCCUPATIONAL THERAPY	0	6	0	1,810	0
68.00	06800	SPEECH PATHOLOGY	808	58	0	218	0
69.00	06900	ELECTROCARDIOLOGY	2,744	3,598	96	6,185	0
70.00	07000	ELECTROENCEPHALOGRAPHY	346	173	0	340	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,730	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,998	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	277,960	25,094	0
74.00	07400	RENAL DIALYSIS	1,758	1,223	35	1,177	0
75.00	07500	ASC (NON-DISTINCT PART)	5,825	5,531	2,351	2,623	0
76.00	03020	PULMONARY FUNCTION TESTING	0	1,234	13	325	0
76.97	07697	CARDIAC REHABILITATION	414	478	0	219	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	386	6,313	123	2,799	0
91.00	09100	EMERGENCY	17,196	10,946	7,072	28,226	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	SLEEP LAB	0	461	0	959	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	156,505	314,648	315,659	224,148	31,128
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	883	0	0	0
190.01	19001	NONREIMBURSABLE HHA	0	162	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 6:32 pm				
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
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)	156,505	315,693	315,659	224,148	31,128	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
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	
17.00	01700	SOCIAL SERVICE				17.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	33,379			23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,712,326	0	3,712,326	30.00	
31.00	03100	INTENSIVE CARE UNIT	641,205	0	641,205	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	42.00	
43.00	04300	NURSERY	85,965	0	85,965	43.00	
44.00	04400	SKILLED NURSING FACILITY	675,871	0	675,871	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,046,047	0	1,046,047	50.00	
53.00	05300	ANESTHESIOLOGY	35,901	0	35,901	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	972,127	0	972,127	54.00	
56.00	05600	RADIOISOTOPE	120,739	0	120,739	56.00	
56.01	05601	ULTRASOUND	16,651	0	16,651	56.01	
57.00	05700	CT SCAN	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	440,551	0	440,551	59.00	
60.00	06000	LABORATORY	405,322	0	405,322	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	43,551	0	43,551	62.00	
64.00	06400	INTRAVENOUS THERAPY	19,481	0	19,481	64.00	
65.00	06500	RESPIRATORY THERAPY	119,689	0	119,689	65.00	
66.00	06600	PHYSICAL THERAPY	224,241	0	224,241	66.00	
67.00	06700	OCCUPATIONAL THERAPY	43,901	0	43,901	67.00	
68.00	06800	SPEECH PATHOLOGY	12,222	0	12,222	68.00	
69.00	06900	ELECTROCARDIOLOGY	72,117	0	72,117	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	29,459	0	29,459	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	140,211	0	140,211	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	83,319	0	83,319	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	412,165	0	412,165	73.00	
74.00	07400	RENAL DIALYSIS	50,191	0	50,191	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	288,586	0	288,586	75.00	
76.00	03020	PULMONARY FUNCTION TESTING	15,013	0	15,013	76.00	
76.97	07697	CARDIAC REHABILITATION	108,897	0	108,897	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00	
90.00	09000	CLINIC	253,798	0	253,798	90.00	
91.00	09100	EMERGENCY	821,298	0	821,298	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00	
93.00	04040	SLEEP LAB	125,614	0	125,614	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	111.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	112.00	
113.00	11300	INTEREST EXPENSE	0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	11,016,458	0	11,016,458	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		41,663	0	41,663	190.00
190.01	19001	NONREIMBURSABLE HHA		4,467	0	4,467	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
194.00	07950	FUND RAISING		0	0	0	194.00
200.00		Cross Foot Adjustments	33,379	33,379	0	33,379	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	33,379	11,095,967	0	11,095,967	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5A	5.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	409,690				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,760	67,317,366			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	45,201	5,683,663	-36,213,558	145,853,577	5.00
7.00 00700	OPERATION OF PLANT	90,686	1,915,068	0	8,708,148	271,043 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,026	123,398	0	192,889	1,026 8.00
9.00 00900	HOUSEKEEPING	5,209	1,491,536	0	3,182,035	5,209 9.00
10.00 01000	DIETARY	7,383	899,892	0	1,970,416	7,383 10.00
11.00 01100	CAFETERIA	7,145	953,688	0	1,453,716	7,145 11.00
13.00 01300	NURSING ADMINISTRATION	2,142	4,130,036	0	5,989,455	2,142 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,599	433,950	0	948,035	3,599 14.00
15.00 01500	PHARMACY	5,071	2,566,981	0	2,428,574	5,071 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,606	1,205,401	0	2,605,276	5,606 16.00
17.00 01700	SOCIAL SERVICE	395	742,408	0	1,020,666	395 17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	782	165,659	0	250,743	782 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	86,564	18,329,104	0	27,446,898	86,564 30.00
31.00 03100	INTENSIVE CARE UNIT	14,616	3,603,682	0	6,180,901	14,616 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,688	464,054	0	683,336	1,688 43.00
44.00 04400	SKILLED NURSING FACILITY	15,843	2,567,799	0	3,987,770	15,843 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	21,983	4,102,788	0	7,760,525	21,983 50.00
53.00 05300	ANESTHESIOLOGY	400	91,441	0	262,056	400 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,586	4,370,782	0	7,278,131	23,586 54.00
56.00 05600	RADIOISOTOPE	2,693	290,978	0	987,456	2,693 56.00
56.01 05601	ULTRASOUND	0	575,611	0	805,126	0 56.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	4,563	1,331,802	0	2,190,610	4,563 59.00
60.00 06000	LABORATORY	9,573	0	0	6,347,904	9,573 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,098	0	0	517,920	1,098 62.00
64.00 06400	INTRAVENOUS THERAPY	264	342,459	0	519,904	264 64.00
65.00 06500	RESPIRATORY THERAPY	2,147	1,533,668	0	2,082,120	2,147 65.00
66.00 06600	PHYSICAL THERAPY	5,487	35,547	0	2,925,840	5,487 66.00
67.00 06700	OCCUPATIONAL THERAPY	859	0	0	1,283,526	859 67.00
68.00 06800	SPEECH PATHOLOGY	203	217,915	0	301,676	203 68.00
69.00 06900	ELECTROCARDIOLOGY	1,213	863,053	0	1,351,431	1,213 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	794	85,132	0	136,306	794 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,912,353	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,438,669	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,634,590	0 73.00
74.00 07400	RENAL DIALYSIS	1,100	447,587	0	631,771	1,100 74.00
75.00 07500	ASC (NON-DISTINCT PART)	7,139	1,426,911	0	2,274,142	7,139 75.00
76.00 03020	PULMONARY FUNCTION TESTING	316	122,582	0	206,887	316 76.00
76.97 07697	CARDIAC REHABILITATION	3,005	292,444	0	487,681	3,005 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	6,408	1,359,649	0	2,038,151	6,408 90.00
91.00 09100	EMERGENCY	19,727	4,275,209	0	6,826,026	19,727 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04040	SLEEP LAB	104	275,489	0	514,351	104 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
112.00 08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0 112.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	0 114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)		
	NEW BLDG & FIXT (SQUARE FEET)							
	1.00	4.00		5A	5.00	7.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)		408,378	67,317,366	-36,213,558	145,764,010	269,731	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,185	0	0	86,655	1,185	190.00
190.01	19001	NONREIMBURSABLE HHA	127	0	0	2,912	127	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,972,796	19,124,773		36,213,558	10,870,268	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.342298	0.284099		0.248287	40.105326	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		67,185		1,496,418	2,311,609	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000998		0.010260	8.528569	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
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	52,148				8.00
9.00	00900	HOUSEKEEPING	0	264,808			9.00
10.00	01000	DIETARY	0	7,383	52,148		10.00
11.00	01100	CAFETERIA	0	7,145	0	56,250,121	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,142	0	4,130,036	39,945,411
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,599	0	433,950	0
15.00	01500	PHARMACY	0	5,071	0	2,566,981	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,606	0	1,205,401	111,768
17.00	01700	SOCIAL SERVICE	0	395	0	742,408	766,477
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	782	0	165,659	85,517
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	34,362	86,564	34,362	18,329,104	18,547,995
31.00	03100	INTENSIVE CARE UNIT	5,479	14,616	5,479	3,603,682	3,766,069
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	2,490	1,688	2,490	464,054	479,821
44.00	04400	SKILLED NURSING FACILITY	9,817	15,843	9,817	2,567,799	2,697,560
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	21,983	0	4,102,788	4,135,970
53.00	05300	ANESTHESIOLOGY	0	400	0	91,441	93,634
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,586	0	4,370,782	71,314
56.00	05600	RADIOISOTOPE	0	2,693	0	290,978	0
56.01	05601	ULTRASOUND	0	0	0	575,611	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	4,563	0	1,331,802	1,166,513
60.00	06000	LABORATORY	0	9,573	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,098	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	264	0	342,459	348,252
65.00	06500	RESPIRATORY THERAPY	0	2,147	0	1,533,668	108,267
66.00	06600	PHYSICAL THERAPY	0	5,487	0	35,547	42,713
67.00	06700	OCCUPATIONAL THERAPY	0	859	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	203	0	217,915	206,209
69.00	06900	ELECTROCARDIOLOGY	0	1,213	0	863,053	700,477
70.00	07000	ELECTROENCEPHALOGRAPHY	0	794	0	85,132	88,206
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	1,100	0	447,587	448,817
75.00	07500	ASC (NON-DISTINCT PART)	0	7,139	0	1,426,911	1,486,810
76.00	03020	PULMONARY FUNCTION TESTING	0	316	0	122,582	0
76.97	07697	CARDIAC REHABILITATION	0	3,005	0	292,444	105,669
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	6,408	0	1,359,649	98,407
91.00	09100	EMERGENCY	0	19,727	0	4,275,209	4,388,946
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	SLEEP LAB	0	104	0	275,489	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,148	263,496	52,148	56,250,121	39,945,411

