

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: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 6:56 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/27/2015 Time: 6:56 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 00130 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE GOOD SAMARITAN HOSPITAL ( 140288 ) 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	-827,077	32,364	-67,871	0	1.00
2.00 Subprovider - IPF	0	2,503	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	0	0	0	0	7.00
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	-824,574	32,364	-67,871	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140288		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 3:14 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 3815 HIGHLAND AVENUE			PO Box:				1.00			
2.00	City: DOWNERS GROVE			State: IL		Zip Code: 60515-		County: DUPAGE			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE GOOD SAMARI TAN HOSPITAL	140288	29404	1	10/11/1976	N	P	O	3.00
4.00	Subprovider - IPF		ADVOC GOOD SAMARI TAN PSYCH UNIT	14S288	29404	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						N	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			5,100	1,948	0	7	606	722	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		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 3:14 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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
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
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
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		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
<b>TEFRA Providers</b>						
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.	Y	Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00		
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00		
<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	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00	
					1.00	2.00	
					3.00		
<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	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	6,364,658	4,862,597	729,412		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02		
119.00	DO NOT USE THIS LINE				119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00		
<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: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 3:14 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	14H036		140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130			
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:					
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515			
		1.00	2.00	3.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y			145.00		
		1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
		1.00					
165.00	Multi campus 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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 3:14 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: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 3:14 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/07/2014	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?	Y	Y		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	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2015	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: 140288

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/26/2015 3:14 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
<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.	ROBERT		SMALL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764		ROBERT.SMALL@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 3:14 pm
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		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)	04/30/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<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.	SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140288

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	235	85,775	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)		235	85,775	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	55	20,075	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)		290	105,850	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,140		0	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	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						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)		326				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: 140288

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 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)	14,877	3,425	39,319			1.00
2.00 HMO and other (see instructions)	2,447	606				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)	14,877	3,425	39,319			7.00
8.00 INTENSIVE CARE UNIT	11,357	2,980	17,848			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		533	3,630			13.00
14.00 Total (see instructions)	26,234	6,938	60,797	0.00	1,610.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	4,587	1,693	10,450	0.00	90.00	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	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			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	1,700.00	27.00
28.00 Observation Bed Days		127	1,638			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	81	1,396			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: 140288

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 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	5,380	1,166	14,447	1.00
2.00 HMO and other (see instructions)				538	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	5,380	1,166	14,447		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	365	211	1,091		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							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: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part II Date/Time Prepared: 5/26/2015 3:14 pm			
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	114,325,196	0	114,325,196	3,390,400.00	33.72	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	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	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		8,031,411	0	8,031,411	234,582.00	34.24	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		611,206	0	611,206	9,486.00	64.43	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		4,531,317	0	4,531,317	53,635.00	84.48	13.00
14.00	Home office salaries & wage-related costs		11,617,010	0	11,617,010	182,574.00	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)		29,262,816	0	29,262,816			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,231,617	0	2,231,617			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		180,170	0	180,170			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	2,598,712	0	2,598,712	25,626.00	101.41	26.00
27.00	Administrative & General	5.00	10,166,773	0	10,166,773	268,570.00	37.86	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,734,329	0	1,734,329	54,059.00	32.08	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,906,904	0	1,906,904	152,360.00	12.52	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,156,245	0	2,156,245	130,957.00	16.47	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,348,880	0	3,348,880	77,022.00	43.48	38.00
39.00	Central Services and Supply	14.00	1,978,031	0	1,978,031	123,822.00	15.97	39.00
40.00	Pharmacy	15.00	4,760,457	0	4,760,457	107,661.00	44.22	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140288

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/26/2015 3:14 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	2,255,529	0	53,768.00	41.95	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140288

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/26/2015 3:14 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	114,325,196	0	114,325,196	3,390,400.00	33.72	1.00
2.00	Excluded area salaries (see instructions)	8,031,411	0	8,031,411	234,582.00	34.24	2.00
3.00	Subtotal salaries (line 1 minus line 2)	106,293,785	0	106,293,785	3,155,818.00	33.68	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,759,533	0	16,759,533	245,695.00	68.21	4.00
5.00	Subtotal wage-related costs (see inst.)	29,262,816	0	29,262,816	0.00	27.53	5.00
6.00	Total (sum of lines 3 thru 5)	152,316,134	0	152,316,134	3,401,513.00	44.78	6.00
7.00	Total overhead cost (see instructions)	30,905,860	0	30,905,860	993,845.00	31.10	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 3:14 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			2,331,544 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,931,880 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			220,450 6.00
7.00	Employee Managed Care Program Administration Fees			1,624,670 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			8,805,558 8.00
9.00	Prescription Drug Plan			2,554,806 9.00
10.00	Dental, Hearing and Vision Plan			466,242 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			128,700 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)			931,248 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			3,073,031 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			8,207,127 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			260,084 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))			303,426 21.00
22.00	Day Care Cost and Allowances			281,200 22.00
23.00	Tuition Reimbursement			646,900 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			31,766,866 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140288

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/26/2015 3:14 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	611,206	0	1.00
2.00	Hospital	456,680	0	2.00
3.00	Subprovider - IPF	154,526	0	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	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/26/2015 3:14 pm
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				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)		0.233785		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		13,889,613		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		127,655,598		6.00	
7.00	Medicaid cost (line 1 times line 6)		29,843,964		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)		15,954,351		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
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	
<b>Uncompensated care (see instructions for each line)</b>						
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)		15,954,351		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		16,439,207	8,122,585	24,561,792	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		3,843,240	1,898,939	5,742,179	21.00
22.00	Partial payment by patients approved for charity care		283,801	379,651	663,452	22.00
23.00	Cost of charity care (line 21 minus line 22)		3,559,439	1,519,288	5,078,727	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				21,253,781	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				707,254	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				20,546,527	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				4,803,470	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				9,882,197	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				25,836,548	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A  
Date/Time Prepared:  
5/26/2015 3:14 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		0	0	9,279,535	9,279,535	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	7,021,318	7,021,318	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,598,712	24,285,115	26,883,827	-119,800	26,764,027	4.00
5.01 00540 NONPATIENT TELEPHONES	350,547	482,430	832,977	-12,038	820,939	5.01
5.02 00550 DATA PROCESSING	0	1,765,838	1,765,838	-101,217	1,664,621	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	0	654,641	654,641	-4,595	650,046	5.03
5.04 00570 ADMITTING	136	3,088,858	3,088,994	-7,716	3,081,278	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	625,666	19,323,126	19,948,792	-7,103	19,941,689	5.05
5.06 00590 OTHER ADMIN AND GENERAL	9,190,424	55,599,218	64,789,642	-9,219,603	55,570,039	5.06
6.00 00600 MAINTENANCE & REPAIRS	1,734,329	9,801,070	11,535,399	-132,953	11,402,446	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	198,008	198,008	82,547	280,555	8.00
9.00 00900 HOUSEKEEPING	1,906,904	1,161,599	3,068,503	-34,175	3,034,328	9.00
10.00 01000 DIETARY	2,156,245	1,569,548	3,725,793	-49,374	3,676,419	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,348,880	692,457	4,041,337	-41,327	4,000,010	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,978,031	1,734,850	3,712,881	-731,504	2,981,377	14.00
15.00 01500 PHARMACY	4,760,457	12,947,041	17,707,498	-473,408	17,234,090	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	2,964,001	2,964,001	-11,476	2,952,525	16.00
17.00 01700 SOCIAL SERVICE	2,255,529	291,464	2,546,993	-1,683	2,545,310	17.00
23.00 02300 PARAMED PRGM- EMS	365,718	177,314	543,032	-12,084	530,948	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	19,234,042	4,610,927	23,844,969	-1,447,132	22,397,837	30.00
31.00 03100 INTENSIVE CARE UNIT	11,134,329	4,477,057	15,611,386	-1,299,320	14,312,066	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
40.00 04000 SUBPROVIDER - I/PF	6,532,366	1,068,792	7,601,158	-71,889	7,529,269	40.00
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	2,714,669	765,494	3,480,163	-261,712	3,218,451	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	9,440,651	26,850,397	36,291,048	-22,487,824	13,803,224	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	1,157,902	151,589	1,309,491	-38,914	1,270,577	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,062,922	2,319,015	5,381,937	-437,555	4,944,382	52.00
53.00 05300 ANESTHESIOLOGY	265,110	1,791,704	2,056,814	-541,249	1,515,565	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,484,068	17,489,972	28,974,040	-13,812,228	15,161,812	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	11,553,791	11,553,791	-1,316,988	10,236,803	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	633,431	633,431	-72,593	560,838	62.00
65.00 06500 RESPIRATORY THERAPY	2,599,554	878,384	3,477,938	-561,238	2,916,700	65.00
66.00 06600 PHYSICAL THERAPY	1,949,129	247,621	2,196,750	-29,276	2,167,474	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,205,213	109,627	1,314,840	-1,951	1,312,889	67.00
69.00 06900 ELECTROCARDIOLOGY	1,854,985	1,696,741	3,551,726	-258,699	3,293,027	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	138,857	209,402	348,259	-29,817	318,442	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,687,043	19,687,043	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	18,914,053	18,914,053	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	280,185	253,585	533,770	-83,137	450,633	74.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	467,439	55,223	522,662	-6,086	516,576	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	17,351	17,351	0	17,351	90.00
90.01 09001 SPORTS MEDICINE	864,638	476,997	1,341,635	-40,566	1,301,069	90.01
90.02 09002 WOUND CARE CLINIC	340,648	197,893	538,541	-73,079	465,462	90.02
91.00 09100 EMERGENCY	6,513,408	6,205,718	12,719,126	-1,077,687	11,641,439	91.00
91.01 09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 09102 PAIN CLINIC	680,176	180,962	861,138	-48,399	812,739	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A  
Date/Time Prepared:  
5/26/2015 3:14 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>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
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	113,191,869	218,978,251	332,170,120	27,101	332,197,221 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01	19001	OTHER NONREIMBURSABLE	1,133,327	1,416,132	2,549,459	-27,101	2,522,358 190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
200.00		TOTAL (SUM OF LINES 118-199)	114,325,196	220,394,383	334,719,579	0	334,719,579 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A  
Date/Time Prepared:  
5/26/2015 3:14 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	705,544	9,985,079	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,041,648	9,062,966	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,114,647	30,878,674	4.00
5.01	00540	NONPATIENT TELEPHONES	-333,191	487,748	5.01
5.02	00550	DATA PROCESSING	3,690,980	5,355,601	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	650,046	5.03
5.04	00570	ADMINITTING	0	3,081,278	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	220,647	20,162,336	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-34,423,225	21,146,814	5.06
6.00	00600	MAINTENANCE & REPAIRS	-56,423	11,346,023	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-340	280,215	8.00
9.00	00900	HOUSEKEEPING	-7,191	3,027,137	9.00
10.00	01000	DIETARY	-1,088,337	2,588,082	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-27,342	3,972,668	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,669	2,979,708	14.00
15.00	01500	PHARMACY	-5,663	17,228,427	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-10,050	2,942,475	16.00
17.00	01700	SOCIAL SERVICE	-38,103	2,507,207	17.00
23.00	02300	PARAMED ED PRGM- EMS	-199,920	331,028	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,244,892	21,152,945	30.00
31.00	03100	INTENSIVE CARE UNIT	-779,618	13,532,448	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
40.00	04000	SUBPROVIDER - I PF	-117,176	7,412,093	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-270,019	2,948,432	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-911,490	12,891,734	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	-105	1,270,472	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,425,671	3,518,711	52.00
53.00	05300	ANESTHESIOLOGY	-1,147,041	368,524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-564,440	14,597,372	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-371,735	9,865,068	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	560,838	62.00
65.00	06500	RESPIRATORY THERAPY	-360	2,916,340	65.00
66.00	06600	PHYSICAL THERAPY	-25,423	2,142,051	66.00
67.00	06700	OCCUPATIONAL THERAPY	-421	1,312,468	67.00
69.00	06900	ELECTROCARDIOLOGY	-549,353	2,743,674	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-8,668	309,774	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,687,043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,914,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	450,633	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	516,576	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	17,351	90.00
90.01	09001	SPORTS MEDICINE	0	1,301,069	90.01
90.02	09002	WOUND CARE CLINIC	-125	465,337	90.02
91.00	09100	EMERGENCY	-3,224,394	8,417,045	91.00
91.01	09101	DAY HOSPITAL	0	0	91.01
91.02	09102	PAIN CLINIC	0	812,739	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-36,058,919	296,138,302	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	-44,778	2,477,580	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-36,103,697	298,615,882	200.00

RECLASSIFICATIONS

Provider CCN: 140288

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

Worksheet A-6

Date/Time Prepared:  
5/26/2015 3:14 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - VACATION ACCRUAL</b>					
1.00	OTHER ADMIN AND GENERAL	5.00	0	118,279	1.00
	TOTALS		0	118,279	
<b>B - LAUNDRY COSTS</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	90,807	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
	TOTALS		0	90,807	
<b>C - EQUIPMENT CAPITAL DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,021,318	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
	TOTALS		0	7,021,318	
<b>E - GL BLDG CAPITAL DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,279,535	1.00
	TOTALS		0	9,279,535	
<b>F - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	38,601,096	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
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

Provider CCN: 140288

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

Worksheet A-6

Date/Time Prepared:  
5/26/2015 3:14 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
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	38,601,096		
<b>G - IMPLANTS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	18,914,053		1.00
	TOTALS		0	18,914,053		
500.00	Grand Total: Increases		0	74,025,088		500.00

