

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: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 12:24 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/27/2015	Time: 12:24 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST BOLINGBROOK HOSPITAL ( 140304 ) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	122,348	60,809	-1,834	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	122,348	60,809	-1,834	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: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 12:22 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 500 REMINGTON BLVD			PO Box:						1.00		
2.00	City: BOLINGBROOK			State: IL		Zip Code: 60440-		County: WILL		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ADVENTIST BOLINGBROOK HOSPITAL		140304	16974	1	01/13/2008	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
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00		
21.00	Type of Control (see instructions)						1		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						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.			4,046	1,102	0	35	759	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		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 12:22 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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

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		V	XIX		
		1.00	2.00		
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
					1.00 2.00 3.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			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.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,184,402	0		118.01
					1.00 2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
<b>DO NOT USE THIS LINE</b>					
119.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 12:22 pm	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HF8013		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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001			
142.00	Street: 900 HOPE WAY	PO Box:					
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714			
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145.00	
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						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: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 12:22 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2013	09/30/2014	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: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 12:22 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
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.	N			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	Type	Date	
		1.00	2.00	3.00	
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	Legal Oper.		
		1.00	2.00		
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
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		04/01/2015	Y
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 12:22 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MI KE		THOMPSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYSTEM SUNBELT			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MI KE. THOMPSON3@AHSS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 12:22 pm
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		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/01/2015		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT MANAGER	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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140304

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

Worksheet S-2  
Part V  
Date/Time Prepared:  
5/27/2015 12:22 pm

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	HARLIN	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM SUNBELT, INC	4.00
5.00	Phone Number	(407)357-2338	5.00
6.00	E-mail Address	MIKE.THOMPSON3@AHSS.ORG	6.00
7.00	Department	CORPORATE REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/27/2015 12:22 pm
		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140304

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 12:22 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	126	45,990	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)		126	45,990	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		138	50,370	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		138				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)		6	2,190			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: 140304

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 12:22 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,087	2,117	16,054			1.00
2.00 HMO and other (see instructions)	1,232	1,896				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,087	2,117	16,054			7.00
8.00 INTENSIVE CARE UNIT	972	243	1,994			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,588	2,563			13.00
14.00 Total (see instructions)	7,059	3,948	20,611	0.00	473.78	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	44			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	473.78	27.00
28.00 Observation Bed Days		637	3,961			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	98	191			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: 140304

