

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: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 10:07 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/27/2015	Time: 10:07 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOOD SHEPHERD HOSPITAL (140291) 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	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	238,051	268,214	-8,400	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	238,051	268,214	-8,400	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: 140291		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 10:03 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 450 W. HIGHWAY 22		PO Box:						1.00		
2.00	City: BARRINGTON		State: IL		Zip Code: 60010-		County: LAKE		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		GOOD SHEPHERD HOSPITAL	140291	29404	1	10/17/1979	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										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			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		N	22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N	22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N	22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,896	197	13	0	513	0		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 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.	0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 10:03 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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)	N				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
61.01	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	Unweighted FTEs Nonprovi der Si te	Unweighted 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
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N		0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	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		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N				80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N				81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N				85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
				3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	380,646	2,562,523	3,973,761	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 10:03 am			
		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: SUITE 600					
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.	N			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.	Y			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: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 10:03 am	
			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: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 10:03 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/06/2015	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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	04/20/2015	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: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 10:03 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			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.			Y	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SCOTT		MITCHELL	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.	6309295761		SCOTT.MITCHELL@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/20/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 10:03 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	141	51,465	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)		141	51,465	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		159	58,035	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		159				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: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 10:03 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,955	1,751	33,472			1.00
2.00 HMO and other (see instructions)	1,221	513				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)	15,955	1,751	33,472			7.00
8.00 INTENSIVE CARE UNIT	2,480	201	4,414			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		154	2,787			13.00
14.00 Total (see instructions)	18,435	2,106	40,673	0.00	1,009.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	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	1,009.00	27.00
28.00 Observation Bed Days		409	5,486			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	0	0			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: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 10:03 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,931	488	9,432	1.00
2.00 HMO and other (see instructions)			256	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,931	488	9,432	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part II Date/Time Prepared: 5/27/2015 10:03 am			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	73,603,575	0	73,603,575	2,098,720.00	35.07	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	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)		234,669	0	234,669	6,240.00	37.61	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		463,187	0	463,187	9,131.13	50.73	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,092,288	0	1,092,288	7,712.25	141.63	13.00
14.00	Home office salaries & wage-related costs		8,237,209	0	8,237,209	129,457.00	63.63	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		20,443,313	0	20,443,313			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		18,956	0	18,956			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,931,206	0	1,931,206	12,480.00	154.74	26.00
27.00	Administrative & General	5.00	9,459,046	0	9,459,046	251,680.00	37.58	27.00
28.00	Administrative & General under contract (see inst.)		560,071	0	560,071	2,653.00	211.11	28.00
29.00	Maintenance & Repairs	6.00	1,383,560	0	1,383,560	43,680.00	31.67	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	41,499	0	41,499	2,080.00	19.95	31.00
32.00	Housekeeping	9.00	1,395,936	0	1,395,936	85,280.00	16.37	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,455,992	0	1,455,992	81,120.00	17.95	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	1,988,218	0	1,988,218	45,760.00	43.45	38.00
39.00	Central Services and Supply	14.00	433,639	0	433,639	27,040.00	16.04	39.00
40.00	Pharmacy	15.00	3,080,627	0	3,080,627	66,560.00	46.28	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140291

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2015 10:03 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,474,949	0	1,474,949	54,080.00	27.27	41.00
42.00	Social Service	17.00 382,653	0	382,653	10,400.00	36.79	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140291

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2015 10:03 am

	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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	74,163,646	0	74,163,646	2,101,373.00	35.29	1.00
2.00	Excluded area salaries (see instructions)	234,669	0	234,669	6,240.00	37.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	73,928,977	0	73,928,977	2,095,133.00	35.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,792,684	0	9,792,684	146,300.38	66.94	4.00
5.00	Subtotal wage-related costs (see inst.)	20,443,313	0	20,443,313	0.00	27.65	5.00
6.00	Total (sum of lines 3 thru 5)	104,164,974	0	104,164,974	2,241,433.38	46.47	6.00
7.00	Total overhead cost (see instructions)	23,587,396	0	23,587,396	682,813.00	34.54	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 10:03 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,489,152 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,347,698 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			6,886,212 8.00
9.00	Prescription Drug Plan			1,544,864 9.00
10.00	Dental, Hearing and Vision Plan			287,395 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			74,900 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)			581,516 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			2,029,000 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			5,205,606 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			78,610 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			582,416 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			354,900 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			20,462,269 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/27/2015 10:03 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		2,130,181	20,462,269 1.00
2.00	Hospital		2,130,181	20,462,269 2.00
3.00	Subprovider - IPF		0	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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/27/2015 10:03 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.264951	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		1,161,323	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		46,391,742	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,291,538	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)		11,130,215	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		11,130,215	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	5,952,544	2,901,456	8,854,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,577,132	768,744	2,345,876	21.00
22.00	Partial payment by patients approved for charity care	176,595	320,799	497,394	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,400,537	447,945	1,848,482	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	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			7,636,000	
27.00	Medicare bad debts for the entire hospital complex (see instructions)			498,161	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			7,137,839	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,891,178	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,739,660	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,869,875	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/27/2015 10:03 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	9,249,695	9,249,695	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	4,597,189	4,597,189	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			-83,375	17,296,127	4.00
5.01	00540	NONPATIENT TELEPHONES	1,931,206	15,448,296	834,329	833,859	5.01
5.02	00550	DATA PROCESSING	186,667	647,662	-470		5.02
5.03	00561	PURCHASING RECEIVING AND STORES	0	2,418,582	2,418,582	-167,883	5.03
5.04	00570	ADMINISTRATIVE	457,087	703,218	1,160,305	-2,147	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	756,632	2,929,348	3,685,980	-25,549	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	454,469	14,463,335	14,917,804	-32,422	5.06
6.00	00600	MAINTENANCE & REPAIRS	7,604,191	40,834,815	48,439,006	-6,728,346	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,383,560	7,386,549	8,770,109	-1,270,501	8.00
9.00	00900	HOUSEKEEPING	41,499	154,206	195,705	0	9.00
10.00	01000	DIETARY	1,395,936	837,478	2,233,414	-19,489	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	1,455,992	687,991	2,143,983	-23,463	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,988,218	502,781	2,490,999	-20,635	14.00
15.00	01500	PHARMACY	433,639	2,269,983	2,703,622	-1,506,549	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,080,627	13,212,748	16,293,375	-12,854,527	16.00
17.00	01700	SOCIAL SERVICE	1,474,949	1,145,775	2,620,724	-5,492	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	382,653	28,287	410,940	-2	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,754,359	3,517,663	19,272,022	-9,587	30.00
31.00	03100	INTENSIVE CARE UNIT	4,352,582	1,610,368	5,962,950	-1,786,373	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	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	1,222,587	181,593	1,404,180	-79,031	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,811,445	21,219,040	27,030,485	-17,969,915	50.00
51.00	05100	RECOVERY ROOM	1,001,284	234,923	1,236,207	-116,679	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,873,556	1,300,452	3,174,008	-346,203	52.00
53.00	05300	ANESTHESIOLOGY	126,847	394,244	521,091	-341,159	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,565,972	5,495,700	10,061,672	-2,723,166	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	390,513	681,060	1,071,573	-635,272	56.00
56.01	03630	ULTRA SOUND	786,219	84,741	870,960	-22,072	56.01
57.00	05700	CT SCAN	835,855	863,906	1,699,761	-640,630	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	519,074	439,770	958,844	-358,658	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,205,300	4,748,729	5,954,029	-4,360,339	59.00
60.00	06000	LABORATORY	0	7,315,315	7,315,315	-916,664	60.00
60.01	06001	BLOOD LABORATORY	0	621,247	621,247	-76,751	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	1,551,694	381,668	1,933,362	-189,758	65.00
66.00	06600	PHYSICAL THERAPY	1,989,789	310,782	2,300,571	-138,488	66.00
67.00	06700	OCCUPATIONAL THERAPY	238,079	24,699	262,778	-2,663	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	934,392	1,178,495	2,112,887	-105,918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100,830	24,157	124,987	-16,345	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,547,644	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,643,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,694,631	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	449,969	76,983	526,952	-30,475	76.97
OUTPATIENT SERVICE COST CENTERS							
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	2,541,634	2,035,841	4,577,475	-1,398,205	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,089,601	1,768,444	5,858,045	-722,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A

Date/Time Prepared:
5/27/2015 10:03 am

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	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,368,906	158,180,874	231,549,780	5,318	231,555,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,362	3,362	-1,825	1,537	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	234,669	211,119	445,788	-3,493	442,295	194.00
200.00		TOTAL (SUM OF LINES 118-199)	73,603,575	158,395,355	231,998,930	0	231,998,930	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	400,197	9,649,892	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,447,819	6,045,008	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,686,875	19,983,002	4.00
5.01	00540	NONPATIENT TELEPHONES	-433,957	399,902	5.01
5.02	00550	DATA PROCESSING	2,430,213	4,680,912	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	-230,144	928,014	5.03
5.04	00570	ADMINISTRATIVE	0	3,660,431	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,885,382	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-20,931,859	20,778,801	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	7,499,608	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	195,705	8.00
9.00	00900	HOUSEKEEPING	0	2,213,925	9.00
10.00	01000	DIETARY	-495,173	1,625,347	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-21,218	2,449,146	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,197,073	14.00
15.00	01500	PHARMACY	-35,391	3,403,457	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-8,375	2,606,857	16.00
17.00	01700	SOCIAL SERVICE	0	410,938	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIALTY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-103,815	19,158,620	30.00
31.00	03100	INTENSIVE CARE UNIT	-313	4,176,264	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,325,149	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-863,946	8,196,624	50.00
51.00	05100	RECOVERY ROOM	0	1,119,528	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-661,237	2,166,568	52.00
53.00	05300	ANESTHESIOLOGY	0	179,932	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,036	7,333,470	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	436,301	56.00
56.01	03630	ULTRA SOUND	0	848,888	56.01
57.00	05700	CT SCAN	0	1,059,131	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	600,186	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,593,690	59.00
60.00	06000	LABORATORY	-199,920	6,198,731	60.00
60.01	06001	BLOOD LABORATORY	0	544,496	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	-210	1,743,394	65.00
66.00	06600	PHYSICAL THERAPY	0	2,162,083	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	260,115	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-690,995	1,315,974	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	108,642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,547,644	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,643,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,694,631	73.00
76.00	03020	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	496,477	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-43,744	3,135,526	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	-291,101	4,844,503	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
118.00		6.00	7.00	
	SUBTOTALS (SUM OF LINES 1-117)	-18,051,330	213,503,768	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,537	190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	-41,575	400,720	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-18,092,905	213,906,025	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,249,695	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,597,189	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	13,846,884	
C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,694,631	1.00
TOTALS			0	12,694,631	
D - OXYGEN					
1.00	RESPIRATORY THERAPY	65.00	0	49,039	1.00
TOTALS			0	49,039	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	29,191,445	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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	29,191,445		
G - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO	72.00	0	12,643,801		1.00
	PATIENT					
	TOTALS		0	12,643,801		
J - UNIVERSAL BEDS						
1.00	ADULTS & PEDIATRICS	30.00	969,324	351,064		1.00
	TOTALS		969,324	351,064		
500.00	Grand Total: Increases		969,324	68,776,864		500.00