RECLASSIFICATIONS

Provider CCN: 140288

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

Worksheet A-6  
Date/Time Prepared:  
5/26/2015 3:14 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - VACATION ACCRUAL</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	118,279	0		1.00
	TOTALS		0	118,279			
<b>B - LAUNDRY COSTS</b>							
1.00	OTHER ADMIN AND GENERAL	5.06	0	32	0		1.00
2.00	DIETARY	10.00	0	7,713	0		2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	48	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,058	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,956	0		5.00
6.00	SPORTS MEDICINE	90.01	0	24,368	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	4,430	0		7.00
8.00	EMERGENCY	91.00	0	30,668	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	2,126	0		9.00
10.00	WOUND CARE CLINIC	90.02	0	408	0		10.00
	TOTALS		0	90,807			
<b>C - EQUIPMENT CAPITAL DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,310	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	10,827	9		2.00
3.00	DATA PROCESSING	5.02	0	101,024	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	3,635	9		4.00
5.00	ADMINISTRATIVE	5.04	0	7,594	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	7,084	9		6.00
7.00	OTHER ADMIN AND GENERAL	5.06	0	58,315	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	33,040	9		8.00
9.00	RENAL DIALYSIS	74.00	0	25,992	9		9.00
10.00	HOUSEKEEPING	9.00	0	17,186	9		10.00
11.00	DIETARY	10.00	0	26,272	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	40,521	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	71,997	9		13.00
14.00	PHARMACY	15.00	0	123,077	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,740	9		15.00
16.00	SOCIAL SERVICE	17.00	0	1,683	9		16.00
17.00	PARAMEDICAL PRGM- EMS	23.00	0	12,013	9		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	276,928	9		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	354,162	9		19.00
20.00	SUBPROVIDER - IPF	40.00	0	26,961	9		20.00
21.00	NURSERY	43.00	0	122,087	9		21.00
22.00	OPERATING ROOM	50.00	0	1,324,226	9		22.00
23.00	RECOVERY ROOM	51.00	0	5,334	9		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	113,184	9		24.00
25.00	ANESTHESIOLOGY	53.00	0	20,072	9		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,618,818	9		26.00
27.00	LABORATORY	60.00	0	192	9		27.00
28.00	RESPIRATORY THERAPY	65.00	0	96,387	9		28.00
29.00	PHYSICAL THERAPY	66.00	0	21,322	9		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	937	9		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	187,087	9		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	24,253	9		32.00
33.00	EMERGENCY	91.00	0	238,117	9		33.00
34.00	WOUND CARE CLINIC	90.02	0	3,827	9		34.00
35.00	PAIN CLINIC	91.02	0	15,424	9		35.00
36.00	OTHER NONREIMBURSABLE	190.01	0	4,844	9		36.00
37.00	SPORTS MEDICINE	90.01	0	8,760	9		37.00
38.00	CARDIAC REHABILITATION	76.97	0	6,086	0		38.00
	TOTALS		0	7,021,318			
<b>E - GL BLDG CAPITAL DEPRECIATION</b>							
1.00	OTHER ADMIN AND GENERAL	5.06	0	9,279,535	9		1.00
	TOTALS		0	9,279,535			
<b>F - MEDICAL SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	211	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	1,211	0		2.00
3.00	DATA PROCESSING	5.02	0	193	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	960	0		4.00
5.00	ADMINISTRATIVE	5.04	0	122	0		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	19	0		6.00
8.00	MAINTENANCE & REPAIRS	6.00	0	99,913	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	8,260	0		9.00
10.00	HOUSEKEEPING	9.00	0	16,989	0		10.00
11.00	DIETARY	10.00	0	15,389	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	806	0		12.00

Provider CCN: 140288

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

Worksheet A-6  
Date/Time Prepared:  
5/26/2015 3:14 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	644,551	0			13.00
14.00	PHARMACY	15.00	0	350,331	0			14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	736	0			15.00
17.00	PARAMED ED PRGM- EMS	23.00	0	71	0			17.00
18.00	ADULTS & PEDIATRICS	30.00	0	1,170,204	0			18.00
19.00	INTENSIVE CARE UNIT	31.00	0	945,158	0			19.00
20.00	SUBPROVIDER - IPF	40.00	0	44,928	0			20.00
21.00	NURSERY	43.00	0	139,625	0			21.00
22.00	OPERATING ROOM	50.00	0	21,163,598	0			22.00
23.00	RECOVERY ROOM	51.00	0	33,580	0			23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	324,371	0			24.00
25.00	ANESTHESIOLOGY	53.00	0	521,177	0			25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,187,352	0			26.00
27.00	LABORATORY	60.00	0	1,316,796	0			27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	72,593	0			28.00
29.00	RESPIRATORY THERAPY	65.00	0	464,851	0			29.00
30.00	PHYSICAL THERAPY	66.00	0	3,524	0			30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	966	0			31.00
32.00	ELECTROCARDIOLOGY	69.00	0	69,486	0			32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,564	0			33.00
34.00	RENAL DIALYSIS	74.00	0	57,145	0			34.00
35.00	PAIN CLINIC	91.02	0	32,975	0			35.00
36.00	WOUND CARE CLINIC	90.02	0	68,844	0			36.00
37.00	EMERGENCY	91.00	0	808,902	0			37.00
38.00	SPORTS MEDICINE	90.01	0	7,438	0			38.00
39.00	OTHER NONREIMBURSABLE	190.01	0	22,257	0			39.00
	TOTALS		0	38,601,096				
G - IMPLANTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	18,914,053	0			1.00
	TOTALS		0	18,914,053				
500.00	Grand Total: Decreases		0	74,025,088				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 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	4,804,313	0	0	0	1.00
2.00	Land Improvements	9,116,148	145,511	0	145,511	2.00
3.00	Buildings and Fixtures	198,451,684	12,054,207	0	12,054,207	3.00
4.00	Building Improvements	4,584,901	0	0	0	4.00
5.00	Fixed Equipment	81,760,701	11,084,270	0	11,084,270	5.00
6.00	Movable Equipment	127,175	6,494	0	6,494	6.00
7.00	HIT designated Assets	544,031	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	299,388,953	23,290,482	0	23,290,482	8.00
9.00	Reconciling Items	-11,737,306	-475,709	0	-475,709	9.00
10.00	Total (line 8 minus line 9)	311,126,259	23,766,191	0	23,766,191	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	4,804,313	4,804,313			1.00
2.00	Land Improvements	9,261,659	9,261,658			2.00
3.00	Buildings and Fixtures	210,505,891	210,505,890			3.00
4.00	Building Improvements	4,584,901	4,584,901			4.00
5.00	Fixed Equipment	92,828,936	92,828,936			5.00
6.00	Movable Equipment	133,669	133,669			6.00
7.00	HIT designated Assets	544,031	544,031			7.00
8.00	Subtotal (sum of lines 1-7)	322,663,400	322,663,398			8.00
9.00	Reconciling Items	-12,213,015	-12,213,017			9.00
10.00	Total (line 8 minus line 9)	334,876,415	334,876,415			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/26/2015 3:14 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	0	0	0	0.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,404	0	2,404	1.000000	0	2.00
3.00	Total (sum of lines 1-2)	2,404	0	2,404	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	9,985,079	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,062,966	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,048,045	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	9,985,079	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,062,966	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	19,048,045	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140288

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

Worksheet A-8

Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-333,191	NONPATIENT TELEPHONES	5.01		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	-9,515,960				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	-4,146,655				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests		0		0.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	177,369	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-2,404	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist		0	0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140288

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

Worksheet A-8

Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00		0			0.00	0 33.00
34.00 CONTRIBUTION EXPS	A	-15,550	OTHER ADMIN AND GENERAL		5.06	0 34.00
34.02 PERINATAL	A	-115,355	NURSERY		43.00	0 34.02
35.00 INTEREST EXPS	A	-4,173,832	OTHER ADMIN AND GENERAL		5.06	0 35.00
38.00 OOR	B	-128,501	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 38.00
39.00 OOR	B	-1,740,005	OTHER ADMIN AND GENERAL		5.06	0 39.00
40.00 OOR	B	-56,387	MAINTENANCE & REPAIRS		6.00	0 40.00
42.00 OOR	B	-340	LAUNDRY & LINEN SERVICE		8.00	0 42.00
43.00 OOR	B	-7,150	HOUSEKEEPING		9.00	0 43.00
44.00 OOR	B	-1,088,267	DIETARY		10.00	0 44.00
44.01 OOR	B	-27,342	NURSING ADMINISTRATION		13.00	0 44.01
45.00 OOR	B	-1,669	CENTRAL SERVICES & SUPPLY		14.00	0 45.00
45.01 OOR	B	-1,510	PHARMACY		15.00	0 45.01
45.02 OOR	B	-10,050	MEDICAL RECORDS & LIBRARY		16.00	0 45.02
45.03 OOR	B	-167,213	PARAMEDICAL PRGM- EMS		23.00	0 45.03
45.04 OOR	B	-40,618	ADULTS & PEDIATRICS		30.00	0 45.04
45.05 OOR	B	-14,339	INTENSIVE CARE UNIT		31.00	0 45.05
45.06 OOR	B	-6,604	OPERATING ROOM		50.00	0 45.06
45.07 OOR	B	-105	RECOVERY ROOM		51.00	0 45.07
45.08 OOR	B	-57,560	RADIOLOGY-DIAGNOSTIC		54.00	0 45.08
45.09 NONALLOWABLE	A	-371,394	LABORATORY		60.00	0 45.09
45.10 ORR	B	-360	RESPIRATORY THERAPY		65.00	0 45.10
45.11 NONALLOWABLE	A	-2,248	ELECTROCARDIOLOGY		69.00	0 45.11
45.12 OOR	B	-125	WOUND CARE CLINIC		90.02	0 45.12
45.13 OOR	B	-415,941	EMERGENCY		91.00	0 45.13
45.18 PA ASSESSMENT EXPENSE	A	-9,454,032	OTHER ADMIN AND GENERAL		5.06	0 45.18
45.20 PHO	A	-2,828,160	OTHER ADMIN AND GENERAL		5.06	0 45.20
45.21 SPECIALTY BILLING	A	-122,737	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 45.21
45.22 PROFESSIONAL PART B	A	-1,075,183	OTHER ADMIN AND GENERAL		5.06	0 45.22
45.23 AHA LOBBYING	A	-45,198	OTHER ADMIN AND GENERAL		5.06	0 45.23
45.25 NONALLOWABLE	A	-64	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.25
45.26 NONALLOWABLE	A	-50	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 45.26
45.27 NONALLOWABLE	A	-94,757	OTHER ADMIN AND GENERAL		5.06	0 45.27
45.29 NONALLOWABLE	A	-41	HOUSEKEEPING		9.00	0 45.29
45.30 NONALLOWABLE	A	-70	DIETARY		10.00	0 45.30
45.31 NONALLOWABLE	A	-18	MAINTENANCE & REPAIRS		6.00	0 45.31
45.32 NONALLOWABLE	A	-4,153	PHARMACY		15.00	0 45.32
45.33 NONALLOWABLE	A	-38,103	SOCIAL SERVICE		17.00	0 45.33
45.34 NONALLOWABLE	A	-32,707	PARAMEDICAL PRGM- EMS		23.00	0 45.34
45.35 NONALLOWABLE	A	-1,356	ADULTS & PEDIATRICS		30.00	0 45.35
45.36 NONALLOWABLE	A	-1,255	INTENSIVE CARE UNIT		31.00	0 45.36
45.37 NONALLOWABLE	A	-10,409	SUBPROVIDER - IPF		40.00	0 45.37
45.38 NONALLOWABLE	A	-1,430	NURSERY		43.00	0 45.38
45.40 NONALLOWABLE	A	-166	OPERATING ROOM		50.00	0 45.40
45.41 NONALLOWABLE	A	-18	MAINTENANCE & REPAIRS		6.00	0 45.41
45.42 NONALLOWABLE	A	-6,884	DELIVERY ROOM & LABOR ROOM		52.00	0 45.42
45.43 NONALLOWABLE	A	-2,328	RADIOLOGY-DIAGNOSTIC		54.00	0 45.43
45.44 NONALLOWABLE	A	-341	LABORATORY		60.00	0 45.44
45.46 NONALLOWABLE	A	-421	OCCUPATIONAL THERAPY		67.00	0 45.46
45.47 NONALLOWABLE	A	-75,732	EMERGENCY		91.00	0 45.47
45.48 NONALLOWABLE	A	-44,778	OTHER NONREIMBURSABLE		190.01	0 45.48
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,103,697				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: 140288

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

Worksheet A-8-1

Date/Time Prepared:  
5/26/2015 3:14 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	4,114,711	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	3,690,980	0
3.00	5.06	OTHER ADMIN AND GENERAL	ADMINISTRATIVE	8,124,566	23,121,074
4.00	5.05	CASHIERING/ACCOUNTS RECEIVABLE	BUSINESS OFFICE	471,935	0
4.01	0.00		OLD ME	0	0
4.02	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW B&F	528,175	0
4.03	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW ME	2,044,052	0
5.00	0		0	18,974,419	23,121,074

\* 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	
1.00	2.00	3.00	Name	Percentage of Ownership
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B	0.00	ADVOCATE HEALTHCARE	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: 140288

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

Worksheet A-8-1

Date/Time Prepared:  
5/26/2015 3:14 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	4,114,711	0		1.00
2.00	3,690,980	0		2.00
3.00	-14,996,508	0		3.00
4.00	471,935	0		4.00
4.01	0	0		4.01
4.02	528,175	9		4.02
4.03	2,044,052	9		4.03
5.00	-4,146,655			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	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140288