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 12:22 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,751	1,178	5,549	1.00
2.00 HMO and other (see instructions)			304	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,751	1,178	5,549	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/27/2015 12:22 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	36,414,964	-361,054	36,053,910	1,000,600.00	36.03	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		101,353	0	101,353	1,267.00	79.99	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		972,635	0	972,635	14,006.00	69.44	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		501,674	0	501,674	10,681.00	46.97	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		28,353	0	28,353	163.12	173.82	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		4,177,661	0	4,177,661	57,770.00	72.32	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		7,380,465	0	7,380,465			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		89,963	0	89,963			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)		8,100	0	8,100			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	491,175	63,528	554,703	16,029.00	34.61	26.00
27.00	Administrative & General	5.00	6,107,716	-870,433	5,237,283	152,148.00	34.42	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,367,300	102,355	1,469,655	55,450.00	26.50	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	322	0	322	22.00	14.64	32.00
33.00	Housekeeping under contract (see instructions)		1,346,429	0	1,346,429	89,399.00	15.06	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,033,636	0	1,033,636	67,048.00	15.42	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	516,836	321,325	838,161	16,701.00	50.19	38.00
39.00	Central Services and Supply	14.00	428,984	65,810	494,794	22,391.00	22.10	39.00
40.00	Pharmacy	15.00	1,260,380	0	1,260,380	28,742.00	43.85	40.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/27/2015 12:22 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 769,342	223,491	992,833	40,339.00	24.61	41.00
42.00	Social Service	17.00 716,645	0	716,645	19,219.00	37.29	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part III Date/Time Prepared: 5/27/2015 12:22 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	37,721,041	-361,054	37,359,987	1,141,774.00	32.72	1.00
2.00	Excluded area salaries (see instructions)	501,674	0	501,674	10,681.00	46.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,219,367	-361,054	36,858,313	1,131,093.00	32.59	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,206,014	0	4,206,014	57,933.12	72.60	4.00
5.00	Subtotal wage-related costs (see inst.)	7,380,465	0	7,380,465	0.00	20.02	5.00
6.00	Total (sum of lines 3 thru 5)	48,805,846	-361,054	48,444,792	1,189,026.12	40.74	6.00
7.00	Total overhead cost (see instructions)	14,038,765	-93,924	13,944,841	507,488.00	27.48	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 12:22 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		937,014	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		3,622,648	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		28,078	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		260,223	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		2,403,669	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		145,136	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		81,761	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		7,478,529	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/27/2015 12:22 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		0	7,478,529
2.00	Hospital		0	7,478,529
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/27/2015 12:22 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.215953	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		8,337,260	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		3,302,227	5.00	
6.00	Medicaid charges		91,826,567	6.00	
7.00	Medicaid cost (line 1 times line 6)		19,830,223	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)		8,190,736	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,190,736	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	12,462,277	0	12,462,277	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,691,266	0	2,691,266	21.00
22.00	Partial payment by patients approved for charity care	4,048	0	4,048	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,687,218	0	2,687,218	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		7,409,366	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		571,752	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		6,837,614	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,476,603	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,163,821	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,354,557	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Date/Time Prepared: 5/27/2015 12:22 pm								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	5,917,097	5,917,097	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,948,728	5,948,728	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	491,175	5,287,131	5,778,306	404,721	6,183,027	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,107,716	18,700,268	24,807,984	-1,852,935	22,955,049	5.00
7.00	00700	OPERATION OF PLANT	1,367,300	3,789,048	5,156,348	122,401	5,278,749	7.00
9.00	00900	HOUSEKEEPING	322	2,437,517	2,437,839	-4,530	2,433,309	9.00
10.00	01000	DIETARY	0	1,725,747	1,725,747	-1,332,491	393,256	10.00
11.00	01100	CAFETERIA	0	0	0	1,327,846	1,327,846	11.00
13.00	01300	NURSING ADMINISTRATION	516,836	29,965	546,801	426,959	973,760	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	428,984	114,116	543,100	244,686	787,786	14.00
15.00	01500	PHARMACY	1,260,380	4,556,108	5,816,488	-4,033,868	1,782,620	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	769,342	170,066	939,408	339,845	1,279,253	16.00
17.00	01700	SOCIAL SERVICE	716,645	167,076	883,721	-257	883,464	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	7,423,426	1,365,145	8,788,571	-1,376,614	7,411,957	30.00
31.00	03100	INTENSIVE CARE UNIT	1,671,017	277,137	1,948,154	-77,707	1,870,447	31.00
43.00	04300	NURSERY	226	13,013	13,239	977,172	990,411	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,841,510	1,708,157	4,549,667	-82,453	4,467,214	50.00
51.00	05100	RECOVERY ROOM	506,904	58,443	565,347	-315	565,032	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,074,259	185,572	1,259,831	430,731	1,690,562	52.00
53.00	05300	ANESTHESIOLOGY	50,352	230,516	280,868	-1,320	279,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,467,240	890,411	3,357,651	-425,029	2,932,622	54.00
56.00	05600	RADIOISOTOPE	192,814	37,745	230,559	0	230,559	56.00
57.00	05700	CT SCAN	472,750	222,427	695,177	-240	694,937	57.00
58.00	05800	MRI	224,629	74,788	299,417	-600	298,817	58.00
59.00	05900	CARDIAC CATHETERIZATION	483,769	142,060	625,829	-3,015	622,814	59.00
60.00	06000	LABORATORY	1,493,598	1,809,445	3,303,043	80,090	3,383,133	60.00
65.00	06500	RESPIRATORY THERAPY	708,802	197,927	906,729	-5,288	901,441	65.00
66.00	06600	PHYSICAL THERAPY	451	3,261,162	3,261,613	-238,523	3,023,090	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	173,492	173,492	-240	173,252	67.00
68.00	06800	SPEECH PATHOLOGY	0	35,987	35,987	-120	35,867	68.00
69.00	06900	ELECTROCARDIOLOGY	467,974	179,933	647,907	-730	647,177	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,957	284,540	319,497	-70	319,427	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,377,738	3,377,738	16,826	3,394,564	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,587,288	4,587,288	10,034	4,597,322	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,771,111	3,771,111	73.00
74.00	07400	RENAL DIALYSIS	0	285,592	285,592	0	285,592	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	415,665	252,218	667,883	-1,088	666,795	76.01
76.97	07697	CARDIAC REHABILITATION	115,435	14,050	129,485	0	129,485	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	403,755	507,194	910,949	-104,351	806,598	90.00
91.00	09100	EMERGENCY	3,205,057	977,205	4,182,262	-240	4,182,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		11,115,721	11,115,721	-10,475,972	639,749	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,913,290	69,241,948	105,155,238	251	105,155,489	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	69,283	35,166	104,449	0	104,449	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	75,068	7,063,951	7,139,019	0	7,139,019	192.00
194.00	07950	FOUNDATION	141,607	21,836	163,443	-131	163,312	194.00
194.01	07951	MARKETING	79,926	604,720	684,646	-120	684,526	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	110,215	110,215	0	110,215	194.02
194.03	07953	OP PHARMACY	135,790	482,025	617,815	0	617,815	194.03
200.00		TOTAL (SUM OF LINES 118-199)	36,414,964	77,559,861	113,974,825	0	113,974,825	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140304