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	
		8.00	9.00	10.00	11.00	13.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,185	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	0	127	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	281,929	4,181,002	2,872,312	2,214,019	7,758,843
203.00		Unit cost multiplier (Wkst. B, Part I)	5.406324	15.788805	55.080003	0.039360	0.194236
204.00		Cost to be allocated (per Wkst. B, Part II)	35,827	209,764	274,150	256,390	156,505
205.00		Unit cost multiplier (Wkst. B, Part II)	0.687025	0.792136	5.257153	0.004558	0.003918

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	PARAMED PRGM (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	1,273,613					14.00
15.00	01500	56,497	10,552,955				15.00
16.00	01600	6,325	0	819,144,700			16.00
17.00	01700	932	0	0	52,148		17.00
23.00	02300	13,020	0	0	0	24	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	324,214	171,832	98,380,302	34,362	4	30.00
31.00	03100	32,798	42,204	21,030,363	5,479	4	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,308	539	2,913,318	2,490	0	43.00
44.00	04400	36,519	12,331	8,804,013	9,817	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	519,430	41,256	98,635,095	0	0	50.00
53.00	05300	46,977	76,211	18,056,965	0	0	53.00
54.00	05400	36,426	21,447	108,960,743	0	0	54.00
56.00	05600	2,969	514,290	8,096,796	0	0	56.00
56.01	05601	7,722	225	11,936,152	0	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	23,616	8,812	31,169,058	0	0	59.00
60.00	06000	0	0	65,463,824	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	4,653,168	0	0	62.00
64.00	06400	996	47,095	1,230,125	0	0	64.00
65.00	06500	18,219	55	16,085,266	0	0	65.00
66.00	06600	19,323	30	14,594,080	0	0	66.00
67.00	06700	23	0	6,605,460	0	0	67.00
68.00	06800	232	0	796,155	0	0	68.00
69.00	06900	14,517	3,197	22,572,899	0	0	69.00
70.00	07000	699	0	1,241,587	0	0	70.00
71.00	07100	0	0	28,211,815	0	0	71.00
72.00	07200	0	0	25,538,831	0	0	72.00
73.00	07300	0	9,292,708	91,584,545	0	0	73.00
74.00	07400	4,932	1,171	4,294,036	0	0	74.00
75.00	07500	22,313	78,595	9,574,513	0	0	75.00
76.00	03020	4,977	439	1,185,222	0	0	76.00
76.97	07697	1,927	0	800,034	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	25,467	4,103	10,215,729	0	0	90.00
91.00	09100	44,160	236,415	103,013,346	0	16	91.00
92.00	09200						92.00
93.00	04040	1,858	0	3,501,260	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
112.00	08600	0	0	0	0	0	112.00
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
118.00		1,269,396	10,552,955	819,144,700	52,148	24	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	PARAMED PRGM (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,564	0	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	653	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,401,663	3,478,209	3,641,589	1,475,287	394,167
203.00		Unit cost multiplier (Wkst. B, Part I)	1.100541	0.329596	0.004446	28.290385	16,423.625000
204.00		Cost to be allocated (per Wkst. B, Part II)	315,693	315,659	224,148	31,128	33,379
205.00		Unit cost multiplier (Wkst. B, Part II)	0.247872	0.029912	0.000274	0.596916	1,390.791667