RECLASSIFICATIONS

Provider CCN: 140291

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
B - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	81,725	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	296	9		2.00
3.00	DATA PROCESSING	5.02	0	167,881	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	2,147	9		4.00
5.00	ADMINISTRATIVE AND GENERAL	5.04	0	24,105	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	30,024	9		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,712,358	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	1,121,164	9		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	351	9		9.00
10.00	HOUSEKEEPING	9.00	0	5,813	9		10.00
11.00	DIETARY	10.00	0	22,383	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	17,043	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	85,163	9		13.00
14.00	PHARMACY	15.00	0	60,192	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,397	9		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	350,582	9		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	41,790	9		17.00
18.00	NURSERY	43.00	0	32,623	9		18.00
19.00	OPERATING ROOM	50.00	0	961,863	9		19.00
20.00	RECOVERY ROOM	51.00	0	81,483	9		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	61,336	9		21.00
22.00	ANESTHESIOLOGY	53.00	0	4,510	9		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,282,745	9		23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	4,971	9		24.00
25.00	ULTRA SOUND	56.01	0	10,797	9		25.00
26.00	CT SCAN	57.00	0	383,068	9		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	269,663	9		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	463,326	9		28.00
29.00	LABORATORY	60.00	0	10,305	9		29.00
30.00	RESPIRATORY THERAPY	65.00	0	55,488	9		30.00
31.00	PHYSICAL THERAPY	66.00	0	101,933	9		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	92,895	9		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,653	9		33.00
34.00	CARDIAC REHABILITATION	76.97	0	19,891	9		34.00
35.00	CLINIC	90.00	0	1,115,787	9		35.00
36.00	EMERGENCY	91.00	0	151,771	9		36.00
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,362	9		37.00
38.00	TOTALS	0.00	0	13,846,884	9		38.00
C - DRUGS							
1.00	PHARMACY	15.00	0	12,694,631	0		1.00
	TOTALS		0	12,694,631			
D - OXYGEN							
1.00	MAINTENANCE & REPAIRS	6.00	0	49,039	0		1.00
	TOTALS		0	49,039			
F - MEDICAL SUPPLIES							
1.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	463	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	174	0		2.00
3.00	DATA PROCESSING	5.02	0	2	0		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,444	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,398	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15,988	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	100,298	0		7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,650	0		8.00
9.00	HOUSEKEEPING	9.00	0	13,676	0		9.00
10.00	DIETARY	10.00	0	1,080	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	3,592	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,421,386	0		12.00
13.00	PHARMACY	15.00	0	99,704	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	95	0		14.00
15.00	SOCIAL SERVICE	17.00	0	2	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	979,393	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	424,195	0		17.00
18.00	NURSERY	43.00	0	46,408	0		18.00

RECLASSIFICATIONS

Provider CCN: 140291

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	OPERATING ROOM	50.00	0	17,008,052	0		19.00
20.00	RECOVERY ROOM	51.00	0	35,196	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	284,867	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	336,649	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,440,421	0		23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	630,301	0		24.00
25.00	ULTRA SOUND	56.01	0	11,275	0		25.00
26.00	CT SCAN	57.00	0	257,562	0		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	88,995	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	3,897,013	0		28.00
29.00	LABORATORY	60.00	0	906,359	0		29.00
30.00	BLOOD LABORATORY	60.01	0	76,751	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	183,309	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	36,555	0		32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	2,312	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	13,023	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,692	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	10,584	0		36.00
37.00	CLINIC	90.00	0	282,418	0		37.00
38.00	EMERGENCY	91.00	0	570,670	0		38.00
39.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	3,493	0		39.00
	TOTALS		0	29,191,445			
G - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,643,801	0		1.00
	TOTALS		0	12,643,801			
J - UNIVERSAL BEDS							
1.00	INTENSIVE CARE UNIT	31.00	969,324	351,064	0		1.00
	TOTALS		969,324	351,064			
500.00	Grand Total: Decreases		969,324	68,776,864			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2015 10:03 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,676,896	0	0	0	0	1.00
2.00	Land Improvements	8,079,823	97,782	0	97,782	0	2.00
3.00	Buildings and Fixtures	139,430,044	1,049,766	0	1,049,766	0	3.00
4.00	Building Improvements	5,424,199	13,894	0	13,894	0	4.00
5.00	Fixed Equipment	66,489,209	5,906,421	0	5,906,421	566,103	5.00
6.00	Movable Equipment	336,766	46,206	0	46,206	0	6.00
7.00	HIT designated Assets	454,996	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	225,891,933	7,114,069	0	7,114,069	566,103	8.00
9.00	Reconciling Items	-8,568,334	-66,100,299	0	-66,100,299	0	9.00
10.00	Total (line 8 minus line 9)	234,460,267	73,214,368	0	73,214,368	566,103	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,676,896	0				1.00
2.00	Land Improvements	8,177,605	3,757,243				2.00
3.00	Buildings and Fixtures	140,479,810	30,301,838				3.00
4.00	Building Improvements	5,438,093	1,530,120				4.00
5.00	Fixed Equipment	71,829,527	40,809,099				5.00
6.00	Movable Equipment	382,972	245,824				6.00
7.00	HIT designated Assets	454,996	0				7.00
8.00	Subtotal (sum of lines 1-7)	232,439,899	76,644,124				8.00
9.00	Reconciling Items	-74,668,633	0				9.00
10.00	Total (line 8 minus line 9)	307,108,532	76,644,124				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	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: 140291

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2015 10:03 am

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	2	0	2	0.666667	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.333333	0	2.00
3.00	Total (sum of lines 1-2)	3	0	3	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	9,649,892	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,045,008	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,694,900	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	9,649,892	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,045,008	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	15,694,900	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140291

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

Worksheet A-8

Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00
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	-433,957	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	-2,626,706			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	-2,459,595			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-8,375	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	25,687	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-1,545	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	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		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 INTERCOMPANY INTEREST	A	-3,296,872	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.00
34.00 MEDICAID PROVIDER TAX	A	-4,474,425	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 34.00
35.00		0			0.00	0 35.00
36.00 ELIMINATE AHA/IHS/MCHC LOBBYING	A	-39,346	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 36.00
37.00 ELIMINATE CENTER 1090/1093/1099/1120	A	-342,189	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 37.00
37.50		0			0.00	0 37.50
38.00		0			0.00	0 38.00
39.00		0			0.00	0 39.00
39.02		0			0.00	0 39.02
39.03 MISC INCOME	B	-230,144	PURCHASING RECEIVING AND STORES		5.03	0 39.03
40.00 MISC INCOME	B	-629,210	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 40.00
41.00 MISC INCOME	B	-22,294	CLINIC		90.00	0 41.00
42.00 MISC INCOME	B	-495,173	DIETARY		10.00	0 42.00
43.00 MISC INCOME	B	-155	NURSING ADMIN STRATION		13.00	0 43.00
45.00 MISC INCOME	B	-35,391	PHARMACY		15.00	0 45.00
45.01		0			0.00	0 45.01
45.02 MISC INCOME	B	-6,151	ADULTS & PEDIATRICS		30.00	0 45.02
45.03 MISC INCOME	B	-37,875	OTHER NONREIMBURSABLE COST CENTERS		194.00	0 45.03
45.04 MISC INCOME	B	-5,036	RADIOLOGY-DIAGNOSTIC		54.00	0 45.04
45.05 MISC INCOME	B	-199,920	LABORATORY		60.00	0 45.05
45.06 MISC INCOME	B	-210	RESPIRATORY THERAPY		65.00	0 45.06
45.08		0			0.00	0 45.08
45.09		0			0.00	0 45.09
45.10		0			0.00	0 45.10
45.13		0			0.00	0 45.13
45.16 NONALLOWABLE	A	-2,582,105	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 45.16
45.48 HBP	A	-21,063	NURSING ADMIN STRATION		13.00	0 45.48
45.49 HBP	A	-167,155	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 45.49
45.50 HBP	A	-3,700	OTHER NONREIMBURSABLE COST CENTERS		194.00	0 45.50
45.51		0			0.00	0 45.51
45.52		0			0.00	0 45.52
45.53		0			0.00	0 45.53
45.54		0			0.00	0 45.54
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,092,905				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: 140291

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2015 10:03 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPL BENEFITS	2,686,875	0 1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	2,430,213	0 2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW BLDG	374,510	0 3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW EQUIP	1,449,364	0 4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	A&G	6,071,572	15,472,129 4.01
4.02	0.00			0	0 4.02
4.03	0.00			0	0 4.03
5.00	0	0	0	13,012,534	15,472,129 5.00

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

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

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

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

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

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

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

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

Provider CCN: 140291

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2015 10:03 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,686,875	0		1.00
2.00	2,430,213	0		2.00
3.00	374,510	9		3.00
4.00	1,449,364	9		4.00
4.01	-9,400,557	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-2,459,595			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140291

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2015 10:03 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	97,664	97,664	0	194,500	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	313	313	0	154,100	0	2.00
3.00	50.00	OPERATING ROOM	863,946	863,946	0	204,100	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	661,237	661,237	0	194,500	0	4.00
5.00	91.00	EMERGENCY	291,101	291,101	0	171,400	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	690,995	690,995	0	171,400	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	90.00	CLINIC	21,450	21,450	0	171,400	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,626,706	2,626,706	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	97,664	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	313	2.00
3.00	50.00	OPERATING ROOM	0	0	0	863,946	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	661,237	4.00
5.00	91.00	EMERGENCY	0	0	0	291,101	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	690,995	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	21,450	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	2,626,706	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 10:03 am