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

Worksheet A  
Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-67,012	5,850,085	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	221,346	6,170,074	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,021,429	5,161,598	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,321,154	16,633,895	5.00
7.00	00700	OPERATION OF PLANT	-27,045	5,251,704	7.00
9.00	00900	HOUSEKEEPING	0	2,433,309	9.00
10.00	01000	DIETARY	0	393,256	10.00
11.00	01100	CAFETERIA	-157,288	1,170,558	11.00
13.00	01300	NURSING ADMINISTRATION	0	973,760	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	787,786	14.00
15.00	01500	PHARMACY	0	1,782,620	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,882	1,334,135	16.00
17.00	01700	SOCIAL SERVICE	0	883,464	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-421,384	6,990,573	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,870,447	31.00
43.00	04300	NURSERY	0	990,411	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-54,212	4,413,002	50.00
51.00	05100	RECOVERY ROOM	0	565,032	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,690,562	52.00
53.00	05300	ANESTHESIOLOGY	0	279,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-21,821	2,910,801	54.00
56.00	05600	RADIOISOTOPE	0	230,559	56.00
57.00	05700	CT SCAN	0	694,937	57.00
58.00	05800	MRI	0	298,817	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	622,814	59.00
60.00	06000	LABORATORY	-60	3,383,073	60.00
65.00	06500	RESPIRATORY THERAPY	-859	900,582	65.00
66.00	06600	PHYSICAL THERAPY	-1	3,023,089	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	173,252	67.00
68.00	06800	SPEECH PATHOLOGY	0	35,867	68.00
69.00	06900	ELECTROCARDIOLOGY	-116,890	530,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	319,427	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-546,615	2,847,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,597,322	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-11,780	3,759,331	73.00
74.00	07400	RENAL DIALYSIS	0	285,592	74.00
76.00	03020	ANCILLARY	0	0	76.00
76.01	03950	WOUND CARE	-407	666,388	76.01
76.97	07697	CARDIAC REHABILITATION	-7,425	122,060	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-343,626	462,972	90.00
91.00	09100	EMERGENCY	-479,068	3,702,954	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-639,749	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,961,597	95,193,892	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	104,449	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,139,019	192.00
194.00	07950	FOUNDATION	0	163,312	194.00
194.01	07951	MARKETING	0	684,526	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	110,215	194.02
194.03	07953	OP PHARMACY	0	617,815	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-9,961,597	104,013,228	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet Non-CMS W
Date/Time Prepared: 5/27/2015 12:22 pm				
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
43.00	NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ANCILLARY	03020	ACUPUNCTURE	76.00
76.01	WOUND CARE	03950		76.01
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	FOUNDATION	07950		194.00
194.01	MARKETING	07951		194.01
194.02	PROF OFFICE BUILDINGS	07952		194.02
194.03	OP PHARMACY	07953		194.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2015 12:22 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - CAFETERIA</b>						
1.00	CAFETERIA	11.00	0	1,327,846	1.00	
	TOTALS		0	1,327,846		
<b>B - NURSERY</b>						
1.00	NURSERY	43.00	785,564	191,608	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	278,630	164,977	2.00	
	TOTALS		1,064,194	356,585		
<b>C - PROPERTY</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	19,216	1.00	
	TOTALS		0	19,216		
<b>D - CNO</b>						
1.00	NURSING ADMINISTRATION	13.00	228,617	98,305	1.00	
	TOTALS		228,617	98,305		
<b>E - ROUTINE, ICU, PCU</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	79,534	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	16,523	2.00	
	TOTALS		0	96,057		
<b>F - DEPRECIATION</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,979,662	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,132,696	2.00	
	TOTALS		0	7,112,358		
<b>G - IMPLANTIBLES</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,275	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,034	2.00	
	TOTALS		0	11,309		
<b>H - BILLABLE SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	27,158	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	
	TOTALS		0	27,158		
<b>I - DRUGS CHARGED TO PATIENTS</b>						
1.00	OPERATING ROOM	50.00	0	412	1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,033,480	2.00	
	TOTALS		0	4,033,892		
<b>J - RENT AND LEASES</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	989,546	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	475,519	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	
	TOTALS		0	1,465,065		
<b>K - INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	198,586	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,000	2.00	
	TOTALS		0	201,586		