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140250

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

		Title XVII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	47,391,268		47,391,268	0	47,391,268	30.00
31.00	03100 INTENSIVE CARE UNIT	10,101,442		10,101,442	0	10,101,442	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,295,538		1,295,538	0	1,295,538	43.00
44.00	04400 SKILLED NURSING FACILITY	7,443,363		7,443,363	0	7,443,363	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	12,904,706		12,904,706	0	12,904,706	50.00
53.00	05300 ANESTHESIOLOGY	528,365		528,365	0	528,365	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,120,669		11,120,669	0	11,120,669	54.00
56.00	05600 RADIOISOTOPE	1,603,378		1,603,378	0	1,603,378	56.00
56.01	05601 ULTRASOUND	1,089,324		1,089,324	0	1,089,324	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	3,436,026		3,436,026	0	3,436,026	59.00
60.00	06000 LABORATORY	8,750,132		8,750,132	0	8,750,132	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	728,573		728,573	0	728,573	62.00
64.00	06400 INTRAVENOUS THERAPY	766,954		766,954	0	766,954	64.00
65.00	06500 RESPIRATORY THERAPY	2,892,066	0	2,892,066	0	2,892,066	65.00
66.00	06600 PHYSICAL THERAPY	4,054,835	0	4,054,835	0	4,054,835	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,679,615	0	1,679,615	0	1,679,615	67.00
68.00	06800 SPEECH PATHOLOGY	440,349	0	440,349	0	440,349	68.00
69.00	06900 ELECTROCARDIOLOGY	2,042,192		2,042,192	0	2,042,192	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	241,302		241,302	0	241,302	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,243,752		16,243,752	0	16,243,752	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,399,140		9,399,140	0	9,399,140	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,745,042		16,745,042	0	16,745,042	73.00
74.00	07400 RENAL DIALYSIS	979,814		979,814	0	979,814	74.00
75.00	07500 ASC (NON-DISTINCT PART)	3,675,794		3,675,794	0	3,675,794	75.00
76.00	03020 PULMONARY FUNCTION TESTING	291,632		291,632	0	291,632	76.00
76.97	07697 CARDIAC REHABILITATION	814,442		814,442	0	814,442	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	3,049,795		3,049,795	0	3,049,795	90.00
91.00	09100 EMERGENCY	11,491,522		11,491,522	0	11,491,522	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,999,286		9,999,286	0	9,999,286	92.00
93.00	04040 SLEEP LAB	676,326		676,326	0	676,326	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF	0		0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
200.00	Subtotal (see instructions)	191,876,642	0	191,876,642	0	191,876,642	200.00
201.00	Less Observation Beds	9,999,286		9,999,286	0	9,999,286	201.00
202.00	Total (see instructions)	181,877,356	0	181,877,356	0	181,877,356	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140250		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 6:32 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	74,837,208		74,837,208			30.00
31.00	03100	INTENSIVE CARE UNIT	21,030,363		21,030,363			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,913,318		2,913,318			43.00
44.00	04400	SKILLED NURSING FACILITY	8,804,013		8,804,013			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	43,092,752	55,542,343	98,635,095	0.130833	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	7,630,683	10,426,282	18,056,965	0.029261	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,554,998	76,405,745	108,960,743	0.102061	0.000000	54.00
56.00	05600	RADIO SOTOPE	2,480,491	5,616,305	8,096,796	0.198026	0.000000	56.00
56.01	05601	ULTRASOUND	2,103,182	9,832,970	11,936,152	0.091263	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,239,911	16,929,147	31,169,058	0.110238	0.000000	59.00
60.00	06000	LABORATORY	37,664,379	27,799,445	65,463,824	0.133664	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,256,738	1,396,430	4,653,168	0.156576	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	1,139,832	90,293	1,230,125	0.623476	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,527,688	1,557,578	16,085,266	0.179796	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,841,340	6,752,740	14,594,080	0.277841	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,986,306	1,619,154	6,605,460	0.254277	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	632,305	163,850	796,155	0.553095	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,450,622	13,122,277	22,572,899	0.090471	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	586,067	655,520	1,241,587	0.194350	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,775,392	10,436,423	28,211,815	0.575778	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,219,570	11,319,261	25,538,831	0.368033	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,318,689	29,265,856	91,584,545	0.182837	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,825,561	468,475	4,294,036	0.228180	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	468,469	9,106,044	9,574,513	0.383914	0.000000	75.00
76.00	03020	PULMONARY FUNCTION TESTING	179,806	1,005,416	1,185,222	0.246057	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	16,261	783,773	800,034	1.018009	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	104,448	10,111,281	10,215,729	0.298539	0.000000	90.00
91.00	09100	EMERGENCY	22,472,782	80,540,564	103,013,346	0.111554	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,630,142	16,912,952	23,543,094	0.424723	0.000000	92.00
93.00	04040	SLEEP LAB	0	3,501,260	3,501,260	0.193166	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0			112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	417,783,316	401,361,384	819,144,700			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	417,783,316	401,361,384	819,144,700			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 6:32 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.130833		50.00
53.00	05300 ANESTHESIOLOGY	0.029261		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.102061		54.00
56.00	05600 RADIOISOTOPE	0.198026		56.00
56.01	05601 ULTRASOUND	0.091263		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	0.110238		59.00
60.00	06000 LABORATORY	0.133664		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.156576		62.00
64.00	06400 INTRAVENOUS THERAPY	0.623476		64.00
65.00	06500 RESPIRATORY THERAPY	0.179796		65.00
66.00	06600 PHYSICAL THERAPY	0.277841		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.254277		67.00
68.00	06800 SPEECH PATHOLOGY	0.553095		68.00
69.00	06900 ELECTROCARDIOLOGY	0.090471		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.194350		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575778		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.368033		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.182837		73.00
74.00	07400 RENAL DIALYSIS	0.228180		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.383914		75.00
76.00	03020 PULMONARY FUNCTION TESTING	0.246057		76.00
76.97	07697 CARDIAC REHABILITATION	1.018009		76.97
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.298539		90.00
91.00	09100 EMERGENCY	0.111554		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.424723		92.00
93.00	04040 SLEEP LAB	0.193166		93.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
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: 140250

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	47,391,268		47,391,268	0	47,391,268	30.00
31.00	03100 INTENSIVE CARE UNIT	10,101,442		10,101,442	0	10,101,442	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,295,538		1,295,538	0	1,295,538	43.00
44.00	04400 SKILLED NURSING FACILITY	7,443,363		7,443,363	0	7,443,363	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	12,904,706		12,904,706	0	12,904,706	50.00
53.00	05300 ANESTHESIOLOGY	528,365		528,365	0	528,365	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,120,669		11,120,669	0	11,120,669	54.00
56.00	05600 RADIOISOTOPE	1,603,378		1,603,378	0	1,603,378	56.00
56.01	05601 ULTRASOUND	1,089,324		1,089,324	0	1,089,324	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	3,436,026		3,436,026	0	3,436,026	59.00
60.00	06000 LABORATORY	8,750,132		8,750,132	0	8,750,132	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	728,573		728,573	0	728,573	62.00
64.00	06400 INTRAVENOUS THERAPY	766,954		766,954	0	766,954	64.00
65.00	06500 RESPIRATORY THERAPY	2,892,066	0	2,892,066	0	2,892,066	65.00
66.00	06600 PHYSICAL THERAPY	4,054,835	0	4,054,835	0	4,054,835	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,679,615	0	1,679,615	0	1,679,615	67.00
68.00	06800 SPEECH PATHOLOGY	440,349	0	440,349	0	440,349	68.00
69.00	06900 ELECTROCARDIOLOGY	2,042,192		2,042,192	0	2,042,192	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	241,302		241,302	0	241,302	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,243,752		16,243,752	0	16,243,752	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,399,140		9,399,140	0	9,399,140	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,745,042		16,745,042	0	16,745,042	73.00
74.00	07400 RENAL DIALYSIS	979,814		979,814	0	979,814	74.00
75.00	07500 ASC (NON-DISTINCT PART)	3,675,794		3,675,794	0	3,675,794	75.00
76.00	03020 PULMONARY FUNCTION TESTING	291,632		291,632	0	291,632	76.00
76.97	07697 CARDIAC REHABILITATION	814,442		814,442	0	814,442	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	3,049,795		3,049,795	0	3,049,795	90.00
91.00	09100 EMERGENCY	11,491,522		11,491,522	0	11,491,522	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,999,286		9,999,286	0	9,999,286	92.00
93.00	04040 SLEEP LAB	676,326		676,326	0	676,326	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF	0		0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
200.00	Subtotal (see instructions)	191,876,642	0	191,876,642	0	191,876,642	200.00
201.00	Less Observation Beds	9,999,286		9,999,286	0	9,999,286	201.00
202.00	Total (see instructions)	181,877,356	0	181,877,356	0	181,877,356	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140250