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			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	9,649,892	9,649,892				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	6,045,008		6,045,008			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	19,983,002	54,977	34,439	20,072,418		4.00
5.01 00540 NONPATIENT TELEPHONES	399,902	51,917	32,523	52,278	536,620	5.01
5.02 00550 DATA PROCESSING	4,680,912	34,569	21,655	0	0	5.02
5.03 00561 PURCHASING RECEIVING AND STORES	928,014	105,154	65,872	128,011	3,431	5.03
5.04 00570 ADMITTING	3,660,431	38,508	24,122	211,901	5,680	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	14,885,382	52,137	32,660	127,278	3,412	5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL	20,778,801	337,042	211,134	2,129,615	57,085	5.06
6.00 00600 MAINTENANCE & REPAIRS	7,499,608	4,395,300	2,753,359	387,477	10,386	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	195,705	0	0	11,622	312	8.00
9.00 00900 HOUSEKEEPING	2,213,925	174,163	109,102	390,943	10,479	9.00
10.00 01000 DIETARY	1,625,347	229,635	143,851	407,762	10,930	10.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,449,146	14,692	9,204	556,816	14,926	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,197,073	93,667	58,676	121,444	3,255	14.00
15.00 01500 PHARMACY	3,403,457	55,673	34,875	862,754	23,126	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,606,857	77,510	48,555	413,071	11,072	16.00
17.00 01700 SOCIAL SERVICE	410,938	2,473	1,549	107,165	2,873	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	19,158,620	1,009,549	632,415	4,683,600	125,520	30.00
31.00 03100 INTENSIVE CARE UNIT	4,176,264	190,761	119,499	947,508	25,398	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,325,149	56,241	35,231	342,395	9,178	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	8,196,624	474,987	297,548	1,627,542	43,627	50.00
51.00 05100 RECOVERY ROOM	1,119,528	4,726	2,961	280,418	7,517	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,166,568	22,405	14,035	524,704	14,065	52.00
53.00 05300 ANESTHESIOLOGY	179,932	12,897	8,079	35,525	952	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,333,470	823,222	515,693	1,278,737	34,277	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	436,301	26,710	16,732	109,366	2,932	56.00
56.01 03630 ULTRA SOUND	848,888	5,514	3,454	220,187	5,902	56.01
57.00 05700 CT SCAN	1,059,131	23,247	14,563	234,088	6,275	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	600,186	12,531	7,850	145,371	3,897	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,593,690	86,523	54,201	337,554	9,048	59.00
60.00 06000 LABORATORY	6,198,731	131,222	82,202	0	0	60.00
60.01 06001 BLOOD LABORATORY	544,496	9,508	5,956	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	1,743,394	7,474	4,682	434,564	11,649	65.00
66.00 06600 PHYSICAL THERAPY	2,162,083	61,535	38,548	557,256	14,937	66.00
67.00 06700 OCCUPATIONAL THERAPY	260,115	3,591	2,249	66,676	1,787	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,315,974	37,500	23,491	261,684	7,014	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	108,642	4,323	2,708	28,238	757	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,547,644	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	12,643,801	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	12,694,631	0	0	0	0	73.00
76.00 03020 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	496,477	20,994	13,151	126,017	3,378	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	3,135,526	544,986	341,397	711,805	19,080	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	4,844,503	287,011	179,793	1,145,325	30,701	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

Period:
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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					
101.00	10100 HOME HEALTH AGENCY	0	1.00	2.00	4.00	5.01	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	213,503,768	9,574,874	5,998,014	20,006,697	534,858		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,537	70,896	44,412	0	0	0	190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	400,720	4,122	2,582	65,721	1,762		194.00
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers		0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	213,906,025	9,649,892	6,045,008	20,072,418	536,620		202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/27/2015 10:03 am		
Cost Center Description			DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMINISTRATIVE 5.04	CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	4,737,136				5.02
5.03	00561	PURCHASING RECEIVING AND STORES	0	1,230,482			5.03
5.04	00570	ADMINISTRATIVE	0	632	3,941,274		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	366	0	15,101,235	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	14,115	0	0	23,527,792
6.00	00600	MAINTENANCE & REPAIRS	0	15,944	0	0	15,062,074
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	207,639
9.00	00900	HOUSEKEEPING	0	8,700	0	0	2,907,312
10.00	01000	DIETARY	0	37,829	0	0	2,455,354
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	1,190	0	0	3,045,974
14.00	01400	CENTRAL SERVICES & SUPPLY	0	67,677	0	0	1,541,792
15.00	01500	PHARMACY	0	6,558	0	0	4,386,443
16.00	01600	MEDICAL RECORDS & LIBRARY	0	710	0	0	3,157,775
17.00	01700	SOCIAL SERVICE	0	16	0	0	525,014
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	376,104	48,820	676,191	1,198,990	27,909,809
31.00	03100	INTENSIVE CARE UNIT	80,001	18,658	143,827	255,036	5,956,952
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	40,225	1,926	72,317	128,233	2,010,895
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	703,953	654,009	459,686	2,243,777	14,701,753
51.00	05100	RECOVERY ROOM	74,330	1,462	42,893	236,958	1,770,793
52.00	05200	DELIVERY ROOM & LABOR ROOM	84,940	11,598	139,737	270,782	3,248,834
53.00	05300	ANESTHESIOLOGY	139,919	12,880	84,903	446,052	921,139
54.00	05400	RADIOLOGY-DIAGNOSTIC	419,831	57,030	124,499	1,338,386	11,925,145
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	55,120	23,678	15,348	175,717	861,904
56.01	03630	ULTRA SOUND	84,200	487	28,861	268,422	1,465,915
57.00	05700	CT SCAN	308,251	9,711	137,007	982,681	2,774,954
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	128,114	3,505	43,704	408,417	1,353,575
59.00	05900	CARDIAC CATHETERIZATION	164,788	147,377	141,803	525,329	3,060,313
60.00	06000	LABORATORY	368,522	34,049	327,260	1,174,817	8,316,803
60.01	06001	BLOOD LABORATORY	32,462	2,883	43,283	103,485	742,073
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	116,882	7,168	193,097	372,612	2,891,522
66.00	06600	PHYSICAL THERAPY	65,074	1,716	53,223	207,449	3,161,821
67.00	06700	OCCUPATIONAL THERAPY	8,422	92	11,867	26,847	381,646
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	108,615	1,432	66,260	346,257	2,168,227
70.00	07000	ELECTROENCEPHALOGRAPHY	3,499	139	2,982	11,156	162,444
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	148,059	0	150,666	472,001	17,318,370
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	203,173	0	241,118	647,699	13,735,791
73.00	07300	DRUGS CHARGED TO PATIENTS	626,951	0	609,432	1,998,668	15,929,682
76.00	03020	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	9,287	517	683	29,607	700,111
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	105,829	13,143	1,207	337,375	5,210,348
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	280,585	24,012	129,420	894,482	7,815,832
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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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	INLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,737,136	1,230,029	3,941,274	15,101,235	213,313,820	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20	0	0	116,865	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	433	0	0	475,340	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,737,136	1,230,482	3,941,274	15,101,235	213,906,025	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	23,527,792				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,861,431	16,923,505			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,661	0	233,300		8.00
9.00	00900	HOUSEKEEPING	359,297	643,508	0	3,910,117	9.00
10.00	01000	DIETARY	303,442	848,466	0	203,784	3,811,046
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	376,434	54,286	0	13,038	0
14.00	01400	CENTRAL SERVICES & SUPPLY	190,541	346,088	0	83,123	0
15.00	01500	PHARMACY	542,094	205,703	0	49,406	0
16.00	01600	MEDICAL RECORDS & LIBRARY	390,250	286,387	0	68,784	0
17.00	01700	SOCIAL SERVICE	64,883	9,138	0	2,195	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,449,296	3,730,139	191,995	895,903	3,136,315
31.00	03100	INTENSIVE CARE UNIT	736,184	704,833	25,319	169,286	413,590
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	248,514	207,802	15,986	49,910	261,141
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,816,901	1,755,009	0	421,517	0
51.00	05100	RECOVERY ROOM	218,842	17,463	0	4,194	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	401,504	82,782	0	19,883	0
53.00	05300	ANESTHESIOLOGY	113,838	47,652	0	11,445	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,473,757	3,041,686	0	730,550	0
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	106,518	98,689	0	23,703	0
56.01	03630	ULTRA SOUND	181,164	20,374	0	4,893	0
57.00	05700	CT SCAN	342,940	85,896	0	20,630	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	167,280	46,298	0	11,120	0
59.00	05900	CARDIAC CATHETERIZATION	378,206	319,689	0	76,783	0
60.00	06000	LABORATORY	1,027,824	484,848	0	116,450	0
60.01	06001	BLOOD LABORATORY	91,708	35,130	0	8,437	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	357,346	27,617	0	6,633	0
66.00	06600	PHYSICAL THERAPY	390,750	227,363	0	54,608	0
67.00	06700	OCCUPATIONAL THERAPY	47,165	13,267	0	3,186	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	267,958	138,557	0	33,278	0
70.00	07000	ELECTROENCEPHALOGRAPHY	20,075	15,974	0	3,837	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,140,273	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,697,524	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,968,654	0	0	0	0
76.00	03020	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	86,523	77,570	0	18,631	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	643,916	2,013,644	0	483,635	0
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	965,912	1,060,465	0	254,702	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	0	0	0	0	0	111.00
118.00		23,454,605	16,646,323	233,300	3,843,544	3,811,046	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	14,443	261,952	0	62,915	0	190.00
194.00	07950	58,744	15,230	0	3,658	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		23,527,792	16,923,505	233,300	3,910,117	3,811,046	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
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	00561						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
12.00	01200	0					12.00
13.00	01300	0	3,489,732				13.00
14.00	01400	0	955	2,162,499			14.00
15.00	01500	0	0	7,422	5,191,068		15.00
16.00	01600	0	7,490	7	0	3,910,693	16.00
17.00	01700	0	24,856	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,587,911	72,904	52,182	310,475	30.00
31.00	03100	0	379,705	31,576	23,712	66,041	31.00
40.00	04000	0	0	0	0	0	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	0	113,793	3,455	1,304	33,206	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	500,430	1,266,036	59,314	581,286	50.00
51.00	05100	0	85,404	2,620	3,728	61,360	51.00
52.00	05200	0	200,144	21,205	10,529	70,118	52.00
53.00	05300	0	17,292	25,059	13,266	115,504	53.00
54.00	05400	0	44,147	107,222	109,598	346,572	54.00
56.00	03450	0	0	46,918	4,192	45,502	56.00
56.01	03630	0	0	839	30	69,507	56.01
57.00	05700	0	0	19,172	7,239	254,463	57.00
58.00	05800	0	32	6,625	1,083	105,759	58.00
59.00	05900	0	774	290,086	7,496	136,033	59.00
60.00	06000	0	0	67,468	0	304,216	60.00
60.01	06001	0	0	5,713	0	26,797	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	0	4,199	13,645	29	96,487	65.00
66.00	06600	0	140	2,721	51	53,718	66.00
67.00	06700	0	0	172	0	6,952	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	44,881	969	603	89,662	69.00
70.00	07000	0	115	275	0	2,889	70.00
71.00	07100	0	0	67,795	326	122,223	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	38,010	0	167,720	72.00
73.00	07300	0	0	0	4,814,366	517,550	73.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	15,167	788	0	7,667	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	78,642	21,023	9,484	87,362	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	0	383,644	42,480	72,536	231,624	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
111.00	11100	ASSET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,489,721	2,162,205	5,191,068	3,910,693	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	34	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	11	260	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	3,489,732	2,162,499	5,191,068	3,910,693	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00561 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
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	626,086					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0	0	0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	515,240	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	67,945	0	0	0	0	31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	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	42,901	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	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
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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
76.00 03020 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
				17.00	19.00		20.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	626,086	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	626,086	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