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

Worksheet A-8-2

Date/Time Prepared:  
5/26/2015 3:14 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	31.00	INTENSIVE CARE UNIT	764,024	0	764,024	154	1	1.00
2.00	40.00	SUBPROVIDER - IPF	106,767	0	106,767	208	1	2.00
3.00	43.00	NURSERY	153,234	0	153,234	200	1	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	1,418,787	587,652	831,135	225	1	4.00
5.00	53.00	ANESTHESIOLOGY	1,147,041	0	1,147,041	208	1	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	504,552	0	504,552	208	1	6.00
7.00	66.00	PHYSICAL THERAPY	25,450	0	25,450	208	270	7.00
8.00	69.00	ELECTROCARDIOLOGY	547,105	547,105	0	208	1	8.00
9.00	91.00	EMERGENCY	2,732,721	0	2,732,721	208	1	9.00
10.00	30.00	ADULTS & PEDIATRICS	1,202,918	682,512	520,406	208	1	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	8,668	0	8,668	208	1	11.00
12.00	50.00	OPERATING ROOM	904,720	0	904,720	208	1	12.00
200.00			9,515,987	1,817,269	7,698,718		281	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	66.00	PHYSICAL THERAPY	27	1	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	50.00	OPERATING ROOM	0	0	0	0	0	12.00
200.00			27	1	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	31.00	INTENSIVE CARE UNIT	0	0	764,024	764,024	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	106,767	106,767	2.00
3.00	43.00	NURSERY	0	0	153,234	153,234	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	831,135	1,418,787	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	1,147,041	1,147,041	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	504,552	504,552	6.00
7.00	66.00	PHYSICAL THERAPY	0	27	25,423	25,423	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	547,105	8.00
9.00	91.00	EMERGENCY	0	0	2,732,721	2,732,721	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	520,406	1,202,918	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	8,668	8,668	11.00
12.00	50.00	OPERATING ROOM	0	0	904,720	904,720	12.00
200.00			0	27	7,698,691	9,515,960	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	9,985,079	9,985,079				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	9,062,966		9,062,966			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	30,878,674	26,369	23,934	30,928,977		4.00
5.01 00540 NONPATIENT TELEPHONES	487,748	26,691	24,226	97,040	635,705	5.01
5.02 00550 DATA PROCESSING	5,355,601	25,044	22,731	0	14,801	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	650,046	12,342	11,202	0	190	5.03
5.04 00570 ADMINISTRATION	3,081,278	27,090	24,588	38	8,919	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	20,162,336	11,608	10,536	173,200	4,744	5.05
5.06 00590 OTHER ADMIN AND GENERAL	21,146,814	520,600	472,523	2,544,139	69,833	5.06
6.00 00600 MAINTENANCE & REPAIRS	11,346,023	3,068,453	2,785,083	480,106	30,362	6.00
7.00 00700 OPERATION OF PLANT	0	226,512	205,593	0	759	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	280,215	7,876	7,149	0	759	8.00
9.00 00900 HOUSEKEEPING	3,027,137	32,920	29,879	527,879	5,503	9.00
10.00 01000 DIETARY	2,588,082	233,512	211,948	596,903	9,678	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,972,668	71,566	64,957	927,054	12,714	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,979,708	280,485	254,583	547,568	14,232	14.00
15.00 01500 PHARMACY	17,228,427	75,568	68,590	1,317,814	15,371	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,942,475	38,093	34,575	0	569	16.00
17.00 01700 SOCIAL SERVICE	2,507,207	0	0	624,387	7,211	17.00
23.00 02300 PARAMED PRGM- EMS	331,028	0	0	101,517	190	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	21,152,945	1,092,470	991,581	5,324,479	119,929	30.00
31.00 03100 INTENSIVE CARE UNIT	13,532,448	582,629	528,824	3,082,261	47,441	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
40.00 04000 SUBPROVIDER - IPF	7,412,093	282,428	256,346	1,808,322	22,582	40.00
41.00 04100 SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,948,432	53,819	48,849	751,488	6,642	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	12,891,734	1,013,929	920,294	2,613,408	55,790	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	1,270,472	82,826	75,178	320,536	6,262	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,518,711	204,196	185,339	847,893	16,320	52.00
53.00 05300 ANESTHESIOLOGY	368,524	5,006	4,544	73,389	1,328	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,597,372	644,427	584,915	3,179,077	71,920	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	9,865,068	179,706	163,110	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	560,838	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	2,916,340	22,959	20,839	719,622	7,401	65.00
66.00 06600 PHYSICAL THERAPY	2,142,051	56,586	51,360	539,568	7,591	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,312,468	59,250	53,778	333,633	2,846	67.00
69.00 06900 ELECTROCARDIOLOGY	2,743,674	130,726	118,653	513,506	21,443	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	309,774	3,050	2,768	38,439	759	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,687,043	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	18,914,053	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	450,633	0	0	77,562	759	74.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	516,576	0	0	129,399	0	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	17,351	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	1,301,069	0	0	239,353	759	90.01
90.02 09002 WOUND CARE CLINIC	465,337	31,182	28,303	94,300	0	90.02
91.00 09100 EMERGENCY	8,417,045	263,717	239,363	1,803,074	37,953	91.00
91.01 09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 09102 PAIN CLINIC	812,739	47,809	43,394	188,290	5,124	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				2.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0	0	0	0	0	99.10	
<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	
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	296,138,302	9,441,444	8,569,535	30,615,244	628,684	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01 19001 OTHER NONREIMBURSABLE	2,477,580	543,635	493,431	313,733	7,021	190.01	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers		0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	298,615,882	9,985,079	9,062,966	30,928,977	635,705	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
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5/26/2015 3:14 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING	5,418,177					5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	673,780				5.03
5.04	00570 ADMINISTRATIVE	0	32	3,141,945			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	44	0	20,362,468		5.05
5.06	00590 OTHER ADMIN AND GENERAL	0	11,482	0	0	24,765,391	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	12,564	0	0	17,722,591	6.00
7.00	00700 OPERATION OF PLANT	0	0	0	0	432,864	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	1,778	0	0	297,777	8.00
9.00	00900 HOUSEKEEPING	0	4,452	0	0	3,627,770	9.00
10.00	01000 DIETARY	0	27,181	0	0	3,667,304	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	345	0	0	5,049,304	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	12,671	0	0	4,089,247	14.00
15.00	01500 PHARMACY	0	6,404	0	0	18,712,174	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	117	0	0	3,015,829	16.00
17.00	01700 SOCIAL SERVICE	0	97	0	0	3,138,902	17.00
23.00	02300 PARAMEDICAL PRGM- EMS	0	73	0	0	432,808	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	408,282	20,055	403,327	1,534,428	31,047,496	30.00
31.00	03100 INTENSIVE CARE UNIT	176,296	16,857	174,087	662,566	18,803,409	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
40.00	04000 SUBPROVIDER - I/PF	154,760	2,587	152,821	581,629	10,673,568	40.00
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	120,550	3,249	119,039	453,057	4,505,125	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	754,790	331,550	344,304	2,836,697	21,762,496	50.00
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	94,130	544	41,434	353,766	2,245,148	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	90,523	5,210	70,440	340,210	5,278,842	52.00
53.00	05300 ANESTHESIOLOGY	127,322	8,039	68,182	478,509	1,134,843	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,098,131	157,157	375,563	4,126,615	24,835,177	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	461,334	20,019	256,790	1,733,813	12,679,840	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	27,429	1,103	22,791	103,086	715,247	62.00
65.00	06500 RESPIRATORY THERAPY	165,118	7,432	153,045	620,554	4,633,310	65.00
66.00	06600 PHYSICAL THERAPY	51,611	118	33,136	193,966	3,075,987	66.00
67.00	06700 OCCUPATIONAL THERAPY	38,336	220	15,632	144,076	1,960,239	67.00
69.00	06900 ELECTROCARDIOLOGY	117,985	1,380	49,712	443,419	4,140,498	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,552	94	10,357	47,174	424,967	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	164,183	0	114,073	617,041	20,582,340	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	278,155	0	186,522	1,045,378	20,424,108	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	527,193	0	376,350	1,981,329	2,884,872	73.00
74.00	07400 RENAL DIALYSIS	15,274	902	14,154	57,405	616,689	74.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	13,045	135	0	49,025	708,180	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	97	2	0	366	17,816	90.00
90.01	09001 SPORTS MEDICINE	28,133	168	16	105,731	1,675,229	90.01
90.02	09002 WOUND CARE CLINIC	10,664	1,120	60	40,079	671,045	90.02
91.00	09100 EMERGENCY	463,957	14,289	159,693	1,743,671	13,142,762	91.00
91.01	09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102 PAIN CLINIC	17,946	534	410	67,445	1,183,691	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
<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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		5,417,796	670,004	3,141,938	20,361,035	294,774,885	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	381	3,776	7	1,433	3,840,997	190.01
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		5,418,177	673,780	3,141,945	20,362,468	298,615,882	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 3:14 pm				
Cost Center Description		OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00540	NONPATIENT TELEPHONES				5.01		
5.02	00550	DATA PROCESSING				5.02		
5.03	00560	PURCHASING RECEIVING AND STORES				5.03		
5.04	00570	ADMITTING				5.04		
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06	00590	OTHER ADMIN AND GENERAL	24,765,391			5.06		
6.00	00600	MAINTENANCE & REPAIRS	1,602,725	19,325,316		6.00		
7.00	00700	OPERATION OF PLANT	39,146	698,498	1,170,508	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	26,929	24,287	1,526	350,519	8.00	
9.00	00900	HOUSEKEEPING	328,074	101,515	6,379	0	4,063,738	9.00
10.00	01000	DIETARY	331,649	720,087	45,250	0	158,167	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	456,629	220,689	13,868	0	48,474	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	369,807	864,938	54,353	7,353	189,983	14.00
15.00	01500	PHARMACY	1,692,217	233,031	14,644	0	51,185	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	272,733	117,468	7,382	0	25,802	16.00
17.00	01700	SOCIAL SERVICE	283,863	0	0	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	39,141	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,807,743	3,368,872	211,699	127,793	739,970	30.00
31.00	03100	INTENSIVE CARE UNIT	1,700,467	1,796,666	112,902	39,045	394,637	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
40.00	04000	SUBPROVIDER - IPF	965,253	870,930	54,729	13,609	191,299	40.00
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	407,416	165,963	10,429	3,025	36,454	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,968,070	3,126,673	196,480	52,440	686,772	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	203,038	255,414	16,050	0	56,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	477,387	629,684	39,569	18,171	138,310	52.00
53.00	05300	ANESTHESIOLOGY	102,628	15,438	970	0	3,391	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,245,944	1,987,234	124,878	17,400	436,495	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,146,689	554,163	34,824	0	121,722	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	64,683	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	419,009	70,798	4,449	0	15,551	65.00
66.00	06600	PHYSICAL THERAPY	278,174	174,496	10,965	0	38,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	177,272	182,710	11,482	0	40,132	67.00
69.00	06900	ELECTROCARDIOLOGY	374,442	403,122	25,332	9,698	88,545	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,431	9,405	591	0	2,066	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,861,343	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,847,034	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	260,891	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	55,770	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	64,044	0	0	0	0	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	1,611	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	151,498	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	60,685	96,157	6,043	0	21,121	90.02
91.00	09100	EMERGENCY	1,188,553	813,228	51,103	61,251	178,625	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	107,046	147,430	9,265	734	32,383	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
113.00	11300	INTEREST EXPENSE	5.06	6.00	7.00	8.00	9.00	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,418,034	17,648,896	1,065,162	350,519	3,695,513	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	347,357	1,676,420	105,346	0	368,225	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	24,765,391	19,325,316	1,170,508	350,519	4,063,738	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 3:14 pm				
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMIN AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	4,922,457				10.00	
11.00	01100	CAFETERIA	2,556,714				11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	49,313	49,313		12.00	
13.00	01300	NURSING ADMINISTRATION	0	70,177	1,222	5,860,363	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	113,800	990	0	14.00	
15.00	01500	PHARMACY	0	98,627	4,528	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	730	0	16.00	
17.00	01700	SOCIAL SERVICE	0	49,313	760	0	17.00	
23.00	02300	PARAMED ED PRGM- EMS	0	36,037	105	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,378,683	546,242	7,579	2,197,637	176,106	30.00
31.00	03100	INTENSIVE CARE UNIT	543,933	284,501	4,550	1,121,508	142,239	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
40.00	04000	SUBPROVIDER - I/PF	353,856	178,287	2,583	492,685	6,761	40.00
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	0	58,797	1,090	0	21,012	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	248,464	5,267	589,926	3,184,950	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	24,657	543	142,619	5,054	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	72,074	1,277	350,066	48,815	52.00
53.00	05300	ANESTHESIOLOGY	0	11,380	275	0	78,433	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	269,327	6,010	32,414	1,533,115	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	3,069	0	198,167	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	173	0	10,925	62.00
65.00	06500	RESPIRATORY THERAPY	0	75,867	1,121	0	69,956	65.00
66.00	06600	PHYSICAL THERAPY	0	53,107	744	0	530	66.00
67.00	06700	OCCUPATIONAL THERAPY	73,040	24,657	474	12,965	145	67.00
69.00	06900	ELECTROCARDIOLOGY	0	62,590	1,002	149,102	10,457	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,793	103	0	837	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	0	0	149	0	8,600	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	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	0	8	0	17	90.00
90.01	09001	SPORTS MEDICINE	0	18,967	405	0	1,119	90.01
90.02	09002	WOUND CARE CLINIC	0	7,587	159	713,097	10,360	90.02
91.00	09100	EMERGENCY	16,231	178,287	3,181	0	121,733	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	20,863	286	58,344	4,946	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		4,922,457	2,556,714	48,383	5,860,363	5,687,121	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	930	0	3,350	190.01
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		4,922,457	2,556,714	49,313	5,860,363	5,690,471	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
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
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	20,859,128					15.00
16.00	01600	0	3,440,055				16.00
17.00	01700	0	0	3,472,838			17.00
23.00	02300	0	0	0	508,102		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	307,936	354,971	3,046,726	0	46,319,453	30.00
31.00	03100	150,635	0	65,849	0	25,160,341	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
40.00	04000	1,136	627,999	0	0	14,432,695	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	7,709	118,324	98,229	0	5,433,573	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	263,720	209,956	0	0	32,295,214	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	30,868	3,230	0	0	2,982,722	51.00
52.00	05200	49,257	33,491	98,229	0	7,235,172	52.00
53.00	05300	107,192	6,120	0	0	1,460,670	53.00
54.00	05400	78,304	133,114	0	0	31,699,412	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	618,479	0	0	15,356,953	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	791,028	62.00
65.00	06500	1,479	11,390	0	0	5,302,930	65.00
66.00	06600	0	80,752	0	0	3,713,083	66.00
67.00	06700	0	2,720	0	0	2,485,836	67.00
69.00	06900	18,463	276,428	0	0	5,559,679	69.00
70.00	07000	0	850	0	0	481,043	70.00
71.00	07100	2,446	0	0	0	22,446,129	71.00
72.00	07200	0	0	0	0	22,271,142	72.00
73.00	07300	19,330,474	163,715	0	0	22,639,952	73.00
74.00	07400	441	3,400	0	0	685,049	74.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	0	0	0	772,224	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	0	0	0	0	19,452	90.00
90.01	09001	0	0	0	0	1,847,218	90.01
90.02	09002	257	0	32,652	0	1,619,163	90.02
91.00	09100	474,283	795,116	131,153	508,102	17,663,608	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	34,353	0	0	0	1,599,341	91.02
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		20,858,953	3,440,055	3,472,838	508,102	292,273,082	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	175	0	0	0	6,342,800	190.01
192.00	19200	0	0	0	0	0	192.00
200.00						0	200.00
201.00		0	0	0	0	0	201.00
202.00		20,859,128	3,440,055	3,472,838	508,102	298,615,882	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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- EMS		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	46,319,453	30.00
31.00	03100	INTENSIVE CARE UNIT	25,160,341	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
40.00	04000	SUBPROVIDER - I PF	14,432,695	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	5,433,573	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	32,295,214	50.00
50.01	05001	OPERATING ROOM	0	50.01
51.00	05100	RECOVERY ROOM	2,982,722	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,235,172	52.00
53.00	05300	ANESTHESIOLOGY	1,460,670	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,699,412	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	15,356,953	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	791,028	62.00
65.00	06500	RESPIRATORY THERAPY	5,302,930	65.00
66.00	06600	PHYSICAL THERAPY	3,713,083	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,485,836	67.00
69.00	06900	ELECTROCARDIOLOGY	5,559,679	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	481,043	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,446,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,271,142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,639,952	73.00
74.00	07400	RENAL DIALYSIS	685,049	74.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	772,224	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	19,452	90.00
90.01	09001	SPORTS MEDICINE	1,847,218	90.01
90.02	09002	WOUND CARE CLINIC	1,619,163	90.02
91.00	09100	EMERGENCY	17,663,608	91.00
91.01	09101	DAY HOSPITAL	0	91.01
91.02	09102	PAIN CLINIC	1,599,341	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<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
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	292,273,082	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	6,342,800	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	298,615,882	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	13	26,369	23,934	50,316	50,316	4.00