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	74,837,208		74,837,208		30.00
31.00	03100	INTENSIVE CARE UNIT	21,030,363		21,030,363		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,913,318		2,913,318		43.00
44.00	04400	SKILLED NURSING FACILITY	8,804,013		8,804,013		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	43,092,752	55,542,343	98,635,095	0.130833	50.00
53.00	05300	ANESTHESIOLOGY	7,630,683	10,426,282	18,056,965	0.029261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,554,998	76,405,745	108,960,743	0.102061	54.00
56.00	05600	RADIOISOTOPE	2,480,491	5,616,305	8,096,796	0.198026	56.00
56.01	05601	ULTRASOUND	2,103,182	9,832,970	11,936,152	0.091263	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,239,911	16,929,147	31,169,058	0.110238	59.00
60.00	06000	LABORATORY	37,664,379	27,799,445	65,463,824	0.133664	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,256,738	1,396,430	4,653,168	0.156576	62.00
64.00	06400	INTRAVENOUS THERAPY	1,139,832	90,293	1,230,125	0.623476	64.00
65.00	06500	RESPIRATORY THERAPY	14,527,688	1,557,578	16,085,266	0.179796	65.00
66.00	06600	PHYSICAL THERAPY	7,841,340	6,752,740	14,594,080	0.277841	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,986,306	1,619,154	6,605,460	0.254277	67.00
68.00	06800	SPEECH PATHOLOGY	632,305	163,850	796,155	0.553095	68.00
69.00	06900	ELECTROCARDIOLOGY	9,450,622	13,122,277	22,572,899	0.090471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	586,067	655,520	1,241,587	0.194350	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,775,392	10,436,423	28,211,815	0.575778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,219,570	11,319,261	25,538,831	0.368033	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,318,689	29,265,856	91,584,545	0.182837	73.00
74.00	07400	RENAL DIALYSIS	3,825,561	468,475	4,294,036	0.228180	74.00
75.00	07500	ASC (NON-DISTINCT PART)	468,469	9,106,044	9,574,513	0.383914	75.00
76.00	03020	PULMONARY FUNCTION TESTING	179,806	1,005,416	1,185,222	0.246057	76.00
76.97	07697	CARDIAC REHABILITATION	16,261	783,773	800,034	1.018009	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	104,448	10,111,281	10,215,729	0.298539	90.00
91.00	09100	EMERGENCY	22,472,782	80,540,564	103,013,346	0.111554	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,630,142	16,912,952	23,543,094	0.424723	92.00
93.00	04040	SLEEP LAB	0	3,501,260	3,501,260	0.193166	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
200.00		Subtotal (see instructions)	417,783,316	401,361,384	819,144,700		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	417,783,316	401,361,384	819,144,700		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 6:32 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.000000		50.00
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	05601 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 PULMONARY FUNCTION TESTING	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 SLEEP LAB	0.000000		93.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
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: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/28/2015 6:32 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,712,326	0	3,712,326	43,551	85.24	30.00
31.00	INTENSIVE CARE UNIT	641,205		641,205	5,479	117.03	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	85,965		85,965	2,490	34.52	43.00
44.00	SKILLED NURSING FACILITY	675,871		675,871	9,817	68.85	44.00
200.00	Total (lines 30-199)	5,115,367		5,115,367	61,337		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	13,701	1,167,873
31.00	INTENSIVE CARE UNIT	2,585	302,523
32.00	CORONARY CARE UNIT	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0
41.00	SUBPROVIDER - IRF	0	0
42.00	SUBPROVIDER	0	0
43.00	NURSERY	0	0
44.00	SKILLED NURSING FACILITY	5,408	372,341
200.00	Total (lines 30-199)	21,694	1,842,737

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/28/2015 6:32 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,046,047	98,635,095	0.010605	14,866,191	157,656	50.00
53.00	05300 ANESTHESIOLOGY	35,901	18,056,965	0.001988	2,113,199	4,201	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	972,127	108,960,743	0.008922	13,459,266	120,084	54.00
56.00	05600 RADIOISOTOPE	120,739	8,096,796	0.014912	1,012,910	15,105	56.00
56.01	05601 ULTRASOUND	16,651	11,936,152	0.001395	742,662	1,036	56.01
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	440,551	31,169,058	0.014134	6,149,971	86,924	59.00
60.00	06000 LABORATORY	405,322	65,463,824	0.006192	14,654,195	90,739	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	43,551	4,653,168	0.009359	1,174,407	10,991	62.00
64.00	06400 INTRAVENOUS THERAPY	19,481	1,230,125	0.015837	462,624	7,327	64.00
65.00	06500 RESPIRATORY THERAPY	119,689	16,085,266	0.007441	6,694,796	49,816	65.00
66.00	06600 PHYSICAL THERAPY	224,241	14,594,080	0.015365	2,084,017	32,021	66.00
67.00	06700 OCCUPATIONAL THERAPY	43,901	6,605,460	0.006646	487,479	3,240	67.00
68.00	06800 SPEECH PATHOLOGY	12,222	796,155	0.015351	356,384	5,471	68.00
69.00	06900 ELECTROCARDIOLOGY	72,117	22,572,899	0.003195	4,179,077	13,352	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	29,459	1,241,587	0.023727	292,045	6,929	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	140,211	28,211,815	0.004970	7,244,941	36,007	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	83,319	25,538,831	0.003262	5,568,669	18,165	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	412,165	91,584,545	0.004500	23,199,099	104,396	73.00
74.00	07400 RENAL DIALYSIS	50,191	4,294,036	0.011689	2,248,704	26,285	74.00
75.00	07500 ASC (NON-DISTINCT PART)	288,586	9,574,513	0.030141	204,763	6,172	75.00
76.00	03020 PULMONARY FUNCTION TESTING	15,013	1,185,222	0.012667	80,498	1,020	76.00
76.97	07697 CARDIAC REHABILITATION	108,897	800,034	0.136115	5,735	781	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	253,798	10,215,729	0.024844	42,216	1,049	90.00
91.00	09100 EMERGENCY	821,298	103,013,346	0.007973	9,468,591	75,493	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	783,284	23,543,094	0.033270	4,566,082	151,914	92.00
93.00	04040 SLEEP LAB	125,614	3,501,260	0.035877	0	0	93.00
200.00	Total (lines 50-199)	6,684,375	711,559,798		121,358,521	1,026,174	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/28/2015 6:32 pm
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Cost Center Description			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	65,695	0	0	65,695	30.00
31.00	03100	INTENSIVE CARE UNIT	0	65,695	0	0	65,695	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	131,390	0	0	131,390	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	43,551	1.51	13,701	20,689		30.00
31.00	03100	INTENSIVE CARE UNIT	5,479	11.99	2,585	30,994		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	2,490	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	9,817	0.00	5,408	0		44.00
200.00		Total (lines 30-199)	61,337		21,694	51,683		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140250