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Part I
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Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	41,852,169	0	41,852,169	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,575,143	0	8,575,143	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	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	0	2,988,907	0	2,988,907	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	21,102,246	0	21,102,246	50.00
51.00	05100	RECOVERY ROOM	0	2,164,404	0	2,164,404	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,054,999	0	4,054,999	52.00
53.00	05300	ANESTHESIOLOGY	0	1,265,195	0	1,265,195	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,778,677	0	17,778,677	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,187,426	0	1,187,426	56.00
56.01	03630	ULTRA SOUND	0	1,742,722	0	1,742,722	56.01
57.00	05700	CT SCAN	0	3,505,294	0	3,505,294	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,691,772	0	1,691,772	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,269,380	0	4,269,380	59.00
60.00	06000	LABORATORY	0	10,317,609	0	10,317,609	60.00
60.01	06001	BLOOD LABORATORY	0	909,858	0	909,858	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	3,397,478	0	3,397,478	65.00
66.00	06600	PHYSICAL THERAPY	0	3,891,172	0	3,891,172	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	452,388	0	452,388	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,744,135	0	2,744,135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	205,609	0	205,609	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,648,987	0	19,648,987	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,639,045	0	15,639,045	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,230,252	0	23,230,252	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	906,457	0	906,457	76.97
OUTPATIENT SERVICE COST CENTERS							
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	8,548,054	0	8,548,054	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	10,827,195	0	10,827,195	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
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Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	212,896,573	0	212,896,573
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	456,209	0	456,209
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	553,243	0	553,243
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	213,906,025	0	213,906,025

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	54,977	34,439	89,416	89,416 4.00
5.01 00540	NONPATIENT TELEPHONES	0	51,917	32,523	84,440	233 5.01
5.02 00550	DATA PROCESSING	0	34,569	21,655	56,224	0 5.02
5.03 00561	PURCHASING RECEIVING AND STORES	0	105,154	65,872	171,026	570 5.03
5.04 00570	ADMITTING	0	38,508	24,122	62,630	944 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	52,137	32,660	84,797	567 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	0	337,042	211,134	548,176	9,490 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	4,395,300	2,753,359	7,148,659	1,727 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	52 8.00
9.00 00900	HOUSEKEEPING	0	174,163	109,102	283,265	1,742 9.00
10.00 01000	DIETARY	0	229,635	143,851	373,486	1,817 10.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	14,692	9,204	23,896	2,481 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	93,667	58,676	152,343	541 14.00
15.00 01500	PHARMACY	0	55,673	34,875	90,548	3,845 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	77,510	48,555	126,065	1,841 16.00
17.00 01700	SOCIAL SERVICE	0	2,473	1,549	4,022	478 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,009,549	632,415	1,641,964	20,840 30.00
31.00 03100	INTENSIVE CARE UNIT	0	190,761	119,499	310,260	4,222 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	56,241	35,231	91,472	1,526 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	474,987	297,548	772,535	7,253 50.00
51.00 05100	RECOVERY ROOM	0	4,726	2,961	7,687	1,250 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	22,405	14,035	36,440	2,338 52.00
53.00 05300	ANESTHESIOLOGY	0	12,897	8,079	20,976	158 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	823,222	515,693	1,338,915	5,698 54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	26,710	16,732	43,442	487 56.00
56.01 03630	ULTRA SOUND	0	5,514	3,454	8,968	981 56.01
57.00 05700	CT SCAN	0	23,247	14,563	37,810	1,043 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,531	7,850	20,381	648 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	86,523	54,201	140,724	1,504 59.00
60.00 06000	LABORATORY	0	131,222	82,202	213,424	0 60.00
60.01 06001	BLOOD LABORATORY	0	9,508	5,956	15,464	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0 62.01
65.00 06500	RESPIRATORY THERAPY	0	7,474	4,682	12,156	1,937 65.00
66.00 06600	PHYSICAL THERAPY	0	61,535	38,548	100,083	2,483 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,591	2,249	5,840	297 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	37,500	23,491	60,991	1,166 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	4,323	2,708	7,031	126 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
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
76.00 03020	CARDIOLOGY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	20,994	13,151	34,145	562 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	544,986	341,397	886,383	3,172 90.00
90.01 09001	WOMENS HEALTH	0	0	0	0	0 90.01
90.02 09002	SPINE CENTER	0	0	0	0	0 90.02
91.00 09100	EMERGENCY	0	287,011	179,793	466,804	5,104 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	2.00					
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	9,574,874	5,998,014	15,572,888	89,123	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	70,896	44,412	115,308	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	4,122	2,582	6,704	293	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	9,649,892	6,045,008	15,694,900	89,416	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140291		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 10:03 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	84,673					5.01
5.02	00550	DATA PROCESSING	0	56,224				5.02
5.03	00561	PURCHASING RECEIVING AND STORES	541	0	172,137			5.03
5.04	00570	ADMINISTRATIVE	896	0	88	64,558		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	538	0	51	0	85,953	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	9,003	0	1,974	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,638	0	2,230	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	49	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,653	0	1,217	0	0	9.00
10.00	01000	DIETARY	1,724	0	5,292	0	0	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,354	0	166	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	513	0	9,467	0	0	14.00
15.00	01500	PHARMACY	3,647	0	917	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,746	0	99	0	0	16.00
17.00	01700	SOCIAL SERVICE	453	0	2	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,836	4,480	6,829	10,928	6,815	30.00
31.00	03100	INTENSIVE CARE UNIT	4,006	953	2,610	2,362	1,450	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,448	479	269	1,188	729	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,881	8,178	91,502	7,551	12,868	50.00
51.00	05100	RECOVERY ROOM	1,186	885	204	705	1,347	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,218	1,012	1,622	2,295	1,539	52.00
53.00	05300	ANESTHESIOLOGY	150	1,667	1,802	1,395	2,535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,406	5,001	7,978	2,045	7,608	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	462	657	3,312	252	999	56.00
56.01	03630	ULTRA SOUND	931	1,003	68	474	1,526	56.01
57.00	05700	CT SCAN	990	3,672	1,358	2,250	5,586	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	615	1,526	490	718	2,322	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,427	1,963	20,616	2,329	2,986	59.00
60.00	06000	LABORATORY	0	4,390	4,763	5,375	6,678	60.00
60.01	06001	BLOOD LABORATORY	0	387	403	711	588	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	1,837	1,392	1,003	3,172	2,118	65.00
66.00	06600	PHYSICAL THERAPY	2,356	775	240	874	1,179	66.00
67.00	06700	OCCUPATIONAL THERAPY	282	100	13	195	153	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,106	1,294	200	1,088	1,968	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	119	42	19	49	63	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,764	0	2,475	2,683	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,420	0	3,960	3,682	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,469	0	10,010	11,361	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	533	111	72	11	168	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,009	1,261	1,838	20	1,918	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,842	3,343	3,359	2,126	5,084	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140291		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 10:03 am	
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	84,395	56,224	172,073	64,558	85,953	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	278	0	61	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	84,673	56,224	172,137	64,558	85,953	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140291		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 10:03 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	568,643					5.06
6.00	00600	MAINTENANCE & REPAIRS	44,990	7,199,244				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	620	0	721			8.00
9.00	00900	HOUSEKEEPING	8,684	273,748	0	570,309		9.00
10.00	01000	DIETARY	7,334	360,937	0	29,723	780,313	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,098	23,093	0	1,902	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,605	147,225	0	12,124	0	14.00
15.00	01500	PHARMACY	13,102	87,506	0	7,206	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,432	121,829	0	10,033	0	16.00
17.00	01700	SOCIAL SERVICE	1,568	3,887	0	320	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,354	1,586,799	594	130,669	642,161	30.00
31.00	03100	INTENSIVE CARE UNIT	17,793	299,835	78	24,691	84,683	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,007	88,399	49	7,280	53,469	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,914	746,579	0	61,480	0	50.00
51.00	05100	RECOVERY ROOM	5,289	7,429	0	612	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,704	35,215	0	2,900	0	52.00
53.00	05300	ANESTHESIOLOGY	2,751	20,271	0	1,669	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,620	1,293,931	0	106,554	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,575	41,982	0	3,457	0	56.00
56.01	03630	ULTRA SOUND	4,379	8,667	0	714	0	56.01
57.00	05700	CT SCAN	8,289	36,540	0	3,009	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,043	19,695	0	1,622	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,141	135,996	0	11,199	0	59.00
60.00	06000	LABORATORY	24,842	206,254	0	16,985	0	60.00
60.01	06001	BLOOD LABORATORY	2,217	14,944	0	1,231	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	8,637	11,748	0	967	0	65.00
66.00	06600	PHYSICAL THERAPY	9,444	96,720	0	7,965	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,140	5,644	0	465	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,476	58,942	0	4,854	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	485	6,795	0	560	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	51,730	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,029	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,582	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,091	32,998	0	2,717	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	15,563	856,602	0	70,541	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	23,346	451,121	0	37,149	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	0	0	0	0	0	111.00
118.00		566,874	7,081,331	721	560,598	780,313	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	349	111,434	0	9,177	0	190.00
194.00	07950	1,420	6,479	0	534	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		568,643	7,199,244	721	570,309	780,313	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B Part II Date/Time Prepared: 5/27/2015 10:03 am