5.01 00540 NONPATIENT TELEPHONES	0	26,691	24,226	50,917	158	5.01
5.02 00550 DATA PROCESSING	0	25,044	22,731	47,775	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	651	12,342	11,202	24,195	0	5.03
5.04 00570 ADMITTING	47,034	27,090	24,588	98,712	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	3,918	11,608	10,536	26,062	282	5.05
5.06 00590 OTHER ADMIN AND GENERAL	2,404,973	520,600	472,523	3,398,096	4,136	5.06
6.00 00600 MAINTENANCE & REPAIRS	25,722	3,068,453	2,785,083	5,879,258	780	6.00
7.00 00700 OPERATION OF PLANT	0	226,512	205,593	432,105	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	7,876	7,149	15,025	0	8.00
9.00 00900 HOUSEKEEPING	570	32,920	29,879	63,369	858	9.00
10.00 01000 DIETARY	1,314	233,512	211,948	446,774	970	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	481	71,566	64,957	137,004	1,507	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	125,477	280,485	254,583	660,545	890	14.00
15.00 01500 PHARMACY	1,815	75,568	68,590	145,973	2,142	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	17,460	38,093	34,575	90,128	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	1,015	17.00
23.00 02300 PARAMEDICAL PRGM- EMS	56,446	0	0	56,446	165	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,230	1,092,470	991,581	2,086,281	8,696	30.00
31.00 03100 INTENSIVE CARE UNIT	350	582,629	528,824	1,111,803	5,010	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
40.00 04000 SUBPROVIDER - IPF	111	282,428	256,346	538,885	2,940	40.00
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	53,819	48,849	102,668	1,222	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	248,080	1,013,929	920,294	2,182,303	4,248	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	32	82,826	75,178	158,036	521	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	95,223	204,196	185,339	484,758	1,378	52.00
53.00 05300 ANESTHESIOLOGY	10	5,006	4,544	9,560	119	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	490,293	644,427	584,915	1,719,635	5,168	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	179,706	163,110	342,816	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	6,107	22,959	20,839	49,905	1,170	65.00
66.00 06600 PHYSICAL THERAPY	41,597	56,586	51,360	149,543	877	66.00
67.00 06700 OCCUPATIONAL THERAPY	487	59,250	53,778	113,515	542	67.00
69.00 06900 ELECTROCARDIOLOGY	49,952	130,726	118,653	299,331	835	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,050	2,768	5,818	62	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	0	0	0	0	126	74.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	210	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	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	350,369	0	0	350,369	389	90.01
90.02 09002 WOUND CARE CLINIC	74,476	31,182	28,303	133,961	153	90.02
91.00 09100 EMERGENCY	494,895	263,717	239,363	997,975	2,931	91.00
91.01 09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 09102 PAIN CLINIC	0	47,809	43,394	91,203	306	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<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
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,540,086	9,441,444	8,569,535	22,551,065	49,806 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	OTHER NONREIMBURSABLE	314,867	543,635	493,431	1,351,933	510 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
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)	4,854,953	9,985,079	9,062,966	23,902,998	50,316 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140288		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 3:14 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	51,075					5.01
5.02	00550	DATA PROCESSING	1,189	48,964				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	15	0	24,210			5.03
5.04	00570	ADMINISTRATIVE	717	0	1	99,430		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	381	0	2	0	26,727	5.05
5.06	00590	OTHER ADMIN AND GENERAL	5,611	0	412	611	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,439	0	451	0	0	6.00
7.00	00700	OPERATION OF PLANT	61	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	61	0	64	0	0	8.00
9.00	00900	HOUSEKEEPING	442	0	160	0	0	9.00
10.00	01000	DIETARY	778	0	976	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,022	0	12	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,143	0	455	0	0	14.00
15.00	01500	PHARMACY	1,235	0	230	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46	0	4	0	0	16.00
17.00	01700	SOCIAL SERVICE	579	0	4	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	15	0	3	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	9,635	3,721	720	12,861	2,047	30.00
31.00	03100	INTENSIVE CARE UNIT	3,812	1,607	605	5,503	884	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
40.00	04000	SUBPROVIDER - I/PF	1,814	1,410	93	4,831	776	40.00
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	534	1,099	117	3,763	604	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,482	6,879	11,918	10,884	3,783	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	503	858	20	1,310	472	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,311	825	187	2,227	454	52.00
53.00	05300	ANESTHESIOLOGY	107	1,160	289	2,155	638	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,778	9,595	5,645	11,872	5,073	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,204	719	8,117	2,312	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	250	40	720	137	62.00
65.00	06500	RESPIRATORY THERAPY	595	1,505	267	4,838	828	65.00
66.00	06600	PHYSICAL THERAPY	610	470	4	1,047	259	66.00
67.00	06700	OCCUPATIONAL THERAPY	229	349	8	494	192	67.00
69.00	06900	ELECTROCARDIOLOGY	1,723	1,075	50	1,571	591	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61	114	3	327	63	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,496	0	3,606	823	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,535	0	5,896	1,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,805	0	11,897	2,643	73.00
74.00	07400	RENAL DIALYSIS	61	139	32	447	77	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	119	5	0	65	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	1	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	61	256	6	1	141	90.01
90.02	09002	WOUND CARE CLINIC	0	97	40	2	53	90.02
91.00	09100	EMERGENCY	3,049	4,228	513	5,048	2,326	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	412	164	19	13	90	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	50,511	48,961	24,074	99,430	26,725	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	564	3	136	0	2	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	51,075	48,964	24,210	99,430	26,727	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 3:14 pm				
Cost Center Description		OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00540	NONPATIENT TELEPHONES				5.01		
5.02	00550	DATA PROCESSING				5.02		
5.03	00560	PURCHASING RECEIVING AND STORES				5.03		
5.04	00570	ADMITTING				5.04		
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06	00590	OTHER ADMIN AND GENERAL	3,408,255			5.06		
6.00	00600	MAINTENANCE & REPAIRS	220,575	6,103,503		6.00		
7.00	00700	OPERATION OF PLANT	5,387	220,606	658,159	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	3,706	7,671	858	27,385	8.00	
9.00	00900	HOUSEKEEPING	45,151	32,061	3,587	0	145,628	9.00
10.00	01000	DIETARY	45,643	227,425	25,444	0	5,668	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	62,844	69,700	7,798	0	1,737	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50,895	273,173	30,562	574	6,808	14.00
15.00	01500	PHARMACY	232,892	73,598	8,234	0	1,834	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37,535	37,100	4,151	0	925	16.00
17.00	01700	SOCIAL SERVICE	39,067	0	0	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	5,387	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	386,330	1,063,989	119,033	9,986	26,520	30.00
31.00	03100	INTENSIVE CARE UNIT	234,027	567,440	63,483	3,050	14,142	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
40.00	04000	SUBPROVIDER - IPF	132,843	275,065	30,773	1,063	6,855	40.00
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	56,071	52,416	5,864	236	1,306	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	270,856	987,495	110,478	4,097	24,611	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	27,943	80,667	9,025	0	2,010	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,700	198,873	22,249	1,420	4,956	52.00
53.00	05300	ANESTHESIOLOGY	14,124	4,876	545	0	122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	309,099	627,627	70,217	1,359	15,642	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	157,813	175,021	19,581	0	4,362	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,902	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	57,666	22,360	2,502	0	557	65.00
66.00	06600	PHYSICAL THERAPY	38,284	55,111	6,166	0	1,374	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,397	57,705	6,456	0	1,438	67.00
69.00	06900	ELECTROCARDIOLOGY	51,533	127,318	14,244	758	3,173	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,289	2,970	332	0	74	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	256,168	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	254,198	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,905	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,675	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,814	0	0	0	0	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	222	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	20,850	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	8,352	30,369	3,398	0	757	90.02
91.00	09100	EMERGENCY	163,575	256,841	28,735	4,785	6,401	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	14,732	46,563	5,209	57	1,160	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
113.00	11300	INTEREST EXPENSE	5.06	6.00	7.00	8.00	9.00	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,360,450	5,574,040	598,924	27,385	132,432	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	47,805	529,463	59,235	0	13,196	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	3,408,255	6,103,503	658,159	27,385	145,628	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 3:14 pm				
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMIN AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	753,678				10.00	
11.00	01100	CAFETERIA	391,459				11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	7,550	7,550		12.00	
13.00	01300	NURSING ADMINISTRATION	0	10,745	187	292,556	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,424	151	0	14.00	
15.00	01500	PHARMACY	0	15,101	692	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	112	0	16.00	
17.00	01700	SOCIAL SERVICE	0	7,550	116	0	17.00	
23.00	02300	PARAMED ED PRGM- EMS	0	5,518	16	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	211,090	83,636	1,170	109,708	32,266	30.00
31.00	03100	INTENSIVE CARE UNIT	83,282	43,560	696	55,987	26,061	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
40.00	04000	SUBPROVIDER - I/PF	54,179	27,298	395	24,595	1,239	40.00
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	0	9,002	167	0	3,850	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	38,042	805	29,450	583,560	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	3,775	83	7,120	926	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,035	195	17,476	8,944	52.00
53.00	05300	ANESTHESIOLOGY	0	1,742	42	0	14,370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,237	919	1,618	280,896	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	469	0	36,308	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	26	0	2,002	62.00
65.00	06500	RESPIRATORY THERAPY	0	11,616	171	0	12,817	65.00
66.00	06600	PHYSICAL THERAPY	0	8,131	114	0	97	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,183	3,775	73	647	27	67.00
69.00	06900	ELECTROCARDIOLOGY	0	9,583	153	7,443	1,916	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	581	16	0	153	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	0	0	23	0	1,576	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	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	0	1	0	3	90.00
90.01	09001	SPORTS MEDICINE	0	2,904	62	0	205	90.01
90.02	09002	WOUND CARE CLINIC	0	1,162	24	35,599	1,898	90.02
91.00	09100	EMERGENCY	2,485	27,298	486	0	22,304	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	3,194	44	2,913	906	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		753,678	391,459	7,408	292,556	1,042,006	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	142	0	614	190.01
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		753,678	391,459	7,550	292,556	1,042,620	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 3:14 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	491,591				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	170,021			16.00
17.00	01700	SOCIAL SERVICE	0	0	48,331		17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	0	67,552	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	7,257	17,544	42,402		4,234,892 30.00
31.00	03100	INTENSIVE CARE UNIT	3,550	0	916		2,225,418 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
40.00	04000	SUBPROVIDER - I/PF	27	31,038	0		1,136,119 40.00
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	182	5,848	1,367		246,316 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,215	10,377	0		4,290,483 50.00
50.01	05001	OPERATING ROOM	0	0	0		0 50.01
51.00	05100	RECOVERY ROOM	727	160	0		294,156 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,161	1,655	1,367		826,171 52.00
53.00	05300	ANESTHESIOLOGY	2,526	302	0		52,677 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,845	6,579	0		3,119,804 54.00
57.00	05700	CT SCAN	0	0	0		0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		0 59.00
60.00	06000	LABORATORY	0	30,568	0		782,290 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		12,077 62.00
65.00	06500	RESPIRATORY THERAPY	35	563	0		167,395 65.00
66.00	06600	PHYSICAL THERAPY	0	3,991	0		266,078 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	134	0		221,164 67.00
69.00	06900	ELECTROCARDIOLOGY	435	13,662	0		535,394 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	42	0		15,905 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58	0	0		262,151 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		264,023 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	455,565	8,091	0		518,906 73.00
74.00	07400	RENAL DIALYSIS	10	168	0		10,334 74.00
76.00	03140	CARDIOLOGY	0	0	0		0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		9,213 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		227 90.00
90.01	09001	SPORTS MEDICINE	0	0	0		375,244 90.01
90.02	09002	WOUND CARE CLINIC	6	0	454		216,325 90.02
91.00	09100	EMERGENCY	11,178	39,299	1,825		1,581,282 91.00
91.01	09101	DAY HOSPITAL	0	0	0		0 91.01
91.02	09102	PAIN CLINIC	810	0	0		167,795 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		0 99.10
<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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
111.00	11100	0	0	0		0	111.00
113.00	11300						113.00
118.00		491,587	170,021	48,331	0	21,831,839	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0		0	190.00
190.01	19001	4	0	0		2,003,607	190.01
192.00	19200	0	0	0		0	192.00
200.00					67,552	67,552	200.00
201.00		0	0	0	0	0	201.00
202.00		491,591	170,021	48,331	67,552	23,902,998	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 3:14 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.01	00540	NONPATIENT TELEPHONES		5.01	
5.02	00550	DATA PROCESSING		5.02	
5.03	00560	PURCHASING RECEIVING AND STORES		5.03	
5.04	00570	ADMITTING		5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05	
5.06	00590	OTHER ADMIN AND GENERAL		5.06	
6.00	00600	MAINTENANCE & REPAIRS		6.00	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
12.00	01200	MAINTENANCE OF PERSONNEL		12.00	
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- EMS		23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	4,234,892	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,225,418	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
40.00	04000	SUBPROVIDER - I PF	0	1,136,119	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	246,316	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	4,290,483	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	0	294,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	826,171	52.00
53.00	05300	ANESTHESIOLOGY	0	52,677	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,119,804	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	782,290	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	12,077	62.00
65.00	06500	RESPIRATORY THERAPY	0	167,395	65.00
66.00	06600	PHYSICAL THERAPY	0	266,078	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	221,164	67.00
69.00	06900	ELECTROCARDIOLOGY	0	535,394	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,905	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	262,151	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	264,023	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	518,906	73.00
74.00	07400	RENAL DIALYSIS	0	10,334	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	9,213	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	227	90.00
90.01	09001	SPORTS MEDICINE	0	375,244	90.01
90.02	09002	WOUND CARE CLINIC	0	216,325	90.02
91.00	09100	EMERGENCY	0	1,581,282	91.00
91.01	09101	DAY HOSPITAL	0	0	91.01
91.02	09102	PAIN CLINIC	0	167,795	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<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
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	21,831,839	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	2,003,607	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		Cross Foot Adjustments	0	67,552	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	23,902,998	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	775,887					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		775,887				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,049	2,049	111,727,484			4.00
5.01 00540 NONPATIENT TELEPHONES	2,074	2,074	350,547	3,350		5.01
5.02 00550 DATA PROCESSING	1,946	1,946	0	78	1,234,492,673	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	959	959	0	1	0	5.03
5.04 00570 ADMITTING	2,105	2,105	136	47	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	902	902	625,666	25	0	5.05
5.06 00590 OTHER ADMIN AND GENERAL	40,453	40,453	9,190,424	368	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	238,433	238,433	1,734,329	160	0	6.00
7.00 00700 OPERATION OF PLANT	17,601	17,601	0	4	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	612	612	0	4	0	8.00
9.00 00900 HOUSEKEEPING	2,558	2,558	1,906,904	29	0	9.00
10.00 01000 DIETARY	18,145	18,145	2,156,245	51	0	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	5,561	5,561	3,348,880	67	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	21,795	21,795	1,978,031	75	0	14.00
15.00 01500 PHARMACY	5,872	5,872	4,760,457	81	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,960	2,960	0	3	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	2,255,529	38	0	17.00
23.00 02300 PARAMED PRGM- EMS	0	0	366,718	1	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	84,890	84,890	19,234,042	632	93,023,842	30.00
31.00 03100 INTENSIVE CARE UNIT	45,273	45,273	11,134,329	250	40,167,668	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
40.00 04000 SUBPROVIDER - I/PF	21,946	21,946	6,532,366	119	35,260,954	40.00
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	4,182	4,182	2,714,669	35	27,466,343	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	78,787	78,787	9,440,651	294	171,973,120	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	6,436	6,436	1,157,902	33	21,446,864	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,867	15,867	3,062,922	86	20,625,057	52.00
53.00 05300 ANESTHESIOLOGY	389	389	265,110	7	29,009,307	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	50,075	50,075	11,484,068	379	250,203,263	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	13,964	13,964	0	0	105,111,452	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	6,249,542	62.00
65.00 06500 RESPIRATORY THERAPY	1,784	1,784	2,599,554	39	37,620,758	65.00
66.00 06600 PHYSICAL THERAPY	4,397	4,397	1,949,129	40	11,759,059	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,604	4,604	1,205,213	15	8,734,514	67.00