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	262,777	0	262,777	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	13,859	0	13,859	0	92.00
93.00	04040	SLEEP LAB	0	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	276,636	0	276,636	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 6:32 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	98,635,095	0.000000	0.000000	14,866,191	50.00
53.00	05300 ANESTHESIOLOGY	0	18,056,965	0.000000	0.000000	2,113,199	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	108,960,743	0.000000	0.000000	13,459,266	54.00
56.00	05600 RADIOISOTOPE	0	8,096,796	0.000000	0.000000	1,012,910	56.00
56.01	05601 ULTRASOUND	0	11,936,152	0.000000	0.000000	742,662	56.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	31,169,058	0.000000	0.000000	6,149,971	59.00
60.00	06000 LABORATORY	0	65,463,824	0.000000	0.000000	14,654,195	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,653,168	0.000000	0.000000	1,174,407	62.00
64.00	06400 INTRAVENOUS THERAPY	0	1,230,125	0.000000	0.000000	462,624	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,085,266	0.000000	0.000000	6,694,796	65.00
66.00	06600 PHYSICAL THERAPY	0	14,594,080	0.000000	0.000000	2,084,017	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,605,460	0.000000	0.000000	487,479	67.00
68.00	06800 SPEECH PATHOLOGY	0	796,155	0.000000	0.000000	356,384	68.00
69.00	06900 ELECTROCARDIOLOGY	0	22,572,899	0.000000	0.000000	4,179,077	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,241,587	0.000000	0.000000	292,045	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,211,815	0.000000	0.000000	7,244,941	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	25,538,831	0.000000	0.000000	5,568,669	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	91,584,545	0.000000	0.000000	23,199,099	73.00
74.00	07400 RENAL DIALYSIS	0	4,294,036	0.000000	0.000000	2,248,704	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	9,574,513	0.000000	0.000000	204,763	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	1,185,222	0.000000	0.000000	80,498	76.00
76.97	07697 CARDIAC REHABILITATION	0	800,034	0.000000	0.000000	5,735	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	10,215,729	0.000000	0.000000	42,216	90.00
91.00	09100 EMERGENCY	262,777	103,013,346	0.002551	0.002551	9,468,591	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,859	23,543,094	0.000589	0.000589	4,566,082	92.00
93.00	04040 SLEEP LAB	0	3,501,260	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	276,636	711,559,798			121,358,521	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 6:32 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title VIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	12,837,092	0	50.00
53.00	05300 ANESTHESIOLOGY	0	2,568,704	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	19,152,995	0	54.00
56.00	05600 RADIO SOTOPE	0	1,831,961	0	56.00
56.01	05601 ULTRASOUND	0	1,135,214	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,771,830	0	59.00
60.00	06000 LABORATORY	0	5,552,181	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	390,572	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	37,981	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	426,179	0	65.00
66.00	06600 PHYSICAL THERAPY	0	98,063	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	28,268	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	16,132	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,713,980	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	148,655	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,426,341	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,172,872	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,135,119	0	73.00
74.00	07400 RENAL DIALYSIS	0	322,075	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	2,247,357	0	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	385,324	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	225,342	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	3,425,994	0	90.00
91.00	09100 EMERGENCY	24,154	12,987,432	33,131	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,689	5,235,226	3,084	92.00
93.00	04040 SLEEP LAB	0	670,297	0	93.00
200.00	Total (lines 50-199)	26,843	96,943,186	36,215	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 6:32 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.130833	12,837,092	0	0	1,679,515	50.00
53.00 05300 ANESTHESIOLOGY	0.029261	2,568,704	0	0	75,163	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.102061	19,152,995	0	0	1,954,774	54.00
56.00 05600 RADIOISOTOPE	0.198026	1,831,961	0	0	362,776	56.00
56.01 05601 ULTRASOUND	0.091263	1,135,214	0	0	103,603	56.01
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.110238	7,771,830	0	0	856,751	59.00
60.00 06000 LABORATORY	0.133664	5,552,181	0	78	742,127	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.156576	390,572	0	0	61,154	62.00
64.00 06400 INTRAVENOUS THERAPY	0.623476	37,981	0	0	23,680	64.00
65.00 06500 RESPIRATORY THERAPY	0.179796	426,179	0	0	76,625	65.00
66.00 06600 PHYSICAL THERAPY	0.277841	98,063	0	0	27,246	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.254277	28,268	0	0	7,188	67.00
68.00 06800 SPEECH PATHOLOGY	0.553095	16,132	0	0	8,923	68.00
69.00 06900 ELECTROCARDIOLOGY	0.090471	3,713,980	0	0	336,007	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.194350	148,655	0	0	28,891	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575778	3,426,341	0	0	1,972,812	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.368033	3,172,872	0	266,382	1,167,722	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.182837	9,135,119	0	96,848	1,670,238	73.00
74.00 07400 RENAL DIALYSIS	0.228180	322,075	0	0	73,491	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.383914	2,247,357	0	0	862,792	75.00
76.00 03020 PULMONARY FUNCTION TESTING	0.246057	385,324	0	0	94,812	76.00
76.97 07697 CARDIAC REHABILITATION	1.018009	225,342	0	0	229,400	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.298539	3,425,994	0	0	1,022,793	90.00
91.00 09100 EMERGENCY	0.111554	12,987,432	0	0	1,448,800	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.424723	5,235,226	0	0	2,223,521	92.00
93.00 04040 SLEEP LAB	0.193166	670,297	0	0	129,479	93.00
200.00	Subtotal (see instructions)	96,943,186	0	363,308	17,240,283	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	96,943,186	0	363,308	17,240,283	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 6:32 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		50.00
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
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 05601 ULTRASOUND	0	0	56.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	10	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	98,037	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	17,707	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 PULMONARY FUNCTION TESTING	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 04040 SLEEP LAB	0	0	93.00
200.00 Subtotal (see instructions)	0	115,754	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	115,754	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140250  
Component CCN: 145599