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
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	00561						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
12.00	01200	0					12.00
13.00	01300	0	62,990				13.00
14.00	01400	0	17	326,835			14.00
15.00	01500	0	0	1,122	207,893		15.00
16.00	01600	0	135	1	0	271,181	16.00
17.00	01700	0	449	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	28,659	11,018	2,090	21,519	30.00
31.00	03100	0	6,854	4,772	950	4,577	31.00
40.00	04000	0	0	0	0	0	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	0	2,054	522	52	2,301	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	9,033	191,350	2,375	40,425	50.00
51.00	05100	0	1,542	396	149	4,253	51.00
52.00	05200	0	3,613	3,205	422	4,860	52.00
53.00	05300	0	312	3,787	531	8,005	53.00
54.00	05400	0	797	16,205	4,389	24,021	54.00
56.00	03450	0	0	7,091	168	3,154	56.00
56.01	03630	0	0	127	1	4,817	56.01
57.00	05700	0	0	2,898	290	17,637	57.00
58.00	05800	0	1	1,001	43	7,330	58.00
59.00	05900	0	14	43,841	300	9,428	59.00
60.00	06000	0	0	10,197	0	21,085	60.00
60.01	06001	0	0	863	0	1,857	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	0	76	2,062	1	6,687	65.00
66.00	06600	0	3	411	2	3,723	66.00
67.00	06700	0	0	26	0	482	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	810	147	24	6,214	69.00
70.00	07000	0	2	42	0	200	70.00
71.00	07100	0	0	10,246	13	8,471	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	5,745	0	11,624	72.00
73.00	07300	0	0	0	192,808	35,871	73.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	274	119	0	531	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	1,420	3,177	380	6,055	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	0	6,925	6,420	2,905	16,054	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	62,990	326,791	207,893	271,181	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	5	0	0	190.00
194.00	07950	0	0	39	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		0	62,990	326,835	207,893	271,181	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 10:03 am		
Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00561	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMINISTRATIVE				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
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	11,179			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,200			30.00
31.00	03100	INTENSIVE CARE UNIT	1,213			31.00
40.00	04000	SUBPROVIDER - I PF	0			40.00
41.00	04100	SUBPROVIDER - I RF	0			41.00
42.00	04200	SUBPROVIDER	0			42.00
43.00	04300	NURSERY	766			43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0			50.00
51.00	05100	RECOVERY ROOM	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			52.00
53.00	05300	ANESTHESIOLOGY	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0			56.00
56.01	03630	ULTRA SOUND	0			56.01
57.00	05700	CT SCAN	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0			59.00
60.00	06000	LABORATORY	0			60.00
60.01	06001	BLOOD LABORATORY	0			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0			62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0			62.01
65.00	06500	RESPIRATORY THERAPY	0			65.00
66.00	06600	PHYSICAL THERAPY	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0			67.00
68.00	06800	SPEECH PATHOLOGY	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			73.00
76.00	03020	CARDIOLOGY	0			76.00
76.97	07697	CARDIAC REHABILITATION	0			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			89.00
90.00	09000	CLINIC	0			90.00
90.01	09001	WOMENS HEALTH	0			90.01
90.02	09002	SPI NE CENTER	0			90.02
91.00	09100	EMERGENCY	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0			99.10
101.00	10100	HOME HEALTH AGENCY	0			101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0			109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
110.00	11000	INTESTINAL ACQUISITION	0					110.00
111.00	11100	ISLET ACQUISITION	0					111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,179	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0					194.00
200.00		Cross Foot Adjustments		0	0	0	0	0200.00
201.00		Negative Cost Centers	0	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118-201)	11,179	0	0	0	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 10:03 am
Cost Center Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00561	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	4,227,755	0	4,227,755	30.00
31.00 03100	INTENSIVE CARE UNIT	771,309	0	771,309	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	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	258,010	0	258,010	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	2,001,924	0	2,001,924	50.00
51.00 05100	RECOVERY ROOM	32,934	0	32,934	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	107,383	0	107,383	52.00
53.00 05300	ANESTHESIOLOGY	66,009	0	66,009	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,854,168	0	2,854,168	54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	108,038	0	108,038	56.00
56.01 03630	ULTRA SOUND	32,656	0	32,656	56.01
57.00 05700	CT SCAN	121,372	0	121,372	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	60,435	0	60,435	58.00
59.00 05900	CARDIAC CATHETERIZATION	381,468	0	381,468	59.00
60.00 06000	LABORATORY	513,993	0	513,993	60.00
60.01 06001	BLOOD LABORATORY	38,665	0	38,665	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	62.01
65.00 06500	RESPIRATORY THERAPY	53,793	0	53,793	65.00
66.00 06600	PHYSICAL THERAPY	226,258	0	226,258	66.00
67.00 06700	OCCUPATIONAL THERAPY	14,637	0	14,637	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	145,280	0	145,280	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	15,533	0	15,533	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	77,382	0	77,382	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	68,460	0	68,460	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	305,101	0	305,101	73.00
76.00 03020	CARDIOLOGY	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	74,332	0	74,332	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	1,851,339	0	1,851,339	90.00
90.01 09001	WOMENS HEALTH	0	0	0	90.01
90.02 09002	SPI NE CENTER	0	0	0	90.02
91.00 09100	EMERGENCY	1,034,582	0	1,034,582	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910	CORF	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	15,442,816	0	15,442,816
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		236,276	0	236,276
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		15,808	0	15,808
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	15,694,900	0	15,694,900

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
	NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)							
	1.00	2.00	4.00	5.01	5.02				
GENERAL SERVICE COST CENTERS									
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	526,756							1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		526,756						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,001	3,001	71,672,369					4.00
5.01 00540	NONPATIENT TELEPHONES	2,834	2,834	186,667	71,485,702				5.01
5.02 00550	DATA PROCESSING	1,887	1,887	0	0	794,814,785			5.02
5.03 00561	PURCHASING RECEIVING AND STORES	5,740	5,740	457,087	457,087				5.03
5.04 00570	ADMINISTRATIVE	2,102	2,102	756,632	756,632				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,846	2,846	454,469	454,469				5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	18,398	18,398	7,604,191	7,604,191				5.06
6.00 00600	MAINTENANCE & REPAIRS	239,925	239,925	1,383,560	1,383,560				6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	41,499	41,499				8.00
9.00 00900	HOUSEKEEPING	9,507	9,507	1,395,936	1,395,936				9.00
10.00 01000	DIETARY	12,535	12,535	1,455,992	1,455,992				10.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0				12.00
13.00 01300	NURSING ADMINISTRATION	802	802	1,988,218	1,988,218				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,113	5,113	433,639	433,639				14.00
15.00 01500	PHARMACY	3,039	3,039	3,080,627	3,080,627				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,231	4,231	1,474,949	1,474,949				16.00
17.00 01700	SOCIAL SERVICE	135	135	382,653	382,653				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0				19.00
20.00 02000	NURSING SCHOOL	0	0	0	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0				22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	55,108	55,108	16,723,683	16,723,683	63,104,730			30.00
31.00 03100	INTENSIVE CARE UNIT	10,413	10,413	3,383,258	3,383,258	13,422,953			31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0			40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0			41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0			42.00
43.00 04300	NURSERY	3,070	3,070	1,222,587	1,222,587	6,749,092			43.00
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	25,928	25,928	5,811,445	5,811,445	118,106,499			50.00
51.00 05100	RECOVERY ROOM	258	258	1,001,284	1,001,284	12,471,456			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,223	1,223	1,873,556	1,873,556	14,251,683			52.00
53.00 05300	ANESTHESIOLOGY	704	704	126,847	126,847	23,476,403			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	44,937	44,937	4,565,972	4,565,972	70,441,393			54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,458	1,458	390,513	390,513	9,248,279			56.00
56.01 03630	ULTRA SOUND	301	301	786,219	786,219	14,127,472			56.01
57.00 05700	CT SCAN	1,269	1,269	835,855	835,855	51,720,050			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	684	684	519,074	519,074	21,495,632			58.00
59.00 05900	CARDIAC CATHETERIZATION	4,723	4,723	1,205,300	1,205,300	27,648,910			59.00
60.00 06000	LABORATORY	7,163	7,163	0	0	61,832,476			60.00
60.01 06001	BLOOD LABORATORY	519	519	0	0	5,446,567			60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0			62.00
62.01 06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0			62.01
65.00 06500	RESPIRATORY THERAPY	408	408	1,551,694	1,551,694	19,611,154			65.00
66.00 06600	PHYSICAL THERAPY	3,359	3,359	1,989,789	1,989,789	10,918,387			66.00
67.00 06700	OCCUPATIONAL THERAPY	196	196	238,079	238,079	1,413,007			67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0			68.00
69.00 06900	ELECTROCARDIOLOGY	2,047	2,047	934,392	934,392	18,224,058			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	236	236	100,830	100,830	587,135			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	24,842,155			71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0			71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	34,089,421			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	105,193,047			73.00
76.00 03020	CARDIOLOGY	0	0	0	0	0			76.00
76.97 07697	CARDIAC REHABILITATION	1,146	1,146	449,969	449,969	1,558,247			76.97
OUTPATIENT SERVICE COST CENTERS									
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0			88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0			89.00
90.00 09000	CLINIC	29,749	29,749	2,541,634	2,541,634	17,756,596			90.00
90.01 09001	WOMENS HEALTH	0	0	0	0	0			90.01
90.02 09002	SPINE CENTER	0	0	0	0	0			90.02
91.00 09100	EMERGENCY	15,667	15,667	4,089,601	4,089,601	47,077,983			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS									
99.10 09910	CORF	0	0	0	0	0			99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
	1.00	2.00	4.00	5.01	5.02	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	522,661	522,661	71,437,700	71,251,033	794,814,785	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,870	3,870	0	0	0	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	225	225	234,669	234,669	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	9,649,892	6,045,008	20,072,418	536,620	4,737,136	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.319472	11.475917	0.280058	0.007507	0.005960	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			89,416	84,673	56,224	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001248	0.001184	0.000071	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES	32,754,632					5.03
5.04	00570	ADMITTING	16,815	367,825,481				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	9,752	0	794,814,785			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	375,725	0	0	-23,527,792	190,378,233	5.06
6.00	00600	MAINTENANCE & REPAIRS	424,402	0	0	0	15,062,074	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	207,639	8.00
9.00	00900	HOUSEKEEPING	231,579	0	0	0	2,907,312	9.00
10.00	01000	DIETARY	1,006,962	0	0	0	2,455,354	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	31,671	0	0	0	3,045,974	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,801,503	0	0	0	1,541,792	14.00
15.00	01500	PHARMACY	174,562	0	0	0	4,386,443	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,905	0	0	0	3,157,775	16.00
17.00	01700	SOCIAL SERVICE	434	0	0	0	525,014	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,299,544	63,104,730	63,104,730	0	27,909,809	30.00
31.00	03100	INTENSIVE CARE UNIT	496,666	13,422,953	13,422,953	0	5,956,952	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	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	51,279	6,749,092	6,749,092	0	2,010,895	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,409,468	42,901,136	118,106,499	0	14,701,753	50.00
51.00	05100	RECOVERY ROOM	38,906	4,003,073	12,471,456	0	1,770,793	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	308,720	13,041,204	14,251,683	0	3,248,834	52.00
53.00	05300	ANESTHESIOLOGY	342,852	7,923,760	23,476,403	0	921,139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,518,094	11,619,101	70,441,393	0	11,925,145	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	630,289	1,432,379	9,248,279	0	861,904	56.00
56.01	03630	ULTRA SOUND	12,965	2,693,550	14,127,472	0	1,465,915	56.01
57.00	05700	CT SCAN	258,506	12,786,502	51,720,050	0	2,774,954	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	93,302	4,078,745	21,495,632	0	1,353,575	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,923,037	13,234,102	27,648,910	0	3,060,313	59.00
60.00	06000	LABORATORY	906,359	30,542,238	61,832,476	0	8,316,803	60.00
60.01	06001	BLOOD LABORATORY	76,751	4,039,507	5,446,567	0	742,073	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	190,798	18,021,170	19,611,154	0	2,891,522	65.00
66.00	06600	PHYSICAL THERAPY	45,691	4,967,156	10,918,387	0	3,161,821	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,456	1,107,495	1,413,007	0	381,646	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	38,108	6,183,811	18,224,058	0	2,168,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,692	278,320	587,135	0	162,444	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,061,269	24,842,155	0	17,318,370	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	22,502,836	34,089,421	0	13,735,791	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	56,876,562	105,193,047	0	15,929,682	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	13,770	63,736	1,558,247	0	700,111	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	349,855	112,629	17,756,596	0	5,210,348	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	639,168	12,078,425	47,077,983	0	7,815,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,742,586	367,825,481	794,814,785	-23,527,792	189,786,028
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	533	0	0	116,865	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	11,513	0	0	475,340	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,230,482	3,941,274	15,101,235	23,527,792	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.037567	0.010715	0.019000	0.123584	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	172,137	64,558	85,953	568,643	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005255	0.000176	0.000108	0.002987	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	250,023				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	40,673			8.00
9.00	00900	HOUSEKEEPING	9,507	0	240,516		9.00
10.00	01000	DIETARY	12,535	0	12,535	40,673	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	802	0	802	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,113	0	5,113	0	14.00
15.00	01500	PHARMACY	3,039	0	3,039	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,231	0	4,231	0	16.00
17.00	01700	SOCIAL SERVICE	135	0	135	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	55,108	33,472	55,108	33,472	30.00
31.00	03100	INTENSIVE CARE UNIT	10,413	4,414	10,413	4,414	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	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	3,070	2,787	3,070	2,787	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,928	0	25,928	0	50.00
51.00	05100	RECOVERY ROOM	258	0	258	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,223	0	1,223	0	52.00
53.00	05300	ANESTHESIOLOGY	704	0	704	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,937	0	44,937	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,458	0	1,458	0	56.00
56.01	03630	ULTRA SOUND	301	0	301	0	56.01
57.00	05700	CT SCAN	1,269	0	1,269	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	684	0	684	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,723	0	4,723	0	59.00
60.00	06000	LABORATORY	7,163	0	7,163	0	60.00
60.01	06001	BLOOD LABORATORY	519	0	519	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	408	0	408	0	65.00
66.00	06600	PHYSICAL THERAPY	3,359	0	3,359	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	196	0	196	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,047	0	2,047	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	236	0	236	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,146	0	1,146	0	76.97
OUTPATIENT SERVICE COST CENTERS							
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	29,749	0	29,749	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	15,667	0	15,667	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		245,928	40,673	236,421	40,673	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	3,870	0	3,870	0	0	190.00
194.00	07950	225	0	225	0	0	194.00
200.00							200.00
201.00							201.00
202.00		16,923,505	233,300	3,910,117	3,811,046	0	202.00
203.00		67.687793	5.735992	16.257201	93.699653	0.000000	203.00
204.00		7,199,244	721	570,309	780,313	0	204.00
205.00		28.794327	0.017727	2.371189	19.185037	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description			NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	1,849,183					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	506	29,051,141				14.00
15.00	01500	PHARMACY	0	99,704	13,754,501			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,969	95	0	794,814,785		16.00
17.00	01700	SOCIAL SERVICE	13,171	0	0	0	40,673	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	841,422	979,393	138,265	63,104,730	33,472	30.00
31.00	03100	INTENSIVE CARE UNIT	201,203	424,195	62,828	13,422,953	4,414	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	60,298	46,408	3,454	6,749,092	2,787	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	265,174	17,008,052	157,160	118,106,499	0	50.00
51.00	05100	RECOVERY ROOM	45,255	35,196	9,877	12,471,456	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	106,055	284,867	27,898	14,251,683	0	52.00
53.00	05300	ANESTHESIOLOGY	9,163	336,649	35,149	23,476,403	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,393	1,440,421	290,395	70,441,393	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	630,301	11,107	9,248,279	0	56.00
56.01	03630	ULTRA SOUND	0	11,275	80	14,127,472	0	56.01
57.00	05700	CT SCAN	0	257,562	19,182	51,720,050	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17	88,995	2,869	21,495,632	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	410	3,897,013	19,863	27,648,910	0	59.00
60.00	06000	LABORATORY	0	906,359	0	61,832,476	0	60.00
60.01	06001	BLOOD LABORATORY	0	76,751	0	5,446,567	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	2,225	183,309	77	19,611,154	0	65.00
66.00	06600	PHYSICAL THERAPY	74	36,555	135	10,918,387	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,312	0	1,413,007	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,782	13,023	1,598	18,224,058	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61	3,692	0	587,135	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	910,754	863	24,842,155	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	510,632	0	34,089,421	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	12,756,378	105,193,047	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,037	10,584	0	1,558,247	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	41,672	282,418	25,128	17,756,596	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	203,290	570,670	192,195	47,077,983	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description		NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,849,177	29,047,185	13,754,501	794,814,785	40,673
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	463	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6	3,493	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,489,732	2,162,499	5,191,068	3,910,693	626,086
203.00		Unit cost multiplier (Wkst. B, Part I)	1.887175	0.074438	0.377409	0.004920	15.393160
204.00		Cost to be allocated (per Wkst. B, Part II)	62,990	326,835	207,893	271,181	11,179
205.00		Unit cost multiplier (Wkst. B, Part II)	0.034064	0.011250	0.015115	0.000341	0.274851