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6

Date/Time Prepared:  
5/27/2015 12:22 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>L - SHARED SERVICES</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	63,528	341,193	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	2,385,141	2,618,697	2.00
3.00	OPERATION OF PLANT	7.00	102,355	21,146	3.00
4.00	NURSING ADMINISTRATION	13.00	92,708	7,719	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	65,810	183,133	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	223,491	116,474	6.00
7.00	LABORATORY	60.00	93,924	67,330	7.00
	<b>TOTALS</b>		<b>3,026,957</b>	<b>3,355,692</b>	
<b>M - INTEREST RECLASS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,730,087	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,337,513	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	399,252	3.00
	<b>TOTALS</b>		<b>0</b>	<b>3,466,852</b>	
<b>O - WOUND CARE CONTRACTED SERVICES</b>					
1.00	WOUND CARE	76.01	0	361,054	1.00
	<b>TOTALS</b>		<b>0</b>	<b>361,054</b>	
500.00	<b>Grand Total: Increases</b>		<b>4,319,768</b>	<b>21,932,975</b>	<b>500.00</b>

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2015 12:22 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>							
1.00	DIETARY	10.00	0	1,327,846	0		1.00
	TOTALS		0	1,327,846			
<b>B - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,064,194	356,585	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,064,194	356,585			
<b>C - PROPERTY</b>							
1.00	INTEREST EXPENSE	113.00	0	19,216	13		1.00
	TOTALS		0	19,216			
<b>D - CNO</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	228,617	98,305	0		1.00
	TOTALS		228,617	98,305			
<b>E - ROUTINE, ICU, PCU</b>							
1.00	INTENSIVE CARE UNIT	31.00	0	79,534	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	16,523	0		2.00
	TOTALS		0	96,057			
<b>F - DEPRECIATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	122,454	9		1.00
2.00	INTEREST EXPENSE	113.00	0	6,989,904	9		2.00
	TOTALS		0	7,112,358			
<b>G - IMPLANTIBLES</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,221	0		1.00
2.00	WOUND CARE	76.01	0	1,088	0		2.00
	TOTALS		0	11,309			
<b>H - BILLABLE SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,172	0		1.00
2.00	OPERATING ROOM	50.00	0	20,026	0		2.00
3.00	RECOVERY ROOM	51.00	0	315	0		3.00
4.00	CLINIC	90.00	0	1,514	0		4.00
5.00	FOUNDATION	194.00	0	131	0		5.00
	TOTALS		0	27,158			
<b>I - DRUGS CHARGED TO PATIENTS</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	24	0		1.00
2.00	PHARMACY	15.00	0	4,033,868	0		2.00
	TOTALS		0	4,033,892			
<b>J - RENT AND LEASES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	222,414	10		1.00
2.00	OPERATION OF PLANT	7.00	0	1,100	10		2.00
3.00	HOUSEKEEPING	9.00	0	4,530	0		3.00
4.00	DIETARY	10.00	0	4,645	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	390	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	360	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	120	0		7.00
8.00	SOCIAL SERVICE	17.00	0	257	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	18,822	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	14,696	0		10.00
11.00	OPERATING ROOM	50.00	0	62,839	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,876	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	1,320	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	425,029	0		14.00
15.00	CT SCAN	57.00	0	240	0		15.00
16.00	MRI	58.00	0	600	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	3,015	0		17.00
18.00	LABORATORY	60.00	0	81,164	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	5,288	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	238,523	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	240	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	120	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	730	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	70	0		24.00
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	111	0		25.00
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	262,369	0		26.00
27.00	CLINIC	90.00	0	102,837	0		27.00
28.00	EMERGENCY	91.00	0	240	0		28.00
29.00	MARKETING	194.01	0	120	0		29.00
	TOTALS		0	1,465,065			
<b>K - INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	201,586	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	201,586			