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2015 6:32 pm

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
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	05601	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	262,777	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	SLEEP LAB	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	262,777	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250 Component CCN: 145599	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 6:32 pm
	Title XVIII	Skilled Nursing Facility	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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	98,635,095	0.000000	0.000000	14,503	50.00
53.00	05300 ANESTHESIOLOGY	0	18,056,965	0.000000	0.000000	2,373	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	108,960,743	0.000000	0.000000	162,599	54.00
56.00	05600 RADIOISOTOPE	0	8,096,796	0.000000	0.000000	16,806	56.00
56.01	05601 ULTRASOUND	0	11,936,152	0.000000	0.000000	15,014	56.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	31,169,058	0.000000	0.000000	11,202	59.00
60.00	06000 LABORATORY	0	65,463,824	0.000000	0.000000	799,011	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,653,168	0.000000	0.000000	34,735	62.00
64.00	06400 INTRAVENOUS THERAPY	0	1,230,125	0.000000	0.000000	16,821	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,085,266	0.000000	0.000000	641,995	65.00
66.00	06600 PHYSICAL THERAPY	0	14,594,080	0.000000	0.000000	2,095,933	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,605,460	0.000000	0.000000	2,230,843	67.00
68.00	06800 SPEECH PATHOLOGY	0	796,155	0.000000	0.000000	47,502	68.00
69.00	06900 ELECTROCARDIOLOGY	0	22,572,899	0.000000	0.000000	37,724	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,241,587	0.000000	0.000000	6,109	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,211,815	0.000000	0.000000	683,919	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	25,538,831	0.000000	0.000000	3,596	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	91,584,545	0.000000	0.000000	1,661,717	73.00
74.00	07400 RENAL DIALYSIS	0	4,294,036	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	9,574,513	0.000000	0.000000	1,721	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	1,185,222	0.000000	0.000000	663	76.00
76.97	07697 CARDIAC REHABILITATION	0	800,034	0.000000	0.000000	116	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	10,215,729	0.000000	0.000000	15,283	90.00
91.00	09100 EMERGENCY	262,777	103,013,346	0.002551	0.002551	6,125	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	23,543,094	0.000000	0.000000	0	92.00
93.00	04040 SLEEP LAB	0	3,501,260	0.000000	0.000000	0	93.00
200.00	Total (Lines 50-199)	262,777	711,559,798			8,506,310	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 6:32 pm
	Component CCN: 145599	Title XVIII	Skilled Nursing Facility 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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	16	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 SLEEP LAB	0	0	0	93.00
200.00	Total (Lines 50-199)	16	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 6:32 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.130833	0	0	3,800,036	0 50.00
53.00 05300 ANESTHESIOLOGY	0.029261	0	0	624,498	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.102061	0	0	9,517,330	0 54.00
56.00 05600 RADIOISOTOPE	0.198026	0	0	437,308	0 56.00
56.01 05601 ULTRASOUND	0.091263	0	0	2,693,083	0 56.01
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.110238	0	0	835,623	0 59.00
60.00 06000 LABORATORY	0.133664	0	0	4,326,941	0 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.156576	0	0	182,202	0 62.00
64.00 06400 INTRAVENOUS THERAPY	0.623476	0	0	916	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.179796	0	0	299,559	0 65.00
66.00 06600 PHYSICAL THERAPY	0.277841	0	0	412,208	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.254277	0	0	137,827	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.553095	0	0	7,475	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.090471	0	0	1,366,826	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.194350	0	0	100,301	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575778	0	0	700,157	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.368033	0	0	682,970	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.182837	0	0	4,736,363	0 73.00
74.00 07400 RENAL DIALYSIS	0.228180	0	0	27,735	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.383914	0	0	439,189	0 75.00
76.00 03020 PULMONARY FUNCTION TESTING	0.246057	0	0	42,188	0 76.00
76.97 07697 CARDIAC REHABILITATION	1.018009	0	0	37,650	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00 09000 CLINIC	0.298539	0	0	554,652	0 90.00
91.00 09100 EMERGENCY	0.111554	0	0	20,748,647	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.424723	0	0	2,442,512	0 92.00
93.00 04040 SLEEP LAB	0.193166	0	0	280,345	0 93.00
200.00	Subtotal (see instructions)	0	0	55,434,541	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	55,434,541	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 6:32 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	497,170		50.00
53.00 05300 ANESTHESIOLOGY	0	18,273		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	971,348		54.00
56.00 05600 RADIOISOTOPE	0	86,598		56.00
56.01 05601 ULTRASOUND	0	245,779		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	92,117		59.00
60.00 06000 LABORATORY	0	578,356		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	28,528		62.00
64.00 06400 INTRAVENOUS THERAPY	0	571		64.00
65.00 06500 RESPIRATORY THERAPY	0	53,860		65.00
66.00 06600 PHYSICAL THERAPY	0	114,528		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	35,046		67.00
68.00 06800 SPEECH PATHOLOGY	0	4,134		68.00
69.00 06900 ELECTROCARDIOLOGY	0	123,658		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	19,493		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	403,135		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	251,355		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	865,982		73.00
74.00 07400 RENAL DIALYSIS	0	6,329		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	168,611		75.00
76.00 03020 PULMONARY FUNCTION TESTING	0	10,381		76.00
76.97 07697 CARDIAC REHABILITATION	0	38,328		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	165,585		90.00
91.00 09100 EMERGENCY	0	2,314,595		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,037,391		92.00
93.00 04040 SLEEP LAB	0	54,153		93.00
200.00	Subtotal (see instructions)	0	8,185,304	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	0	8,185,304	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2015 6:32 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,551	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,551	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)		34,362	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)		13,701	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
<b>SWING BED ADJUSTMENT</b>				
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)		47,391,268	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)		47,391,268	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		47,391,268	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,088.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,909,154	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)		14,909,154	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/28/2015 6:32 pm	
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	10,101,442	5,479	1,843.67	2,585	4,765,887		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,384,636		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,059,677		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)					1,522,079		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,053,017		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,575,096		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,484,581		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)					9,189		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,088.18		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,999,286		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 6:32 pm	
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	3,712,326	47,391,268	0.078334	9,999,286	783,284	90.00
91.00	Nursing School cost	0	47,391,268	0.000000	9,999,286	0	91.00
92.00	Allied health cost	65,695	47,391,268	0.001386	9,999,286	13,859	92.00
93.00	All other Medical Education	0	47,391,268	0.000000	9,999,286	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 145599		Date/Time Prepared: 5/28/2015 6:32 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,817	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,817	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,817	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)		5,408	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
<b>SWING BED ADJUSTMENT</b>				
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)		7,443,363	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)		7,443,363	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		7,443,363	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 145599				Date/Time Prepared: 5/28/2015 6:32 pm	
		Title XVIII		Skilled Nursing Facility		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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					7,443,363	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					758.21	71.00
72.00	Program routine service cost (line 9 x line 71)					4,100,400	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					4,100,400	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					4,100,400	83.00
84.00	Program inpatient ancillary services (see instructions)					2,148,228	84.00
85.00	Utilization review - physician compensation (see instructions)					33,000	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					6,281,628	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: 140250 Component CCN: 145599		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 6:32 pm	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V															
	1.00	2.00	3.00	4.00	5.00															
<b>PART I - NOT IN APPROVED TEACHING PROGRAM</b>																				
Hospital Inpatient Routine Services:																				
1.00 Total cost of services rendered	100.00	0				1.00														
2.00 ADULTS & PEDIATRICS	100.00	0	43,551	0.00	0	2.00														
3.00 INTENSIVE CARE UNIT	0.00	0	5,479	0.00	0	3.00														
4.00 CORONARY CARE UNIT	0.00	0	0	0.00	0	4.00														
5.00 BURN INTENSIVE CARE UNIT	0.00	0	0	0.00	0	5.00														
6.00 SURGICAL INTENSIVE CARE UNIT	0.00	0	0	0.00	0	6.00														
7.00 OTHER SPECIAL CARE (SPECIFY)						7.00														
8.00 NURSERY	0.00	0	2,490	0.00	0	8.00														
9.00 Subtotal (sum of lines 2 through 8)	100.00	0				9.00														
10.00 SUBPROVIDER - IPF						10.00														
11.00 SUBPROVIDER - IRF	0.00	0	0	0.00	0	11.00														
12.00 SUBPROVIDER	0.00	0	0	0.00	0	12.00														
13.00 SKILLED NURSING FACILITY	0.00	0	9,817	0.00	0	13.00														
14.00 NURSING FACILITY						14.00														
15.00 OTHER LONG TERM CARE						15.00														
16.00 HOME HEALTH AGENCY	0.00	0				16.00														
17.00 CMHC						17.00														
17.10 CORF	0.00	0				17.10														
18.00 AMBULATORY SURGICAL CENTER (D.P.)						18.00														
19.00 HOSPICE						19.00														
20.00 Subtotal (sum of lines 9 through 19)	100.00	0				20.00														
<table border="1"> <thead> <tr> <th>Cost Center Description</th> <th>Percent of Assigned Time</th> <th>Expense Allocation</th> <th>Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)</th> <th>Ratio of Cost to Charges (col. 2 ÷ col. 3)</th> <th>Titles V and XIX Outpatient and Title XVIII Part B Charges Title V</th> <th></th> </tr> <tr> <td></td> <td>1.00</td> <td>2.00</td> <td>3.00</td> <td>4.00</td> <td>5.00</td> <td></td> </tr> </thead> </table>							Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V			1.00	2.00	3.00	4.00	5.00	
Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V															
	1.00	2.00	3.00	4.00	5.00															
Hospital Outpatient Services:																				
21.00 RURAL HEALTH CLINIC	0.00	0	0	0.000000	0	21.00														
22.00 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0	0	0.000000	0	22.00														
23.00 CLINIC	0.00	0	10,215,729	0.000000	0	23.00														
24.00 EMERGENCY	0.00	0	103,013,346	0.000000	0	24.00														
25.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.00	0	23,543,094	0.000000	0	25.00														
26.00 SLEEP LAB	0.00	0	3,501,260	0.000000	0	26.00														
27.00 Subtotal (sum of lines 21 through 26)	0.00	0				27.00														
28.00 Total (sum of lines 20 and 27)	100.00	0				28.00														
<table border="1"> <thead> <tr> <th>Cost Center Description</th> <th>Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22</th> <th>Swing bed Amount</th> <th>Net cost (column 1 plus column 2)</th> <th>Total Inpatient Days - All Patients</th> <th>Average Cost Per Day (col. 3 ÷ col. 4)</th> <th></th> </tr> <tr> <td></td> <td>1.00</td> <td>2.00</td> <td>3.00</td> <td>4.00</td> <td>5.00</td> <td></td> </tr> </thead> </table>							Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)			1.00	2.00	3.00	4.00	5.00	
Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)															
	1.00	2.00	3.00	4.00	5.00															
<b>PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)</b>																				
Hospital Inpatient Routine Services:																				
29.00 ADULTS & PEDIATRICS	0	0	0	43,551	0.00	29.00														
30.00 Swing Bed - SNF		0	0	0	0.00	30.00														
31.00 Swing Bed - NF		0				31.00														
32.00 INTENSIVE CARE UNIT	0		0	5,479	0.00	32.00														
33.00 CORONARY CARE UNIT	0		0	0	0.00	33.00														
34.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	34.00														
35.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	35.00														
36.00 OTHER SPECIAL CARE (SPECIFY)						36.00														
37.00 Subtotal (sum of lines 28, and 29 through 36)	0		0			37.00														
38.00 SUBPROVIDER - IPF						38.00														
39.00 SUBPROVIDER - IRF	0	0	0	0	0.00	39.00														
40.00 SUBPROVIDER	0	0	0	0	0.00	40.00														
41.00 SKILLED NURSING FACILITY	0		0	0	0.00	41.00														
42.00 Total (sum of lines 37 through 41)	0		0			42.00														