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00561 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS			0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT			0	0	0	31.00
40.00 04000 SUBPROVIDER - IPF			0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF			0	0	0	41.00
42.00 04200 SUBPROVIDER			0	0	0	42.00
43.00 04300 NURSERY			0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	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
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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
76.00 03020 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			19.00	20.00			21.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 10:03 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		41,852,169		0	41,852,169	30.00
31.00	03100 INTENSIVE CARE UNIT		8,575,143		0	8,575,143	31.00
40.00	04000 SUBPROVIDER - I/PF		0		0	0	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		2,988,907		0	2,988,907	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		21,102,246		0	21,102,246	50.00
51.00	05100 RECOVERY ROOM		2,164,404		0	2,164,404	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,054,999		0	4,054,999	52.00
53.00	05300 ANESTHESIOLOGY		1,265,195		0	1,265,195	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,778,677		0	17,778,677	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC		1,187,426		0	1,187,426	56.00
56.01	03630 ULTRA SOUND		1,742,722		0	1,742,722	56.01
57.00	05700 CT SCAN		3,505,294		0	3,505,294	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,691,772		0	1,691,772	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,269,380		0	4,269,380	59.00
60.00	06000 LABORATORY		10,317,609		0	10,317,609	60.00
60.01	06001 BLOOD LABORATORY		909,858		0	909,858	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0		0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST		0		0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0	3,397,478	0	0	3,397,478	65.00
66.00	06600 PHYSICAL THERAPY	0	3,891,172	0	0	3,891,172	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	452,388	0	0	452,388	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		2,744,135		0	2,744,135	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		205,609		0	205,609	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		19,648,987		0	19,648,987	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT		0		0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		15,639,045		0	15,639,045	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		23,230,252		0	23,230,252	73.00
76.00	03020 RADIOLOGY		0		0	0	76.00
76.97	07697 CARDIAC REHABILITATION		906,457		0	906,457	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		8,548,054		0	8,548,054	90.00
90.01	09001 WOMENS HEALTH		0		0	0	90.01
90.02	09002 SPINE CENTER		0		0	0	90.02
91.00	09100 EMERGENCY		10,827,195		0	10,827,195	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,893,555		0	5,893,555	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0		0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0		0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	111.00
200.00	Subtotal (see instructions)		218,790,128	0	0	218,790,128	200.00
201.00	Less Observation Beds		5,893,555		0	5,893,555	201.00
202.00	Total (see instructions)		212,896,573	0	0	212,896,573	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 10:03 am