69.00 06900 ELECTROCARDIOLOGY	10,158	10,158	1,854,985	113	26,881,999	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	237	237	138,857	4	2,859,910	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	37,407,733	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	63,375,466	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	120,116,929	73.00
74.00 07400 RENAL DIALYSIS	0	0	280,185	4	3,480,148	74.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	467,439	0	2,972,123	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	0	0	0	22,191	90.00
90.01 09001 SPORTS MEDICINE	0	0	864,638	4	6,409,873	90.01
90.02 09002 WOUND CARE CLINIC	2,423	2,423	340,648	0	2,429,795	90.02
91.00 09100 EMERGENCY	20,492	20,492	6,513,408	200	105,709,070	91.00
91.01 09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 09102 PAIN CLINIC	3,715	3,715	680,176	27	4,088,828	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)			
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)						
	1.00	2.00						
<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	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	733,644	733,644	110,594,157	3,313	1,234,405,808	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
190.01	19001	OTHER NONREIMBURSABLE	42,243	42,243	1,133,327	37	86,865	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	9,985,079	9,062,966	30,928,977	635,705	5,418,177	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.869244	11.680781	0.276825	189.762687	0.004389	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			50,316	51,075	48,964	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000450	15.246269	0.000040	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCU. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES	44,326,126					5.03
5.04	00570 ADMITTING	2,117	724,915,572				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	2,874	0	1,234,492,673			5.05
5.06	00590 OTHER ADMIN AND GENERAL	755,373	0	0	-24,765,391	273,850,491	5.06
6.00	00600 MAINTENANCE & REPAIRS	826,508	0	0	0	17,722,591	6.00
7.00	00700 OPERATION OF PLANT	0	0	0	0	432,864	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	116,973	0	0	0	297,777	8.00
9.00	00900 HOUSEKEEPING	292,894	0	0	0	3,627,770	9.00
10.00	01000 DIETARY	1,788,119	0	0	0	3,667,304	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	22,678	0	0	0	5,049,304	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	833,546	0	0	0	4,089,247	14.00
15.00	01500 PHARMACY	421,296	0	0	0	18,712,174	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	7,681	0	0	0	3,015,829	16.00
17.00	01700 SOCIAL SERVICE	6,414	0	0	0	3,138,902	17.00
23.00	02300 PARAMEDICAL PRGM- EMS	4,807	0	0	0	432,808	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	1,319,294	93,023,842	93,023,842	0	31,047,496	30.00
31.00	03100 INTENSIVE CARE UNIT	1,108,944	40,167,668	40,167,668	0	18,803,409	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
40.00	04000 SUBPROVIDER - I/P	170,191	35,260,954	35,260,954	0	10,673,568	40.00
41.00	04100 SUBPROVIDER - I/R	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	213,727	27,466,343	27,466,343	0	4,505,125	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	21,812,524	79,442,508	171,973,120	0	21,762,496	50.00
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	35,786	9,560,220	21,446,864	0	2,245,148	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	342,727	16,252,903	20,625,057	0	5,278,842	52.00
53.00	05300 ANESTHESIOLOGY	528,827	15,731,970	29,009,307	0	1,134,843	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,338,566	86,655,092	250,203,263	0	24,835,177	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	1,316,928	59,250,139	105,111,452	0	12,679,840	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	72,593	5,258,730	6,249,542	0	715,247	62.00
65.00	06500 RESPIRATORY THERAPY	488,903	35,312,571	37,620,758	0	4,633,310	65.00
66.00	06600 PHYSICAL THERAPY	7,758	7,645,587	11,759,059	0	3,075,987	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,476	3,606,841	8,734,514	0	1,960,239	67.00
69.00	06900 ELECTROCARDIOLOGY	90,792	11,470,122	26,881,999	0	4,140,498	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6,182	2,389,700	2,859,910	0	424,967	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,320,512	37,407,733	0	20,582,340	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	43,036,865	63,375,466	0	20,424,108	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	86,836,687	120,116,929	0	2,884,872	73.00
74.00	07400 RENAL DIALYSIS	59,337	3,265,887	3,480,148	0	616,689	74.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	8,898	0	2,972,123	0	708,180	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	111	0	22,191	0	17,816	90.00
90.01	09001 SPORTS MEDICINE	11,068	3,763	6,409,873	0	1,675,229	90.01
90.02	09002 WOUND CARE CLINIC	73,670	13,872	2,429,795	0	671,045	90.02
91.00	09100 EMERGENCY	939,996	36,846,509	105,709,070	0	13,142,762	91.00
91.01	09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102 PAIN CLINIC	35,119	94,622	4,088,828	0	1,183,691	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMINISTRATIVE (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<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
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,077,697	724,913,907	1,234,405,808	-24,765,391	270,009,494
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	248,429	1,665	86,865	0	3,840,997
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
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)	673,780	3,141,945	20,362,468	24,765,391	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.015201	0.004334	0.016495	0.090434	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,210	99,430	26,727	3,408,255	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000546	0.000137	0.000022	0.012446	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET 2)	OPERATION OF PLANT (SQARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	486,966					6.00
7.00	00700	17,601	469,365				7.00
8.00	00800	612	612	1,751,935			8.00
9.00	00900	2,558	2,558	0	466,195		9.00
10.00	01000	18,145	18,145	0	18,145	436,107	10.00
11.00	01100	0	0	0	0	226,513	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	5,561	5,561	0	5,561	0	13.00
14.00	01400	21,795	21,795	36,751	21,795	0	14.00
15.00	01500	5,872	5,872	0	5,872	0	15.00
16.00	01600	2,960	2,960	0	2,960	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	84,890	84,890	638,725	84,890	122,145	30.00
31.00	03100	45,273	45,273	195,154	45,273	48,190	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
40.00	04000	21,946	21,946	68,020	21,946	31,350	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	4,182	4,182	15,119	4,182	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	78,787	78,787	262,100	78,787	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	6,436	6,436	0	6,436	0	51.00
52.00	05200	15,867	15,867	90,821	15,867	0	52.00
53.00	05300	389	389	0	389	0	53.00
54.00	05400	50,075	50,075	86,969	50,075	0	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	13,964	13,964	0	13,964	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	1,784	1,784	0	1,784	0	65.00
66.00	06600	4,397	4,397	0	4,397	0	66.00
67.00	06700	4,604	4,604	0	4,604	6,471	67.00
69.00	06900	10,158	10,158	48,470	10,158	0	69.00
70.00	07000	237	237	0	237	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	0	0	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	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	2,423	2,423	0	2,423	0	90.02
91.00	09100	20,492	20,492	306,138	20,492	1,438	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	3,715	3,715	3,668	3,715	0	91.02
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	444,723	427,122	1,751,935	423,952	436,107	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	42,243	42,243	0	42,243	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	19,325,316	1,170,508	350,519	4,063,738	4,922,457	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	39.685144	2.493812	0.200075	8.716820	11.287269	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,103,503	658,159	27,385	145,628	753,678	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.533735	1.402233	0.015631	0.312376	1.728195	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,348					11.00
12.00	01200	26	203,502,685				12.00
13.00	01300	37	5,049,304	904			13.00
14.00	01400	60	4,089,247	0	37,812,475		14.00
15.00	01500	52	18,712,174	0	350,331	12,765,725	15.00
16.00	01600	0	3,015,829	0	736	0	16.00
17.00	01700	26	3,138,902	0	0	0	17.00
23.00	02300	19	432,808	0	71	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	288	31,047,496	339	1,170,204	188,456	30.00
31.00	03100	150	18,803,409	173	945,158	92,188	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
40.00	04000	94	10,673,568	76	44,928	695	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	31	4,505,125	0	139,625	4,718	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	131	21,762,496	91	21,163,598	161,396	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	13	2,245,148	22	33,580	18,891	51.00
52.00	05200	38	5,278,842	54	324,371	30,145	52.00
53.00	05300	6	1,134,843	0	521,177	65,601	53.00
54.00	05400	142	24,835,177	5	10,187,352	47,922	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	12,679,840	0	1,316,796	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	715,247	0	72,593	0	62.00
65.00	06500	40	4,633,310	0	464,851	905	65.00
66.00	06600	28	3,075,987	0	3,524	0	66.00
67.00	06700	13	1,960,239	2	966	0	67.00
69.00	06900	33	4,140,498	23	69,486	11,299	69.00
70.00	07000	2	424,967	0	5,564	0	70.00
71.00	07100	0	0	0	0	1,497	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	11,830,194	73.00
74.00	07400	0	616,689	0	57,145	270	74.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	0	0	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	0	32,816	0	111	0	90.00
90.01	09001	10	1,675,229	0	7,438	0	90.01
90.02	09002	4	656,045	110	68,844	157	90.02
91.00	09100	94	13,142,762	0	808,902	290,260	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	11	1,183,691	9	32,864	21,024	91.02
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description			CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
			11.00	12.00	13.00	14.00	15.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,348	199,661,688	904	37,790,215	12,765,618	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	3,840,997	0	22,260	107	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	2,556,714	49,313	5,860,363	5,690,471	20,859,128	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,896.672107	0.000242	6,482.702434	0.150492	1.633995	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	391,459	7,550	292,556	1,042,620	491,591	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	290.399852	0.000037	323.623894	0.027573	0.038509	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1  
Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)	
		16.00	17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMIN AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
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	20,235		16.00
17.00	01700	SOCIAL SERVICE	0	12,763	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	28,740
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	2,088	11,197	0
31.00	03100	INTENSIVE CARE UNIT	0	242	0
32.00	03200	CORONARY CARE UNIT	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0
40.00	04000	SUBPROVIDER - I PF	3,694	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	696	361	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	1,235	0	0
50.01	05001	OPERATING ROOM	0	0	0
51.00	05100	RECOVERY ROOM	19	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	197	361	0
53.00	05300	ANESTHESIOLOGY	36	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	783	0	0
57.00	05700	CT SCAN	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
60.00	06000	LABORATORY	3,638	0	0
60.01	06001	BLOOD LABORATORY	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0
65.00	06500	RESPIRATORY THERAPY	67	0	0
66.00	06600	PHYSICAL THERAPY	475	0	0
67.00	06700	OCCUPATIONAL THERAPY	16	0	0
69.00	06900	ELECTROCARDIOLOGY	1,626	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	5	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	963	0	0
74.00	07400	RENAL DIALYSIS	20	0	0
76.00	03140	CARDIOLOGY	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
90.00	09000	CLINIC	0	0	0
90.01	09001	SPORTS MEDICINE	0	0	0
90.02	09002	WOUND CARE CLINIC	0	120	0
91.00	09100	EMERGENCY	4,677	482	28,740
91.01	09101	DAY HOSPITAL	0	0	0
91.02	09102	PAIN CLINIC	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 3:14 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)		
		16.00	17.00	23.00		
<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
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,235	12,763	28,740	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
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)	3,440,055	3,472,838	508,102	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	170.005189	272.102014	17.679262	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	170,021	48,331	67,552	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.402323	3.786806	2.350452	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 3:14 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		46,319,453	520,406	46,839,859	30.00
31.00	03100 INTENSIVE CARE UNIT		25,160,341	764,024	25,924,365	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
40.00	04000 SUBPROVIDER - I PF		14,432,695	106,767	14,539,462	40.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		5,433,573	153,234	5,586,807	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		32,295,214	904,720	33,199,934	50.00
50.01	05001 OPERATING ROOM		0	0	0	50.01
51.00	05100 RECOVERY ROOM		2,982,722	0	2,982,722	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,235,172	831,135	8,066,307	52.00
53.00	05300 ANESTHESIOLOGY		1,460,670	1,147,041	2,607,711	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		31,699,412	504,552	32,203,964	54.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		15,356,953	0	15,356,953	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		791,028	0	791,028	62.00
65.00	06500 RESPIRATORY THERAPY	0	5,302,930	0	5,302,930	65.00
66.00	06600 PHYSICAL THERAPY	0	3,713,083	25,423	3,738,506	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,485,836	0	2,485,836	67.00
69.00	06900 ELECTROCARDIOLOGY		5,559,679	0	5,559,679	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		481,043	8,668	489,711	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		22,446,129	0	22,446,129	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		22,271,142	0	22,271,142	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		22,639,952	0	22,639,952	73.00
74.00	07400 RENAL DIALYSIS		685,049	0	685,049	74.00
76.00	03140 RADIOLOGY		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		772,224	0	772,224	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		19,452	0	19,452	90.00
90.01	09001 SPORTS MEDICINE		1,847,218	0	1,847,218	90.01
90.02	09002 WOUND CARE CLINIC		1,619,163	0	1,619,163	90.02
91.00	09100 EMERGENCY		17,663,608	2,732,721	20,396,329	91.00
91.01	09101 DAY HOSPITAL		0	0	0	91.01
91.02	09102 PAIN CLINIC		1,599,341	0	1,599,341	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,873,282	0	1,873,282	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF		0	0	0	99.10
<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
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		294,146,364	7,698,691	301,845,055	200.00
201.00	Less Observation Beds		1,873,282	0	1,873,282	201.00
202.00	Total (see instructions)		292,273,082	7,698,691	299,971,773	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140288		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 3:14 pm	
			Title XVII I		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	93,023,842		93,023,842			30.00
31.00	03100	INTENSIVE CARE UNIT	40,167,668		40,167,668			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
40.00	04000	SUBPROVIDER - I PF	35,260,954		35,260,954			40.00
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	27,466,343		27,466,343			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	79,442,508	92,530,612	171,973,120	0.187792	0.000000	50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	9,560,220	11,886,644	21,446,864	0.139075	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,252,903	4,372,154	20,625,057	0.350795	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,731,970	13,277,337	29,009,307	0.050352	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,655,092	163,548,171	250,203,263	0.126695	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	59,250,139	45,861,313	105,111,452	0.146102	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	5,258,730	990,812	6,249,542	0.126574	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	35,312,571	2,308,187	37,620,758	0.140958	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,645,587	4,113,472	11,759,059	0.315764	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,606,841	5,127,673	8,734,514	0.284599	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	11,259,035	15,622,964	26,881,999	0.206818	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,389,700	470,210	2,859,910	0.168202	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,320,512	11,087,221	37,407,733	0.600040	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	43,036,865	20,338,601	63,375,466	0.351416	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,836,687	33,494,503	120,331,190	0.188147	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,265,887	0	3,265,887	0.209759	0.000000	74.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	211,087	2,761,036	2,972,123	0.259822	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	0	22,191	22,191	0.876572	0.000000	90.00
90.01	09001	SPORTS MEDICINE	3,763	6,406,110	6,409,873	0.288183	0.000000	90.01
90.02	09002	WOUND CARE CLINIC	13,872	2,415,923	2,429,795	0.666378	0.000000	90.02
91.00	09100	EMERGENCY	36,846,509	68,862,561	105,709,070	0.167096	0.000000	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0.000000	0.000000	91.01
91.02	09102	PAIN CLINIC	94,622	3,994,206	4,088,828	0.391149	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,179,796	11,595,729	15,775,525	0.118746	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0			99.10
<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	PANCREAS ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	729,093,703	521,087,630	1,250,181,333			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	729,093,703	521,087,630	1,250,181,333			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 3:14 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			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	0.193053		50.00
50.01	05001 OPERATING ROOM	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.139075		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.391093		52.00
53.00	05300 ANESTHESIOLOGY	0.089892		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.128711		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.146102		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.126574		62.00
65.00	06500 RESPIRATORY THERAPY	0.140958		65.00
66.00	06600 PHYSICAL THERAPY	0.317926		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.284599		67.00
69.00	06900 ELECTROCARDIOLOGY	0.206818		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.171233		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600040		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.351416		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188147		73.00
74.00	07400 RENAL DIALYSIS	0.209759		74.00
76.00	03140 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.259822		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	0.876572		90.00
90.01	09001 SPORTS MEDICINE	0.288183		90.01
90.02	09002 WOUND CARE CLINIC	0.666378		90.02
91.00	09100 EMERGENCY	0.192948		91.00
91.01	09101 DAY HOSPITAL	0.000000		91.01
91.02	09102 PAIN CLINIC	0.391149		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.118746		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
<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
113.00	11300 INTEREST EXPENSE			113.00
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: 140288