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2

Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description	Not In Approved Teaching Program		In Approved Teaching Program	
	(from Part I:)	Amount	(from Part II, col. 7, - )	
	1.00	2.00	3.00	
<b>PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)</b>				
<b>Hospital</b>				
43.00 Inpatient	col. 9, line 9.00		0 line 37.00	43.00
44.00 Outpatient	col. 9, line 27.00		0	44.00
45.00 Total Hospital (sum of lines 43 and 44)			0	45.00
46.00 SUBPROVIDER - IPF				46.00
47.00 SUBPROVIDER - IRF	col. 9, line 11.00		0 col. 9, line 39.00	47.00
48.00 SUBPROVIDER	col. 9, line 12.00		0 col. 9, line 40.00	48.00
49.00 SKILLED NURSING FACILITY	col. 9, line 13.00		0 col. 9, line 41.00	49.00

Cost Center Description	Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
	Title XVIII, Part B Only Less Part A Coverage but no Part B Coverage	Title XIX				
	6.00	7.00				
<b>PART I - NOT IN APPROVED TEACHING PROGRAM</b>						
1.00	Total cost of services rendered					1.00
Hospital Inpatient Routine Services:						
2.00	ADULTS & PEDIATRICS	13,701	0	0	0	2.00
3.00	INTENSIVE CARE UNIT	2,585	860	0	0	3.00
4.00	CORONARY CARE UNIT	0	0	0	0	4.00
5.00	BURN INTENSIVE CARE UNIT	0	0	0	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	6.00
7.00	OTHER SPECIAL CARE (SPECIFY)					7.00
8.00	NURSERY		0	0	0	8.00
9.00	Subtotal (sum of lines 2 through 8)			0	0	9.00
10.00	SUBPROVIDER - IPF			0	0	10.00
11.00	SUBPROVIDER - IRF	0	0	0	0	11.00
12.00	SUBPROVIDER	0	0	0	0	12.00
13.00	SKILLED NURSING FACILITY	5,408	0	0	0	13.00
14.00	NURSING FACILITY					14.00
15.00	OTHER LONG TERM CARE					15.00
16.00	HOME HEALTH AGENCY					16.00
17.00	CMHC					17.00
17.10	CORF					17.10
18.00	AMBULATORY SURGICAL CENTER (D.P.)					18.00
19.00	HOSPICE					19.00
20.00	Subtotal (sum of lines 9 through 19)					20.00
Cost Center Description	Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost			
	Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
	6.00	7.00	8.00	9.00	10.00	
Hospital Outpatient Services:						
21.00	RURAL HEALTH CLINIC	0	0	0	0	21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	22.00
23.00	CLINIC	3,468,210	556,313	0	0	23.00
24.00	EMERGENCY	22,456,023	22,642,028	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART)	9,801,308	3,173,200	0	0	25.00
26.00	SLEEP LAB	670,297	280,345	0	0	26.00
27.00	Subtotal (sum of lines 21 through 26)			0	0	27.00
28.00	Total (sum of lines 20 and 27)					28.00
Cost Center Description	Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents			
	6.00	7.00	11.00			
	<b>PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)</b>					
Hospital Inpatient Routine Services:						
29.00	ADULTS & PEDIATRICS	0	0	0		29.00
30.00	Swing Bed - SNF	0	0			30.00
31.00	Swing Bed - NF					31.00
32.00	INTENSIVE CARE UNIT	0	0	0		32.00
33.00	CORONARY CARE UNIT	0	0	0		33.00
34.00	BURN INTENSIVE CARE UNIT	0	0	0		34.00
35.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		35.00
36.00	OTHER SPECIAL CARE (SPECIFY)					36.00
37.00	Subtotal (sum of lines 28, and 29 through 36)		0	0		37.00
38.00	SUBPROVIDER - IPF					38.00
39.00	SUBPROVIDER - IRF	0	0	0		39.00
40.00	SUBPROVIDER	0	0	0		40.00
41.00	SKILLED NURSING FACILITY	0	0	0		41.00
42.00	Total (sum of lines 37 through 41)		0	0		42.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2

Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description	In Approved Teaching Program	Total Title XVIII Costs			
	Amount	(to Wkst. E, Part B - )	(col. 2 + col. 4)		
	4.00	5.00	6.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)					
Hospital					
43.00	Inpatient	0		0	43.00
44.00	Outpatient				44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 2.00	0	45.00
46.00	SUBPROVIDER - IPF				46.00
47.00	SUBPROVIDER - IRF		0	line 2.00	47.00
48.00	SUBPROVIDER		0	line 2.00	48.00
49.00	SKILLED NURSING FACILITY		0	line 2.00	49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 6:32 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		27,915,110	30.00
31.00	03100	INTENSIVE CARE UNIT		9,218,024	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.130833	14,866,191	1,944,988 50.00
53.00	05300	ANESTHESIOLOGY	0.029261	2,113,199	61,834 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102061	13,459,266	1,373,666 54.00
56.00	05600	RADIOISOTOPE	0.198026	1,012,910	200,583 56.00
56.01	05601	ULTRASOUND	0.091263	742,662	67,778 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.110238	6,149,971	677,961 59.00
60.00	06000	LABORATORY	0.133664	14,654,195	1,958,738 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.156576	1,174,407	183,884 62.00
64.00	06400	INTRAVENOUS THERAPY	0.623476	462,624	288,435 64.00
65.00	06500	RESPIRATORY THERAPY	0.179796	6,694,796	1,203,698 65.00
66.00	06600	PHYSICAL THERAPY	0.277841	2,084,017	579,025 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.254277	487,479	123,955 67.00
68.00	06800	SPEECH PATHOLOGY	0.553095	356,384	197,114 68.00
69.00	06900	ELECTROCARDIOLOGY	0.090471	4,179,077	378,085 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194350	292,045	56,759 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575778	7,244,941	4,171,478 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.368033	5,568,669	2,049,454 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.182837	23,199,099	4,241,654 73.00
74.00	07400	RENAL DIALYSIS	0.228180	2,248,704	513,109 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.383914	204,763	78,611 75.00
76.00	03020	PULMONARY FUNCTION TESTING	0.246057	80,498	19,807 76.00
76.97	07697	CARDIAC REHABILITATION	1.018009	5,735	5,838 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.298539	42,216	12,603 90.00
91.00	09100	EMERGENCY	0.111554	9,468,591	1,056,259 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.424723	4,566,082	1,939,320 92.00
93.00	04040	SLEEP LAB	0.193166	0	0 93.00
200.00		Total (sum of lines 50-94 and 96-98)		121,358,521	23,384,636 200.00
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)		121,358,521	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 145599		Date/Time Prepared: 5/28/2015 6:32 pm	
		Title XVIII	Skilled Nursing Facility	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.130833	14,503	50.00
53.00	05300	ANESTHESIOLOGY	0.029261	2,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102061	162,599	54.00
56.00	05600	RADIOISOTOPE	0.198026	16,806	56.00
56.01	05601	ULTRASOUND	0.091263	15,014	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.110238	11,202	59.00
60.00	06000	LABORATORY	0.133664	799,011	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.156576	34,735	62.00
64.00	06400	INTRAVENOUS THERAPY	0.623476	16,821	64.00
65.00	06500	RESPIRATORY THERAPY	0.179796	641,995	65.00
66.00	06600	PHYSICAL THERAPY	0.277841	2,095,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.254277	2,230,843	67.00
68.00	06800	SPEECH PATHOLOGY	0.553095	47,502	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090471	37,724	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194350	6,109	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575778	683,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.368033	3,596	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.182837	1,661,717	73.00
74.00	07400	RENAL DIALYSIS	0.228180	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.383914	1,721	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0.246057	663	76.00
76.97	07697	CARDIAC REHABILITATION	1.018009	116	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.298539	15,283	90.00
91.00	09100	EMERGENCY	0.111554	6,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.424723	0	92.00
93.00	04040	SLEEP LAB	0.193166	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		8,506,310	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)		8,506,310	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 6:32 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		10,839,332	30.00
31.00	03100	INTENSIVE CARE UNIT		1,908,438	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,729,666	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.130833	2,252,953	50.00
53.00	05300	ANESTHESIOLOGY	0.029261	1,167,056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102061	2,856,315	54.00
56.00	05600	RADIOISOTOPE	0.198026	228,697	56.00
56.01	05601	ULTRASOUND	0.091263	307,556	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.110238	822,921	59.00
60.00	06000	LABORATORY	0.133664	4,297,837	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.156576	549,391	62.00
64.00	06400	INTRAVENOUS THERAPY	0.623476	116,923	64.00
65.00	06500	RESPIRATORY THERAPY	0.179796	1,088,263	65.00
66.00	06600	PHYSICAL THERAPY	0.277841	196,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.254277	56,938	67.00
68.00	06800	SPEECH PATHOLOGY	0.553095	32,278	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090471	657,133	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194350	50,691	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575778	1,075,286	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.368033	564,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.182837	6,028,571	73.00
74.00	07400	RENAL DIALYSIS	0.228180	180,042	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.383914	39,756	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0.246057	13,442	76.00
76.97	07697	CARDIAC REHABILITATION	1.018009	678	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.298539	1,661	90.00
91.00	09100	EMERGENCY	0.111554	1,893,381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.424723	730,688	92.00
93.00	04040	SLEEP LAB	0.193166	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		25,209,521	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)		25,209,521	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 6:32 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		21,804,555	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,713,247	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		727,516	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		214.01	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.17	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.64	31.00
32.00	Sum of lines 30 and 31		26.81	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.33	33.00
34.00	Disproportionate share adjustment (see instructions)		836,092	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 6:32 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,178,795	1,892,804	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,629,619	477,091	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,106,710		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		33,188,120		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		33,188,120		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,513,980		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		45,000		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		51,683		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		26,843		58.00
59.00	Total (sum of amounts on lines 49 through 58)		35,825,626		59.00
60.00	Primary payer payments		3,784		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		35,821,842		61.00
62.00	Deductibles billed to program beneficiaries		2,846,752		62.00
63.00	Coinurance billed to program beneficiaries		117,456		63.00
64.00	Allowable bad debts (see instructions)		652,854		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		424,355		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		552,941		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,281,989		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER PER PS&R		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		63,503		70.93
70.94	HRR adjustment amount (see instructions)		-170,031		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 6:32 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		33,175,461		71.00
71.01	Sequestration adjustment (see instructions)		663,509		71.01
72.00	Interim payments		32,819,627		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)		-307,675		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		867,626		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/28/2015 6:32 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		115,754	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,204,068	2.00
3.00	PPS payments		16,315,911	3.00
4.00	Outlier payment (see instructions)		22,730	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.778	5.00
6.00	Line 2 times line 5		13,384,765	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		36,215	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		115,754	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		363,308	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		363,308	14.00
<b>Customary charges</b>				
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)		363,308	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		247,554	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)		115,754	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)		16,374,856	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		53,292	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,489,790	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		12,947,528	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		12,947,528	30.00
31.00	Primary payer payments		209	31.00
32.00	Subtotal (line 30 minus line 31)		12,947,319	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		522,544	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		339,654	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		450,814	36.00
37.00	Subtotal (see instructions)		13,286,973	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,286,973	40.00
40.01	Sequestration adjustment (see instructions)		265,739	40.01
41.00	Interim payments		12,741,046	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		280,188	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140250 Component CCN: 145599	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/28/2015 6:32 pm
		Title XVIIII	Skilled Nursing Facility	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)			26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			0 40.00
40.01	Sequestration adjustment (see instructions)			0 40.01
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140250

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		32,607,341		12,631,756	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	09/12/2014	159,442	09/12/2014	109,290	3.01	
3.02		12/18/2014	52,844		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)		212,286		109,290	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)		32,819,627		12,741,046	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		280,188	6.01	
6.02	SETTLEMENT TO PROGRAM		307,675		0	6.02	
7.00	Total Medicare program liability (see instructions)		32,511,952		13,021,234	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: 140250  
Component CCN: 145599

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2015 6:32 pm  
PPS

Title XVIII

Skilled Nursing Facility

		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		2,586,149		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,586,149		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		32,356		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,618,505		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140250

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/28/2015 6:32 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	9,602	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	16,286	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	9,430	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	39,841	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	819,144,700	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	13,446,067	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	605,443	8.00
9.00	Sequestration adjustment amount (see instructions)	12,109	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	593,334	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	623,559	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)	-30,225	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250 Component CCN: 145599	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VI Date/Time Prepared: 5/28/2015 6:32 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,746,240	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		16	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,746,256	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		107,312	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		33,000	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		2,671,944	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		2,671,944	15.00
15.01	Sequestration adjustment (see instructions)		53,439	15.01
16.00	Interim payments		2,586,149	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		32,356	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 140250

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

Worksheet G

Date/Time Prepared:  
5/28/2015 6:32 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	148,055,000	0	0	0	1.00
2.00	Temporary investments	78,257,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	500,298,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	161,836,000	0	0	0	9.00
10.00	Due from other funds	26,699,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	915,145,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	112,769,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,353,442,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,234,419,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,002,101,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,698,529,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	4,254,171,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	383,091,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,637,262,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,250,936,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	263,764,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	415,910,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	29,129,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	440,019,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,148,822,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,424,101,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	936,224,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,360,325,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,509,147,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	3,741,789,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,741,789,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,250,936,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140250

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

Worksheet G-1

Date/Time Prepared:  
5/28/2015 6:32 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,562,059,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,464,862			2.00
3.00	Total (sum of line 1 and line 2)		3,575,523,862		0	3.00
4.00	SYSTEM ADJUSTMENT	166,265,138		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		166,265,138		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,741,789,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,741,789,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	SYSTEM ADJUSTMENT		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140250

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2015 6:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	79,835,887		79,835,887	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	8,824,965		8,824,965	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)	88,660,852		88,660,852	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,049,611		21,049,611	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,049,611		21,049,611	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	109,710,463		109,710,463	17.00
18.00	Ancillary services	281,147,271	281,312,624	562,459,895	18.00
19.00	Outpatient services	29,690,799	120,172,101	149,862,900	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON RE - ACCRUAL	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	420,548,533	401,484,725	822,033,258	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		205,980,202		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	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)		205,980,202		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140250

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

Worksheet G-3

Date/Time Prepared:  
5/28/2015 6:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	822,033,258	1.00
2.00	Less contractual allowances and discounts on patients' accounts	606,458,518	2.00
3.00	Net patient revenues (line 1 minus line 2)	215,574,740	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	205,980,202	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,594,538	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	118,668	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	22,319	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	651,318	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	1,558	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	24,871	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	6,475	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	476,486	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	2,568,629	24.00
25.00	Total other income (sum of lines 6-24)	3,870,324	25.00
26.00	Total (line 5 plus line 25)	13,464,862	26.00
27.00	CORPORATE EXPENSES	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,464,862	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet I-5 Date/Time Prepared: 5/28/2015 6:32 pm
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140250	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/28/2015 6:32 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,359,128	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		23,213	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)		110.38	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.17	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.64	8.00
9.00	Sum of lines 7 and 8		26.81	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.58	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		131,639	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,513,980	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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