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,104,730		63,104,730		30.00
31.00	03100	INTENSIVE CARE UNIT	13,422,953		13,422,953		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,749,092		6,749,092		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	42,901,136	75,205,363	118,106,499	0.178671	50.00
51.00	05100	RECOVERY ROOM	4,003,073	8,468,383	12,471,456	0.173549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,041,204	1,210,479	14,251,683	0.284528	52.00
53.00	05300	ANESTHESIOLOGY	7,923,760	15,552,643	23,476,403	0.053892	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,619,101	58,822,292	70,441,393	0.252390	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,432,379	7,815,900	9,248,279	0.128394	56.00
56.01	03630	ULTRA SOUND	2,693,550	11,433,922	14,127,472	0.123357	56.01
57.00	05700	CT SCAN	12,786,502	38,933,548	51,720,050	0.067774	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,078,745	17,416,887	21,495,632	0.078703	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,234,102	14,414,808	27,648,910	0.154414	59.00
60.00	06000	LABORATORY	30,542,238	31,290,238	61,832,476	0.166864	60.00
60.01	06001	BLOOD LABORATORY	4,039,507	1,407,060	5,446,567	0.167052	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	18,021,170	1,589,984	19,611,154	0.173242	65.00
66.00	06600	PHYSICAL THERAPY	4,967,156	5,951,231	10,918,387	0.356387	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,107,495	305,512	1,413,007	0.320160	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,183,811	12,040,247	18,224,058	0.150578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	278,320	308,815	587,135	0.350190	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,061,269	10,780,886	24,842,155	0.790953	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,502,836	11,586,585	34,089,421	0.458765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,876,562	48,316,485	105,193,047	0.220834	73.00
76.00	03020	CARDIOLOGY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	63,736	1,494,511	1,558,247	0.581716	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	112,629	17,643,967	17,756,596	0.481402	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	12,078,425	34,999,558	47,077,983	0.229984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,097,807	6,617,886	8,715,693	0.676200	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	369,923,288	433,607,190	803,530,478		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	369,923,288	433,607,190	803,530,478		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 10:03 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.178671		50.00
51.00	05100 RECOVERY ROOM	0.173549		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.284528		52.00
53.00	05300 ANESTHESIOLOGY	0.053892		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.252390		54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.128394		56.00
56.01	03630 ULTRA SOUND	0.123357		56.01
57.00	05700 CT SCAN	0.067774		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078703		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.154414		59.00
60.00	06000 LABORATORY	0.166864		60.00
60.01	06001 BLOOD LABORATORY	0.167052		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0.000000		62.01
65.00	06500 RESPIRATORY THERAPY	0.173242		65.00
66.00	06600 PHYSICAL THERAPY	0.356387		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.320160		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.150578		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.350190		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.790953		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.458765		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220834		73.00
76.00	03020 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.581716		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.481402		90.00
90.01	09001 WOMENS HEALTH	0.000000		90.01
90.02	09002 SPINE CENTER	0.000000		90.02
91.00	09100 EMERGENCY	0.229984		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.676200		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 10:03 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		41,852,169	0	41,852,169	30.00
31.00	03100 INTENSIVE CARE UNIT		8,575,143	0	8,575,143	31.00
40.00	04000 SUBPROVIDER - I/PF		0	0	0	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		2,988,907	0	2,988,907	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		21,102,246	0	21,102,246	50.00
51.00	05100 RECOVERY ROOM		2,164,404	0	2,164,404	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,054,999	0	4,054,999	52.00
53.00	05300 ANESTHESIOLOGY		1,265,195	0	1,265,195	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,778,677	0	17,778,677	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC		1,187,426	0	1,187,426	56.00
56.01	03630 ULTRA SOUND		1,742,722	0	1,742,722	56.01
57.00	05700 CT SCAN		3,505,294	0	3,505,294	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,691,772	0	1,691,772	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,269,380	0	4,269,380	59.00
60.00	06000 LABORATORY		10,317,609	0	10,317,609	60.00
60.01	06001 BLOOD LABORATORY		909,858	0	909,858	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST		0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0	3,397,478	0	3,397,478	65.00
66.00	06600 PHYSICAL THERAPY	0	3,891,172	0	3,891,172	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	452,388	0	452,388	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		2,744,135	0	2,744,135	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		205,609	0	205,609	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		19,648,987	0	19,648,987	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		15,639,045	0	15,639,045	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		23,230,252	0	23,230,252	73.00
76.00	03020 RADIOLOGY		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		906,457	0	906,457	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		8,548,054	0	8,548,054	90.00
90.01	09001 WOMENS HEALTH		0	0	0	90.01
90.02	09002 SPINE CENTER		0	0	0	90.02
91.00	09100 EMERGENCY		10,827,195	0	10,827,195	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,893,555	0	5,893,555	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	218,790,128	0	218,790,128	200.00
201.00	Less Observation Beds		5,893,555		5,893,555	201.00
202.00	Total (see instructions)	0	212,896,573	0	212,896,573	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 10:03 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,104,730		63,104,730		30.00
31.00	03100	INTENSIVE CARE UNIT	13,422,953		13,422,953		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,749,092		6,749,092		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	42,901,136	75,205,363	118,106,499	0.178671	50.00
51.00	05100	RECOVERY ROOM	4,003,073	8,468,383	12,471,456	0.173549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,041,204	1,210,479	14,251,683	0.284528	52.00
53.00	05300	ANESTHESIOLOGY	7,923,760	15,552,643	23,476,403	0.053892	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,619,101	58,822,292	70,441,393	0.252390	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,432,379	7,815,900	9,248,279	0.128394	56.00
56.01	03630	ULTRA SOUND	2,693,550	11,433,922	14,127,472	0.123357	56.01
57.00	05700	CT SCAN	12,786,502	38,933,548	51,720,050	0.067774	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,078,745	17,416,887	21,495,632	0.078703	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,234,102	14,414,808	27,648,910	0.154414	59.00
60.00	06000	LABORATORY	30,542,238	31,290,238	61,832,476	0.166864	60.00
60.01	06001	BLOOD LABORATORY	4,039,507	1,407,060	5,446,567	0.167052	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	18,021,170	1,589,984	19,611,154	0.173242	65.00
66.00	06600	PHYSICAL THERAPY	4,967,156	5,951,231	10,918,387	0.356387	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,107,495	305,512	1,413,007	0.320160	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,183,811	12,040,247	18,224,058	0.150578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	278,320	308,815	587,135	0.350190	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,061,269	10,780,886	24,842,155	0.790953	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,502,836	11,586,585	34,089,421	0.458765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,876,562	48,316,485	105,193,047	0.220834	73.00
76.00	03020	CARDIOLOGY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	63,736	1,494,511	1,558,247	0.581716	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	112,629	17,643,967	17,756,596	0.481402	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	12,078,425	34,999,558	47,077,983	0.229984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,097,807	6,617,886	8,715,693	0.676200	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	369,923,288	433,607,190	803,530,478		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	369,923,288	433,607,190	803,530,478		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 10:03 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
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
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.00
56.01	03630 ULTRA SOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0.000000		62.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 RADIOLOGY	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 WOMENS HEALTH	0.000000		90.01
90.02	09002 SPINE CENTER	0.000000		90.02
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/27/2015 10:03 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,227,755	0	4,227,755	38,958	108.52	30.00
31.00	INTENSIVE CARE UNIT	771,309		771,309	4,414	174.74	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	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	258,010		258,010	2,787	92.58	43.00
200.00	Total (Lines 30-199)	5,257,074		5,257,074	46,159		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	15,955	1,731,437				
31.00	INTENSIVE CARE UNIT	2,480	433,355				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	18,435	2,164,792				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/27/2015 10:03 am
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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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,001,924	118,106,499	0.016950	18,024,559	305,516	50.00
51.00	05100 RECOVERY ROOM	32,934	12,471,456	0.002641	1,591,515	4,203	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	107,383	14,251,683	0.007535	0	0	52.00
53.00	05300 ANESTHESIOLOGY	66,009	23,476,403	0.002812	3,107,738	8,739	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,854,168	70,441,393	0.040518	6,640,249	269,050	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	108,038	9,248,279	0.011682	775,483	9,059	56.00
56.01	03630 ULTRA SOUND	32,656	14,127,472	0.002312	1,488,705	3,442	56.01
57.00	05700 CT SCAN	121,372	51,720,050	0.002347	6,498,538	15,252	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	60,435	21,495,632	0.002812	1,919,774	5,398	58.00
59.00	05900 CARDIAC CATHETERIZATION	381,468	27,648,910	0.013797	7,046,562	97,221	59.00
60.00	06000 LABORATORY	513,993	61,832,476	0.008313	15,001,486	124,707	60.00
60.01	06001 BLOOD LABORATORY	38,665	5,446,567	0.007099	1,790,426	12,710	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	53,793	19,611,154	0.002743	10,189,300	27,949	65.00
66.00	06600 PHYSICAL THERAPY	226,258	10,918,387	0.020723	3,161,738	65,521	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,637	1,413,007	0.010359	675,604	6,999	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	145,280	18,224,058	0.007972	3,644,547	29,054	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	15,533	587,135	0.026456	162,454	4,298	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	77,382	24,842,155	0.003115	6,325,503	19,704	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	68,460	34,089,421	0.002008	8,772,734	17,616	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	305,101	105,193,047	0.002900	26,267,535	76,176	73.00
76.00	03020 RADIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	74,332	1,558,247	0.047702	30,468	1,453	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	1,851,339	17,756,596	0.104262	74,539	7,772	90.00
90.01	09001 WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02	09002 SPINE CENTER	0	0	0.000000	0	0	90.02
91.00	09100 EMERGENCY	1,034,582	47,077,983	0.021976	6,144,417	135,030	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	595,343	8,715,693	0.068307	1,261,167	86,147	92.00
200.00	Total (lines 50-199)	10,781,085	720,253,703		130,595,041	1,333,016	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/27/2015 10:03 am
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,958	0.00	15,955	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,414	0.00	2,480	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	2,787	0.00	0	0		43.00
200.00		Total (lines 30-199)	46,159		18,435	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140291