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 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	46,319,453		46,319,453	520,406	46,839,859	30.00
31.00	03100	INTENSIVE CARE UNIT	25,160,341		25,160,341	764,024	25,924,365	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
40.00	04000	SUBPROVIDER - I PF	14,432,695		14,432,695	106,767	14,539,462	40.00
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	5,433,573		5,433,573	153,234	5,586,807	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	32,295,214		32,295,214	904,720	33,199,934	50.00
50.01	05001	OPERATING ROOM	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,982,722		2,982,722	0	2,982,722	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,235,172		7,235,172	831,135	8,066,307	52.00
53.00	05300	ANESTHESIOLOGY	1,460,670		1,460,670	1,147,041	2,607,711	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,699,412		31,699,412	504,552	32,203,964	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	15,356,953		15,356,953	0	15,356,953	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	791,028		791,028	0	791,028	62.00
65.00	06500	RESPIRATORY THERAPY	5,302,930	0	5,302,930	0	5,302,930	65.00
66.00	06600	PHYSICAL THERAPY	3,713,083	0	3,713,083	25,423	3,738,506	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,485,836	0	2,485,836	0	2,485,836	67.00
69.00	06900	ELECTROCARDIOLOGY	5,559,679		5,559,679	0	5,559,679	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	481,043		481,043	8,668	489,711	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,446,129		22,446,129	0	22,446,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,271,142		22,271,142	0	22,271,142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,639,952		22,639,952	0	22,639,952	73.00
74.00	07400	RENAL DIALYSIS	685,049		685,049	0	685,049	74.00
76.00	03140	CARDIOLOGY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	772,224		772,224	0	772,224	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	19,452		19,452	0	19,452	90.00
90.01	09001	SPORTS MEDICINE	1,847,218		1,847,218	0	1,847,218	90.01
90.02	09002	WOUND CARE CLINIC	1,619,163		1,619,163	0	1,619,163	90.02
91.00	09100	EMERGENCY	17,663,608		17,663,608	2,732,721	20,396,329	91.00
91.01	09101	DAY HOSPITAL	0		0	0	0	91.01
91.02	09102	PAIN CLINIC	1,599,341		1,599,341	0	1,599,341	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,873,282		1,873,282	0	1,873,282	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0		0	0	0	99.10
<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
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	294,146,364	0	294,146,364	7,698,691	301,845,055	200.00
201.00		Less Observation Beds	1,873,282		1,873,282	0	1,873,282	201.00
202.00		Total (see instructions)	292,273,082	0	292,273,082	7,698,691	299,971,773	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140288		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 3:14 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	93,023,842		93,023,842			30.00
31.00	03100	INTENSIVE CARE UNIT	40,167,668		40,167,668			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
40.00	04000	SUBPROVIDER - I/PF	35,260,954		35,260,954			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	27,466,343		27,466,343			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	79,442,508	92,530,612	171,973,120	0.187792	0.000000	50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	9,560,220	11,886,644	21,446,864	0.139075	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,252,903	4,372,154	20,625,057	0.350795	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,731,970	13,277,337	29,009,307	0.050352	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,655,092	163,548,171	250,203,263	0.126695	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	59,250,139	45,861,313	105,111,452	0.146102	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	5,258,730	990,812	6,249,542	0.126574	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	35,312,571	2,308,187	37,620,758	0.140958	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,645,587	4,113,472	11,759,059	0.315764	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,606,841	5,127,673	8,734,514	0.284599	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	11,259,035	15,622,964	26,881,999	0.206818	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,389,700	470,210	2,859,910	0.168202	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,320,512	11,087,221	37,407,733	0.600040	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	43,036,865	20,338,601	63,375,466	0.351416	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,836,687	33,494,503	120,331,190	0.188147	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,265,887	0	3,265,887	0.209759	0.000000	74.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	211,087	2,761,036	2,972,123	0.259822	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	22,191	22,191	0.876572	0.000000	90.00
90.01	09001	SPORTS MEDICINE	3,763	6,406,110	6,409,873	0.288183	0.000000	90.01
90.02	09002	WOUND CARE CLINIC	13,872	2,415,923	2,429,795	0.666378	0.000000	90.02
91.00	09100	EMERGENCY	36,846,509	68,862,561	105,709,070	0.167096	0.000000	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0.000000	0.000000	91.01
91.02	09102	PAIN CLINIC	94,622	3,994,206	4,088,828	0.391149	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,179,796	11,595,729	15,775,525	0.118746	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0			99.10
<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	PANCREAS ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	729,093,703	521,087,630	1,250,181,333			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	729,093,703	521,087,630	1,250,181,333			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 3:14 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	OPERATING ROOM	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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
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
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
76.00	03140	CARDIOLOGY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	SPORTS MEDICINE	0.000000		90.01
90.02	09002	WOUND CARE CLINIC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	DAY HOSPITAL	0.000000		91.01
91.02	09102	PAIN CLINIC	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 3:14 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,234,892	0	4,234,892	40,957	103.40	30.00
31.00	INTENSIVE CARE UNIT	2,225,418		2,225,418	17,848	124.69	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
40.00	SUBPROVIDER - IPF	1,136,119	0	1,136,119	10,450	108.72	40.00
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	246,316		246,316	3,630	67.86	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	7,842,745		7,842,745	72,885		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	14,877	1,538,282	30.00
31.00	INTENSIVE CARE UNIT	11,357	1,416,104	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	4,587	498,699	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (Lines 30-199)	30,821	3,453,085	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 3:14 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	4,290,483	171,973,120	0.024949	30,898,096	770,877	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	294,156	21,446,864	0.013716	3,574,564	49,029	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	826,171	20,625,057	0.040057	50,477	2,022	52.00
53.00	05300	ANESTHESIOLOGY	52,677	29,009,307	0.001816	4,794,761	8,707	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,119,804	250,203,263	0.012469	45,889,248	572,193	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	782,290	105,111,452	0.007442	28,005,706	208,418	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,077	6,249,542	0.001932	2,232,970	4,314	62.00
65.00	06500	RESPIRATORY THERAPY	167,395	37,620,758	0.004450	18,008,065	80,136	65.00
66.00	06600	PHYSICAL THERAPY	266,078	11,759,059	0.022627	4,239,322	95,923	66.00
67.00	06700	OCCUPATIONAL THERAPY	221,164	8,734,514	0.025321	1,996,863	50,563	67.00
69.00	06900	ELECTROCARDIOLOGY	535,394	26,881,999	0.019916	6,107,917	121,645	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,905	2,859,910	0.005561	864,532	4,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	262,151	37,407,733	0.007008	11,925,647	83,575	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	264,023	63,375,466	0.004166	18,791,096	78,284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	518,906	120,331,190	0.004312	38,693,406	166,846	73.00
74.00	07400	RENAL DIALYSIS	10,334	3,265,887	0.003164	2,285,432	7,231	74.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,213	2,972,123	0.003100	90,247	280	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	227	22,191	0.010229	0	0	90.00
90.01	09001	SPORTS MEDICINE	375,244	6,409,873	0.058542	3,763	220	90.01
90.02	09002	WOUND CARE CLINIC	216,325	2,429,795	0.089030	13,872	1,235	90.02
91.00	09100	EMERGENCY	1,581,282	105,709,070	0.014959	17,019,620	254,596	91.00
91.01	09101	DAY HOSPITAL	0	0	0.000000	0	0	91.01
91.02	09102	PAIN CLINIC	167,795	4,088,828	0.041037	60,384	2,478	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	169,367	15,775,525	0.010736	2,376,962	25,519	92.00
200.00		Total (Lines 50-199)	14,158,461	1,054,262,526		237,922,950	2,588,899	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/26/2015 3:14 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	0	0	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 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	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00	
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	0	0	0	0 200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,957	0.00	14,877	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	17,848	0.00	11,357	0	0 31.00	
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0 32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0 33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0 34.00	
40.00	04000	SUBPROVIDER - IPF	10,450	0.00	4,587	0	0 40.00	
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0 41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	0 42.00	
43.00	04300	NURSERY	3,630	0.00	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0 44.00	
200.00		Total (lines 30-199)	72,885		30,821	0	0 200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 3:14 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00	
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01	
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
57.00	05700 CT SCAN	0	0	0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000 LABORATORY	0	0	0	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	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	0	0	0	0	90.00	
90.01	09001 SPORTS MEDICINE	0	0	0	0	0	90.01	
90.02	09002 WOUND CARE CLINIC	0	0	0	0	0	90.02	
91.00	09100 EMERGENCY	0	0	508,102	0	508,102	91.00	
91.01	09101 DAY HOSPITAL	0	0	0	0	0	91.01	
91.02	09102 PAIN CLINIC	0	0	0	0	0	91.02	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00	Total (lines 50-199)	0	0	508,102	0	508,102	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 3:14 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	171,973,120	0.000000	0.000000	30,898,096	50.00
50.01	05001 OPERATING ROOM	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	21,446,864	0.000000	0.000000	3,574,564	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	20,625,057	0.000000	0.000000	50,477	52.00
53.00	05300 ANESTHESIOLOGY	0	29,009,307	0.000000	0.000000	4,794,761	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	250,203,263	0.000000	0.000000	45,889,248	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	105,111,452	0.000000	0.000000	28,005,706	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	6,249,542	0.000000	0.000000	2,232,970	62.00
65.00	06500 RESPIRATORY THERAPY	0	37,620,758	0.000000	0.000000	18,008,065	65.00
66.00	06600 PHYSICAL THERAPY	0	11,759,059	0.000000	0.000000	4,239,322	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,734,514	0.000000	0.000000	1,996,863	67.00
69.00	06900 ELECTROCARDIOLOGY	0	26,881,999	0.000000	0.000000	6,107,917	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,859,910	0.000000	0.000000	864,532	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,407,733	0.000000	0.000000	11,925,647	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	63,375,466	0.000000	0.000000	18,791,096	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	120,331,190	0.000000	0.000000	38,693,406	73.00
74.00	07400 RENAL DIALYSIS	0	3,265,887	0.000000	0.000000	2,285,432	74.00
76.00	03140 RADIOLOGY	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,972,123	0.000000	0.000000	90,247	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	22,191	0.000000	0.000000	0	90.00
90.01	09001 SPORTS MEDICINE	0	6,409,873	0.000000	0.000000	3,763	90.01
90.02	09002 WOUND CARE CLINIC	0	2,429,795	0.000000	0.000000	13,872	90.02
91.00	09100 EMERGENCY	508,102	105,709,070	0.004807	0.004807	17,019,620	91.00
91.01	09101 DAY HOSPITAL	0	0	0.000000	0.000000	0	91.01
91.02	09102 PAIN CLINIC	0	4,088,828	0.000000	0.000000	60,384	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	15,775,525	0.000000	0.000000	2,376,962	92.00
200.00	Total (Lines 50-199)	508,102	1,054,262,526			237,922,950	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 3:14 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 XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	17,409,631	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	2,356,477	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	526	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,734,301	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	56,484,900	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	16,564,188	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	442,101	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	721,615	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,023,481	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,172,315	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0	5,695,823	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	100,207	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,602,871	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	9,893,787	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,675,614	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03140 RADIOLOGY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,393,459	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	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	1,955,851	0	90.01
90.02	09002 WOUND CARE CLINIC	0	1,674,816	0	90.02
91.00	09100 EMERGENCY	81,813	14,462,594	69,522	91.00
91.01	09101 DAY HOSPITAL	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	2,142,093	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,373,904	0	92.00
200.00	Total (Lines 50-199)	81,813	153,880,554	69,522	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 3:14 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	0.187792	17,409,631	0	0	3,269,389	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.139075	2,356,477	0	0	327,727	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350795	526	0	0	185	52.00
53.00	05300	ANESTHESIOLOGY	0.050352	2,734,301	0	0	137,678	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126695	56,484,900	0	0	7,156,354	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.146102	16,564,188	0	0	2,420,061	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.126574	442,101	0	0	55,958	62.00
65.00	06500	RESPIRATORY THERAPY	0.140958	721,615	0	0	101,717	65.00
66.00	06600	PHYSICAL THERAPY	0.315764	1,023,481	0	0	323,178	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284599	1,172,315	0	0	333,640	67.00
69.00	06900	ELECTROCARDIOLOGY	0.206818	5,695,823	0	0	1,177,999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168202	100,207	0	0	16,855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600040	3,602,871	0	0	2,161,867	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.351416	9,893,787	0	0	3,476,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188147	9,675,614	0	82,757	1,820,438	73.00
74.00	07400	RENAL DIALYSIS	0.209759	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.259822	1,393,459	0	0	362,051	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	0.876572	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.288183	1,955,851	0	0	563,643	90.01
90.02	09002	WOUND CARE CLINIC	0.666378	1,674,816	0	0	1,116,061	90.02
91.00	09100	EMERGENCY	0.167096	14,462,594	0	0	2,416,642	91.00
91.01	09101	DAY HOSPITAL	0.000000	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0.391149	2,142,093	0	0	837,878	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.118746	4,373,904	0	0	519,384	92.00
200.00		Subtotal (see instructions)		153,880,554	0	82,757	28,595,540	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		153,880,554	0	82,757	28,595,540	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 3:14 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,570		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	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
90.01 09001 SPORTS MEDICINE	0	0		90.01
90.02 09002 WOUND CARE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DAY HOSPITAL	0	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	15,570		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	15,570		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140288		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 3:14 pm	
		Component CCN: 14S288		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,290,483	171,973,120	0.024949	0	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	294,156	21,446,864	0.013716	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	826,171	20,625,057	0.040057	0	52.00
53.00	05300	ANESTHESIOLOGY	52,677	29,009,307	0.001816	78,625	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,119,804	250,203,263	0.012469	272,734	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	59.00
60.00	06000	LABORATORY	782,290	105,111,452	0.007442	660,423	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,077	6,249,542	0.001932	0	62.00
65.00	06500	RESPIRATORY THERAPY	167,395	37,620,758	0.004450	298,498	65.00
66.00	06600	PHYSICAL THERAPY	266,078	11,759,059	0.022627	90,827	66.00
67.00	06700	OCCUPATIONAL THERAPY	221,164	8,734,514	0.025321	84,873	67.00
69.00	06900	ELECTROCARDIOLOGY	535,394	26,881,999	0.019916	205,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,905	2,859,910	0.005561	4,232	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	262,151	37,407,733	0.007008	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	264,023	63,375,466	0.004166	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	518,906	120,331,190	0.004312	1,187,363	73.00
74.00	07400	RENAL DIALYSIS	10,334	3,265,887	0.003164	94,189	74.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,213	2,972,123	0.003100	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	227	22,191	0.010229	0	90.00
90.01	09001	SPORTS MEDICINE	375,244	6,409,873	0.058542	0	90.01
90.02	09002	WOUND CARE CLINIC	216,325	2,429,795	0.089030	0	90.02
91.00	09100	EMERGENCY	1,581,282	105,709,070	0.014959	529,497	91.00
91.01	09101	DAY HOSPITAL	0	0	0.000000	0	91.01
91.02	09102	PAIN CLINIC	167,795	4,088,828	0.041037	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,775,525	0.000000	0	92.00
200.00		Total (lines 50-199)	13,989,094	1,054,262,526		3,506,548	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 3:14 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	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	0	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	508,102	0	508,102	91.00
91.01	09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	508,102	0	508,102	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 3:14 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	171,973,120	0.000000	0.000000	0	50.00
50.01	05001 OPERATING ROOM	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	21,446,864	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	20,625,057	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	29,009,307	0.000000	0.000000	78,625	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	250,203,263	0.000000	0.000000	272,734	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	105,111,452	0.000000	0.000000	660,423	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	6,249,542	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	37,620,758	0.000000	0.000000	298,498	65.00
66.00	06600 PHYSICAL THERAPY	0	11,759,059	0.000000	0.000000	90,827	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,734,514	0.000000	0.000000	84,873	67.00
69.00	06900 ELECTROCARDIOLOGY	0	26,881,999	0.000000	0.000000	205,287	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,859,910	0.000000	0.000000	4,232	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,407,733	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	63,375,466	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	120,331,190	0.000000	0.000000	1,187,363	73.00
74.00	07400 RENAL DIALYSIS	0	3,265,887	0.000000	0.000000	94,189	74.00
76.00	03140 RADIOLOGY	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,972,123	0.000000	0.000000	0	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	22,191	0.000000	0.000000	0	90.00
90.01	09001 SPORTS MEDICINE	0	6,409,873	0.000000	0.000000	0	90.01
90.02	09002 WOUND CARE CLINIC	0	2,429,795	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	508,102	105,709,070	0.004807	0.004807	529,497	91.00
91.01	09101 DAY HOSPITAL	0	0	0.000000	0.000000	0	91.01
91.02	09102 PAIN CLINIC	0	4,088,828	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	15,775,525	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	508,102	1,054,262,526			3,506,548	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 3:14 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
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
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
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
76.00	03140 RADIOLOGY	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
90.01	09001 SPORTS MEDICINE	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	0	0	90.02
91.00	09100 EMERGENCY	2,545	0	0	91.00
91.01	09101 DAY HOSPITAL	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	2,545	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 3:14 pm
		Component CCN: 14S288	Title XVIII	Subprovider - IPF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.187792	0	0	0	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.139075	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350795	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.050352	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126695	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.146102	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.126574	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.140958	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.315764	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284599	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.206818	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168202	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600040	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.351416	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188147	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.209759	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.259822	0	0	0	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	0.876572	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.288183	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0.666378	0	0	0	90.02
91.00	09100	EMERGENCY	0.167096	0	0	0	91.00
91.01	09101	DAY HOSPITAL	0.000000	0	0	0	91.01
91.02	09102	PAIN CLINIC	0.391149	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.118746	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 3:14 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	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
90.01 09001 SPORTS MEDICINE	0	0		90.01
90.02 09002 WOUND CARE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DAY HOSPITAL	0	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140288

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/26/2015 3:14 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	0.187792	0	3,352,993	0	0	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.139075	0	629,029	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350795	0	947,869	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.050352	0	695,164	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126695	0	12,227,225	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.146102	0	4,848,317	0	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	0.126574	0	41,728	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.140958	0	340,879	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.315764	0	897,637	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284599	0	707,931	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.206818	0	1,071,786	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168202	0	34,722	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600040	0	414,238	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.351416	0	395,489	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188147	0	2,356,469	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.209759	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.259822	0	84,996	0	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	0.876572	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.288183	0	574,824	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0.666378	0	55,513	0	0	90.02
91.00	09100	EMERGENCY	0.167096	0	11,155,138	0	0	91.00
91.01	09101	DAY HOSPITAL	0.000000	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0.391149	0	218,805	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.118746	0	1,225,833	0	0	92.00
200.00		Subtotal (see instructions)		0	42,276,585	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	42,276,585	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 3:14 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	629,665	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
51.00 05100 RECOVERY ROOM	87,482	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	332,508	0		52.00
53.00 05300 ANESTHESIOLOGY	35,003	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,549,128	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	708,349	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,282	0		62.00
65.00 06500 RESPIRATORY THERAPY	48,050	0		65.00
66.00 06600 PHYSICAL THERAPY	283,441	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	201,476	0		67.00
69.00 06900 ELECTROCARDIOLOGY	221,665	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,840	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	248,559	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	138,981	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	443,363	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	22,084	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
90.01 09001 SPORTS MEDICINE	165,655	0		90.01
90.02 09002 WOUND CARE CLINIC	36,993	0		90.02
91.00 09100 EMERGENCY	1,863,979	0		91.00
91.01 09101 DAY HOSPITAL	0	0		91.01
91.02 09102 PAIN CLINIC	85,585	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	145,563	0		92.00
200.00 Subtotal (see instructions)	7,258,651	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	7,258,651	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2015 3:14 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)		40,957	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,957	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)		39,319	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)		14,877	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)		46,839,859	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)		46,839,859	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)		46,839,859	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)		1,143.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,013,932	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)		17,013,932	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 3:14 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	25,924,365	17,848	1,452.51	11,357	16,496,156	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)				48,201,718		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				81,711,806		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)				2,954,386		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				2,670,712		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				5,625,098		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				76,086,708		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				1,638		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,143.64		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,873,282		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 3:14 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,234,892	46,839,859	0.090412	1,873,282	169,367	90.00
91.00	Nursing School cost	0	46,839,859	0.000000	1,873,282	0	91.00
92.00	Allied health cost	0	46,839,859	0.000000	1,873,282	0	92.00
93.00	All other Medical Education	0	46,839,859	0.000000	1,873,282	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14S288		Date/Time Prepared: 5/26/2015 3:14 pm
		Title XVIII	Subprovider - IPF	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)		10,450	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,450	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,450	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)		4,587	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)		14,539,462	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)		14,539,462	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)		14,539,462	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)		1,391.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,382,077	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)		6,382,077	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14S288				Date/Time Prepared: 5/26/2015 3:14 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
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)				622,271		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				7,004,348		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				498,699		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				33,987		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				532,686		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				6,471,662		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 140288 Component CCN: 14S288		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 3:14 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,136,119	14,539,462	0.078140	0	0	90.00
91.00	Nursing School cost	0	14,539,462	0.000000	0	0	91.00
92.00	Allied health cost	0	14,539,462	0.000000	0	0	92.00
93.00	All other Medical Education	0	14,539,462	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 3:14 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		45,990,154	30.00
31.00	03100	INTENSIVE CARE UNIT		21,265,792	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
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.193053	30,898,096	5,964,970 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.139075	3,574,564	497,132 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.391093	50,477	19,741 52.00
53.00	05300	ANESTHESIOLOGY	0.089892	4,794,761	431,011 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.128711	45,889,248	5,906,451 54.00
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	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.146102	28,005,706	4,091,690 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.126574	2,232,970	282,636 62.00
65.00	06500	RESPIRATORY THERAPY	0.140958	18,008,065	2,538,381 65.00
66.00	06600	PHYSICAL THERAPY	0.317926	4,239,322	1,347,791 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284599	1,996,863	568,305 67.00
69.00	06900	ELECTROCARDIOLOGY	0.206818	6,107,917	1,263,227 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171233	864,532	148,036 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600040	11,925,647	7,155,865 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.351416	18,791,096	6,603,492 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188147	38,693,406	7,280,048 73.00
74.00	07400	RENAL DIALYSIS	0.209759	2,285,432	479,390 74.00
76.00	03140	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.259822	90,247	23,448 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	0.876572	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.288183	3,763	1,084 90.01
90.02	09002	WOUND CARE CLINIC	0.666378	13,872	9,244 90.02
91.00	09100	EMERGENCY	0.192948	17,019,620	3,283,902 91.00
91.01	09101	DAY HOSPITAL	0.000000	0	0 91.01
91.02	09102	PAIN CLINIC	0.391149	60,384	23,619 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.118746	2,376,962	282,255 92.00
200.00		Total (sum of lines 50-94 and 96-98)		237,922,950	48,201,718 200.00
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)		237,922,950	48,201,718 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14S288		Date/Time Prepared: 5/26/2015 3:14 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<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
40.00	04000	SUBPROVIDER - IPF		13,837,867	40.00
41.00	04100	SUBPROVIDER - IRF		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	0.193053	0	50.00
50.01	05001	OPERATING ROOM	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.139075	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.391093	0	52.00
53.00	05300	ANESTHESIOLOGY	0.089892	78,625	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.128711	272,734	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.146102	660,423	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.126574	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.140958	298,498	65.00
66.00	06600	PHYSICAL THERAPY	0.317926	90,827	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284599	84,873	67.00
69.00	06900	ELECTROCARDIOLOGY	0.206818	205,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171233	4,232	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600040	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.351416	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188147	1,187,363	73.00
74.00	07400	RENAL DIALYSIS	0.209759	94,189	74.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.259822	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	0.876572	0	90.00
90.01	09001	SPORTS MEDICINE	0.288183	0	90.01
90.02	09002	WOUND CARE CLINIC	0.666378	0	90.02
91.00	09100	EMERGENCY	0.192948	529,497	91.00
91.01	09101	DAY HOSPITAL	0.000000	0	91.01
91.02	09102	PAIN CLINIC	0.391149	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.118746	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,506,548	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,506,548	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 3:14 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		9,236,734	30.00
31.00	03100	INTENSIVE CARE UNIT		3,344,737	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
40.00	04000	SUBPROVIDER - IPF		7,369,683	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		4,246,283	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.187792	3,845,550	722,164 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.139075	494,636	68,792 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350795	3,242,792	1,137,555 52.00
53.00	05300	ANESTHESIOLOGY	0.050352	1,235,894	62,230 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126695	6,582,330	833,948 54.00
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	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.146102	5,362,958	783,539 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.126574	505,042	63,925 62.00
65.00	06500	RESPIRATORY THERAPY	0.140958	2,274,878	320,662 65.00
66.00	06600	PHYSICAL THERAPY	0.315764	368,886	116,481 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284599	176,774	50,310 67.00
69.00	06900	ELECTROCARDIOLOGY	0.206818	751,785	155,483 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168202	57,402	9,655 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600040	1,234,164	740,548 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.351416	1,368,911	481,057 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188147	5,923,971	1,114,577 73.00
74.00	07400	RENAL DIALYSIS	0.209759	67,657	14,192 74.00
76.00	03140	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.259822	10,335	2,685 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.876572	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.288183	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0.666378	0	0 90.02
91.00	09100	EMERGENCY	0.167096	3,992,622	667,151 91.00
91.01	09101	DAY HOSPITAL	0.000000	0	0 91.01
91.02	09102	PAIN CLINIC	0.391149	4,809	1,881 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.118746	283,600	33,676 92.00
200.00		Total (sum of lines 50-94 and 96-98)		37,784,996	7,380,511 200.00
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)		37,784,996	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 3:14 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)		39,185,154	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,061,718	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)		2,754,221	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)		285.51	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)		1.47	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.48	31.00
32.00	Sum of lines 30 and 31		14.95	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 3:14 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	0	35.00
35.01	Factor 3 (see instructions)		0.000199150	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		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)		435.60		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		55,001,093		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)		55,001,093		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,451,514		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		300		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).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		81,813		58.00
59.00	Total (sum of amounts on lines 49 through 58)		59,534,720		59.00
60.00	Primary payer payments		17,465		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		59,517,255		61.00
62.00	Deductibles billed to program beneficiaries		5,308,576		62.00
63.00	Coinurance billed to program beneficiaries		90,208		63.00
64.00	Allowable bad debts (see instructions)		566,605		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		368,293		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		404,321		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		54,486,764		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		100,752		70.93
70.94	HRR adjustment amount (see instructions)		-113,910		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 3:14 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)		54,473,606		71.00
71.01	Sequestration adjustment (see instructions)		1,089,472		71.01
72.00	Interim payments		54,211,211		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)		-827,077		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)		1,835,687		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		2,874,943		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: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 3:14 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		15,570	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,526,018	2.00
3.00	PPS payments		24,452,080	3.00
4.00	Outlier payment (see instructions)		55,877	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		69,522	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,570	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		82,757	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)		82,757	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)		82,757	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		67,187	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)		15,570	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)		24,577,479	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)		4,830,604	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)		19,762,445	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)		19,762,445	30.00
31.00	Primary payer payments		10,344	31.00
32.00	Subtotal (line 30 minus line 31)		19,752,101	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)		521,479	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		338,961	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		410,513	36.00
37.00	Subtotal (see instructions)		20,091,062	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)		20,091,062	40.00
40.01	Sequestration adjustment (see instructions)		401,821	40.01
41.00	Interim payments		19,656,877	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		32,364	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)		74,560	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: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 3:14 pm
		Component CCN: 14S288	Title XVII I	Subprovider - IPF
		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		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<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)		0	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<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		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140288