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	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
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 10:03 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	118,106,499	0.000000	0.000000	18,024,559	50.00
51.00	05100	RECOVERY ROOM	0	12,471,456	0.000000	0.000000	1,591,515	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,251,683	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	23,476,403	0.000000	0.000000	3,107,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,441,393	0.000000	0.000000	6,640,249	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	9,248,279	0.000000	0.000000	775,483	56.00
56.01	03630	ULTRA SOUND	0	14,127,472	0.000000	0.000000	1,488,705	56.01
57.00	05700	CT SCAN	0	51,720,050	0.000000	0.000000	6,498,538	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,495,632	0.000000	0.000000	1,919,774	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,648,910	0.000000	0.000000	7,046,562	59.00
60.00	06000	LABORATORY	0	61,832,476	0.000000	0.000000	15,001,486	60.00
60.01	06001	BLOOD LABORATORY	0	5,446,567	0.000000	0.000000	1,790,426	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	19,611,154	0.000000	0.000000	10,189,300	65.00
66.00	06600	PHYSICAL THERAPY	0	10,918,387	0.000000	0.000000	3,161,738	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,413,007	0.000000	0.000000	675,604	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,224,058	0.000000	0.000000	3,644,547	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	587,135	0.000000	0.000000	162,454	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	24,842,155	0.000000	0.000000	6,325,503	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	34,089,421	0.000000	0.000000	8,772,734	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,193,047	0.000000	0.000000	26,267,535	73.00
76.00	03020	CARDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,558,247	0.000000	0.000000	30,468	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	17,756,596	0.000000	0.000000	74,539	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0	0	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	47,077,983	0.000000	0.000000	6,144,417	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,715,693	0.000000	0.000000	1,261,167	92.00
200.00		Total (lines 50-199)	0	720,253,703			130,595,041	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 10:03 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	19,730,033	0	50.00
51.00	05100 RECOVERY ROOM	0	1,505,943	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,952,536	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,789,387	0	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	3,454,718	0	56.00
56.01	03630 ULTRA SOUND	0	2,827,687	0	56.01
57.00	05700 CT SCAN	0	11,624,520	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,003,064	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,080,591	0	59.00
60.00	06000 LABORATORY	0	7,206,507	0	60.00
60.01	06001 BLOOD LABORATORY	0	579,832	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0	621,334	0	65.00
66.00	06600 PHYSICAL THERAPY	0	206,773	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	86,789	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,312,329	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	144,031	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,805,171	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,995,895	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	18,674,223	0	73.00
76.00	03020 RADIOLOGY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	858,466	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	3,522,994	0	90.00
90.01	09001 WOMENS HEALTH	0	0	0	90.01
90.02	09002 SPINE CENTER	0	0	0	90.02
91.00	09100 EMERGENCY	0	7,113,611	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,506,268	0	92.00
200.00	Total (lines 50-199)	0	126,602,702	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 10:03 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.178671	19,730,033	0	0	3,525,185 50.00
51.00	05100 RECOVERY ROOM	0.173549	1,505,943	0	0	261,355 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.284528	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.053892	3,952,536	0	0	213,010 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.252390	20,789,387	0	0	5,247,033 54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.128394	3,454,718	0	0	443,565 56.00
56.01	03630 ULTRA SOUND	0.123357	2,827,687	0	0	348,815 56.01
57.00	05700 CT SCAN	0.067774	11,624,520	0	0	787,840 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078703	4,003,064	0	0	315,053 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.154414	6,080,591	0	0	938,928 59.00
60.00	06000 LABORATORY	0.166864	7,206,507	0	0	1,202,507 60.00
60.01	06001 BLOOD LABORATORY	0.167052	579,832	0	0	96,862 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0 62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0 62.01
65.00	06500 RESPIRATORY THERAPY	0.173242	621,334	0	0	107,641 65.00
66.00	06600 PHYSICAL THERAPY	0.356387	206,773	0	0	73,691 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.320160	86,789	0	0	27,786 67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.150578	4,312,329	0	0	649,342 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.350190	144,031	0	0	50,438 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.790953	2,805,171	0	0	2,218,758 71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0 71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.458765	3,995,895	0	0	1,833,177 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220834	18,674,223	0	46,695	4,123,903 73.00
76.00	03020 RADIOLOGY	0.000000	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.581716	858,466	0	0	499,383 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00	09000 CLINIC	0.481402	3,522,994	0	0	1,695,976 90.00
90.01	09001 WOMENS HEALTH	0.000000	0	0	0	0 90.01
90.02	09002 SPINE CENTER	0.000000	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.229984	7,113,611	0	0	1,636,017 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.676200	2,506,268	0	0	1,694,738 92.00
200.00	Subtotal (see instructions)		126,602,702	0	46,695	27,991,003 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		126,602,702	0	46,695	27,991,003 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 10:03 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
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
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,312	73.00
76.00	03020	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	10,312	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	10,312	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 10:03 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.178671	0	0	3,052,760	0	50.00
51.00	05100 RECOVERY ROOM	0.173549	0	0	253,240	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.284528	0	0	204,689	0	52.00
53.00	05300 ANESTHESIOLOGY	0.053892	0	0	787,523	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.252390	0	0	1,882,125	0	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.128394	0	0	212,458	0	56.00
56.01	03630 ULTRA SOUND	0.123357	0	0	876,090	0	56.01
57.00	05700 CT SCAN	0.067774	0	0	2,059,591	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078703	0	0	990,841	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.154414	0	0	230,652	0	59.00
60.00	06000 LABORATORY	0.166864	0	0	2,606,865	0	60.00
60.01	06001 BLOOD LABORATORY	0.167052	0	0	46,269	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0.173242	0	0	87,570	0	65.00
66.00	06600 PHYSICAL THERAPY	0.356387	0	0	189,877	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.320160	0	0	27,281	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.150578	0	0	462,295	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.350190	0	0	48,123	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.790953	0	0	250,975	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.458765	0	0	125,003	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220834	0	0	2,217,827	0	73.00
76.00	03020 RADIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.581716	0	0	19,239	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.481402	0	0	1,800,211	0	90.00
90.01	09001 WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.229984	0	0	4,036,053	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.676200	0	0	538,304	0	92.00
200.00	Subtotal (see instructions)		0	0	23,005,861	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	23,005,861	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 10:03 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	545,440	50.00
51.00	05100	RECOVERY ROOM	0	43,950	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,240	52.00
53.00	05300	ANESTHESIOLOGY	0	42,441	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	475,030	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	27,278	56.00
56.01	03630	ULTRA SOUND	0	108,072	56.01
57.00	05700	CT SCAN	0	139,587	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	77,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	35,616	59.00
60.00	06000	LABORATORY	0	434,992	60.00
60.01	06001	BLOOD LABORATORY	0	7,729	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	15,171	65.00
66.00	06600	PHYSICAL THERAPY	0	67,670	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,734	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69,611	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,852	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	198,509	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	57,347	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	489,772	73.00
76.00	03020	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	11,192	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	866,625	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	0	928,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	364,001	92.00
200.00		Subtotal (see instructions)	0	5,090,069	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	5,090,069	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 10:03 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,958	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,958	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)		33,472	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)		15,955	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		41,852,169	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		41,852,169	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		41,852,169	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,074.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,140,297	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)		17,140,297	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Date/Time Prepared: 5/27/2015 10:03 am		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	8,575,143	4,414	1,942.71	2,480	4,817,921		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					30,967,296		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					52,925,514		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)					2,164,792		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,333,016		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,497,808		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					49,427,706		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)					5,486		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,074.29		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,893,555		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 10:03 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,227,755	41,852,169	0.101016	5,893,555	595,343	90.00
91.00	Nursing School cost	0	41,852,169	0.000000	5,893,555	0	91.00
92.00	Allied health cost	0	41,852,169	0.000000	5,893,555	0	92.00
93.00	All other Medical Education	0	41,852,169	0.000000	5,893,555	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2015 10:03 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,958	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,958	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)		33,472	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,751	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)		2,787	15.00
16.00	Nursery days (title V or XIX only)		154	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		41,852,169	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		41,852,169	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		41,852,169	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,074.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,881,082	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,881,082	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XIX		Hospital		Cost		Date/Time Prepared: 5/27/2015 10:03 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	2,988,907	2,787	1,072.45	154	165,157		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	8,575,143	4,414	1,942.71	201	390,485		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,544,617		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,981,341		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)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	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)						5,486	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,074.29	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						5,893,555	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 10:03 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,227,755	41,852,169	0.101016	5,893,555	595,343	90.00
91.00	Nursing School cost	0	41,852,169	0.000000	5,893,555	0	91.00
92.00	Allied health cost	0	41,852,169	0.000000	5,893,555	0	92.00
93.00	All other Medical Education	0	41,852,169	0.000000	5,893,555	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 10:03 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		29,197,533	30.00
31.00	03100	INTENSIVE CARE UNIT		7,362,757	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178671	18,024,559	50.00
51.00	05100	RECOVERY ROOM	0.173549	1,591,515	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.284528	0	52.00
53.00	05300	ANESTHESIOLOGY	0.053892	3,107,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.252390	6,640,249	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.128394	775,483	56.00
56.01	03630	ULTRA SOUND	0.123357	1,488,705	56.01
57.00	05700	CT SCAN	0.067774	6,498,538	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078703	1,919,774	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154414	7,046,562	59.00
60.00	06000	LABORATORY	0.166864	15,001,486	60.00
60.01	06001	BLOOD LABORATORY	0.167052	1,790,426	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.173242	10,189,300	65.00
66.00	06600	PHYSICAL THERAPY	0.356387	3,161,738	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.320160	675,604	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.150578	3,644,547	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.350190	162,454	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.790953	6,325,503	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.458765	8,772,734	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220834	26,267,535	73.00
76.00	03020	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.581716	30,468	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.481402	74,539	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.229984	6,144,417	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.676200	1,261,167	92.00
200.00		Total (sum of lines 50-94 and 96-98)		130,595,041	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)		130,595,041	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 10:03 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,194,533	30.00
31.00	03100	INTENSIVE CARE UNIT		519,154	31.00
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		1,120,721	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178671	899,794	160,767 50.00
51.00	05100	RECOVERY ROOM	0.173549	92,141	15,991 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.284528	790,622	224,954 52.00
53.00	05300	ANESTHESIOLOGY	0.053892	194,360	10,474 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.252390	577,224	145,686 54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.128394	59,332	7,618 56.00
56.01	03630	ULTRA SOUND	0.123357	128,348	15,833 56.01
57.00	05700	CT SCAN	0.067774	711,908	48,249 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078703	237,117	18,662 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154414	479,602	74,057 59.00
60.00	06000	LABORATORY	0.166864	1,548,127	258,327 60.00
60.01	06001	BLOOD LABORATORY	0.167052	163,573	27,325 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0 62.01
65.00	06500	RESPIRATORY THERAPY	0.173242	705,231	122,176 65.00
66.00	06600	PHYSICAL THERAPY	0.356387	124,318	44,305 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.320160	35,303	11,303 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.150578	237,049	35,694 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.350190	11,924	4,176 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.790953	386,655	305,826 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.458765	387,960	177,982 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220834	2,766,370	610,909 73.00
76.00	03020	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.581716	1,351	786 76.97
OUTPATIENT SERVICE COST CENTERS					
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	0.481402	817	393 90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0 90.01
90.02	09002	SPI NE CENTER	0.000000	0	0 90.02
91.00	09100	EMERGENCY	0.229984	688,224	158,281 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.676200	95,893	64,843 92.00
200.00		Total (sum of lines 50-94 and 96-98)		11,323,243	2,544,617 200.00
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)		11,323,243	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 10:03 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		36,215,854	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)		2,116,657	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		2,352,996	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		143.97	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		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
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.92	30.00
31.00	Percentage of Medicaid patient days (see instructions)		6.44	31.00
32.00	Sum of lines 30 and 31		7.36	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: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 10:03 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000070382	0.000071400	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
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		38,332,511		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)		38,332,511		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,065,554		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		0		53.00
54.00	Special add-on payments for new technologies		5,972		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)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		41,404,037		59.00
60.00	Primary payer payments		3,784		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		41,400,253		61.00
62.00	Deductibles billed to program beneficiaries		3,591,808		62.00
63.00	Coinurance billed to program beneficiaries		142,536		63.00
64.00	Allowable bad debts (see instructions)		357,144		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		232,144		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		208,106		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		37,898,053		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)		62,478		70.93
70.94	HRR adjustment amount (see instructions)		-82,509		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 10:03 am	
		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)		37,878,022		71.00
71.01	Sequestration adjustment (see instructions)		757,560		71.01
72.00	Interim payments		36,882,411		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)		238,051		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)		171,994		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 10:03 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,312	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,991,003	2.00
3.00	PPS payments		25,160,948	3.00
4.00	Outlier payment (see instructions)		87,638	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		22,952,622	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)		10,312	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		46,695	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)		46,695	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		46,695	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		36,383	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		10,312	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)		25,248,586	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,212,456	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)		20,046,442	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)		20,046,442	30.00
31.00	Primary payer payments		1,334	31.00
32.00	Subtotal (line 30 minus line 31)		20,045,108	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		409,257	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		266,017	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		264,951	36.00
37.00	Subtotal (see instructions)		20,311,125	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)		20,311,125	40.00
40.01	Sequestration adjustment (see instructions)		406,223	40.01
41.00	Interim payments		19,636,688	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		268,214	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140291		Period: From 01/01/2014 To 12/31/2014		Worksheet E-1 Part I Date/Time Prepared: 5/27/2015 10:03 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		36,882,411		19,636,688	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)		36,882,411		19,636,688	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		238,051		268,214	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		37,120,462		19,904,902	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140291

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

Worksheet E-1
Part II
Date/Time Prepared:
5/27/2015 10:03 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			9,432 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			18,435 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,221 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			37,886 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			803,530,478 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			8,854,000 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			479,563 8.00
9.00	Sequestration adjustment amount (see instructions)			9,591 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			469,972 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			478,372 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)			-8,400 32.00

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

Provider CCN: 140291

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

Worksheet G

Date/Time Prepared:
5/27/2015 10:03 am

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

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140291

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

Worksheet G-1

Date/Time Prepared:
5/27/2015 10:03 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,679,846,432		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		61,942,568			2.00
3.00	Total (sum of line 1 and line 2)		3,741,789,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,741,789,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,741,789,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140291

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2015 10:03 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	69,853,822		69,853,822	1.00
2.00	SUBPROVIDER - IPF	0		0	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				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)	69,853,822		69,853,822	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,422,953		13,422,953	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,422,953		13,422,953	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	83,276,775		83,276,775	17.00
18.00	Ancillary services	284,436,077	409,380,545	693,816,622	18.00
19.00	Outpatient services	112,629	17,643,967	17,756,596	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	2,097,807	6,617,886	8,715,693	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	369,923,288	433,642,398	803,565,686	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		231,998,930		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)		231,998,930		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140291

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

Worksheet G-3

Date/Time Prepared:
5/27/2015 10:03 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	803,565,686	1.00
2.00	Less contractual allowances and discounts on patients' accounts	511,859,562	2.00
3.00	Net patient revenues (line 1 minus line 2)	291,706,124	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	231,998,930	4.00
5.00	Net income from service to patients (line 3 minus line 4)	59,707,194	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	2,387,677	24.00
25.00	Total other income (sum of lines 6-24)	2,387,677	25.00
26.00	Total (line 5 plus line 25)	62,094,871	26.00
27.00	NET NON OPERATING EXPENSE	152,303	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	152,303	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	61,942,568	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140291	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 10:03 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,893,363	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		128,791	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)		103.80	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)		0.92	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		6.44	8.00
9.00	Sum of lines 7 and 8		7.36	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.50	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		43,400	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,065,554	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00