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 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		54,191,914		19,606,579	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	19,297	09/12/2014	50,298	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)		19,297		50,298	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)		54,211,211		19,656,877	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		32,364	6.01	
6.02	SETTLEMENT TO PROGRAM		827,077		0	6.02	
7.00	Total Medicare program liability (see instructions)		53,384,134		19,689,241	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Stephen Booth		00130		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140288  
Component CCN: 14S288

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/26/2015 3:14 pm

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,611,797		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		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)		4,611,797		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		2,503		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,614,300		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	Stephen Booth		00130		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/26/2015 3:14 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		14,447	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		26,234	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,447	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		57,167	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,250,181,333	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		24,561,792	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)		596,196	8.00
9.00	Sequestration adjustment amount (see instructions)		11,924	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		584,272	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		652,143	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)		-67,871	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/26/2015 3:14 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			4,166,281 1.00
2.00	Net IPF PPS Outlier Payments			796,462 2.00
3.00	Net IPF PPS ECT Payments			11,901 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			28.630137 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			4,974,644 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			4,974,644 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			4,974,644 18.00
19.00	Deductibles			239,232 19.00
20.00	Subtotal (line 18 minus line 19)			4,735,412 20.00
21.00	Coinsurance			29,488 21.00
22.00	Subtotal (line 20 minus line 21)			4,705,924 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			4,705,924 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			2,545 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			4,708,469 31.00
31.01	Sequestration adjustment (see instructions)			94,169 31.01
32.00	Interim payments			4,611,797 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			2,503 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			796,462 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 140288

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

Worksheet G

Date/Time Prepared:  
5/26/2015 3:14 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	1,075,000	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	1,075,000	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	1,075,000	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	1,424,101,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	936,224,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,360,325,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,509,147,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	3,741,789,000	0	0	0	52.00
53.00	Specific purpose fund	0	1,075,000	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,741,789,000	1,075,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,250,936,000	1,075,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140288

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

Worksheet G-1

Date/Time Prepared:  
5/26/2015 3:14 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		3,702,208,875		1,075,000	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		39,580,125			2.00
3.00	Total (sum of line 1 and line 2)		3,741,789,000		1,075,000	3.00
4.00	FUNDING RECEIVED	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,741,789,000		1,075,000	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		1,075,000	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	FUNDING RECEIVED		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: 140288

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/26/2015 3:14 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	93,023,842		93,023,842	1.00
2.00	SUBPROVIDER - IPF	35,260,954		35,260,954	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	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	128,284,796		128,284,796	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	40,167,668		40,167,668	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)	40,167,668		40,167,668	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	168,452,464		168,452,464	17.00
18.00	Ancillary services	523,261,764	439,366,849	962,628,613	18.00
19.00	Outpatient services	37,381,140	81,805,981	119,187,121	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	729,095,368	521,172,830	1,250,268,198	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		334,719,579		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		334,719,579		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140288

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

Worksheet G-3

Date/Time Prepared:  
5/26/2015 3:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,250,268,198	1.00
2.00	Less contractual allowances and discounts on patients' accounts	880,464,043	2.00
3.00	Net patient revenues (line 1 minus line 2)	369,804,155	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	334,719,579	4.00
5.00	Net income from service to patients (line 3 minus line 4)	35,084,576	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,495,549	24.00
25.00	Total other income (sum of lines 6-24)	4,495,549	25.00
26.00	Total (line 5 plus line 25)	39,580,125	26.00
27.00	OTHER EXPENSES (SPECIFY)	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)	39,580,125	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet I-5 Date/Time Prepared: 5/26/2015 3:14 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: 140288	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 3:14 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		4,175,820	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		147,079	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)		160.45	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)		1.47	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.48	8.00
9.00	Sum of lines 7 and 8		14.95	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.08	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		128,615	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,451,514	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