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6

Date/Time Prepared:  
5/27/2015 12:22 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>L - SHARED SERVICES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,026,957	3,355,692	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
<b>TOTALS</b>			3,026,957	3,355,692		
<b>M - INTEREST RECLASS</b>						
1.00	INTEREST EXPENSE	113.00	0	3,466,852	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	0	3.00
<b>TOTALS</b>			0	3,466,852		
<b>O - WOUND CARE CONTRACTED SERVICES</b>						
1.00	WOUND CARE	76.01	361,054	0	0	1.00
<b>TOTALS</b>			361,054	0		
500.00	<b>Grand Total: Decreases</b>		4,680,822	21,571,921		500.00

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
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		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
<b>A - CAFETERIA</b>									
1.00	CAFETERIA	11.00	0	1,327,846	DIETARY	10.00	0	1,327,846	1.00
	TOTALS		0	1,327,846	TOTALS		0	1,327,846	
<b>B - NURSERY</b>									
1.00	NURSERY	43.00	785,564	191,608	ADULTS & PEDIATRICS	30.00	1,064,194	356,585	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	278,630	164,977		0.00	0	0	2.00
	TOTALS		1,064,194	356,585	TOTALS		1,064,194	356,585	
<b>C - PROPERTY</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	19,216	INTEREST EXPENSE	113.00	0	19,216	1.00
	TOTALS		0	19,216	TOTALS		0	19,216	
<b>D - CNO</b>									
1.00	NURSING ADMINISTRATION	13.00	228,617	98,305	ADMINISTRATIVE & GENERAL	5.00	228,617	98,305	1.00
	TOTALS		228,617	98,305	TOTALS		228,617	98,305	
<b>E - ROUTINE, ICU, PCU</b>									
1.00	ADULTS & PEDIATRICS	30.00	0	79,534	INTENSIVE CARE UNIT	31.00	0	79,534	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	16,523	ADULTS & PEDIATRICS	30.00	0	16,523	2.00
	TOTALS		0	96,057	TOTALS		0	96,057	
<b>F - DEPRECIATION</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,979,662	ADMINISTRATIVE & GENERAL	5.00	0	122,454	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,132,696	INTEREST EXPENSE	113.00	0	6,989,904	2.00
	TOTALS		0	7,112,358	TOTALS		0	7,112,358	
<b>G - IMPLANTIBLES</b>									
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,275	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,221	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,034	WOUND CARE	76.01	0	1,088	2.00
	TOTALS		0	11,309	TOTALS		0	11,309	
<b>H - BILLABLE SUPPLIES</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	27,158	CENTRAL SERVICES & SUPPLY	14.00	0	5,172	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	20,026	2.00
3.00		0.00	0	0	RECOVERY ROOM	51.00	0	315	3.00
4.00		0.00	0	0	CLINIC	90.00	0	1,514	4.00
5.00		0.00	0	0	FOUNDATION	194.00	0	131	5.00
	TOTALS		0	27,158	TOTALS		0	27,158	
<b>I - DRUGS CHARGED TO PATIENTS</b>									
1.00	OPERATING ROOM	50.00	0	412	ADULTS & PEDIATRICS	30.00	0	24	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,033,480	PHARMACY	15.00	0	4,033,868	2.00
	TOTALS		0	4,033,892	TOTALS		0	4,033,892	
<b>J - RENT AND LEASES</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	989,546	ADMINISTRATIVE & GENERAL	5.00	0	222,414	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	475,519	OPERATION OF PLANT	7.00	0	1,100	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	4,530	3.00
4.00		0.00	0	0	DIETARY	10.00	0	4,645	4.00
5.00		0.00	0	0	NURSING	13.00	0	390	5.00
6.00		0.00	0	0	ADMINISTRATION		0		
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	360	6.00
8.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	120	7.00
9.00		0.00	0	0	SOCIAL SERVICE	17.00	0	257	8.00
10.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	18,822	9.00
11.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	14,696	10.00
12.00		0.00	0	0	OPERATING ROOM	50.00	0	62,839	11.00
13.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	12,876	12.00
14.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,320	13.00
15.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	425,029	14.00
16.00		0.00	0	0	CT SCAN	57.00	0	240	15.00
17.00		0.00	0	0	MRI	58.00	0	600	16.00
18.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	3,015	17.00
19.00		0.00	0	0	LABORATORY	60.00	0	81,164	18.00
20.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	5,288	19.00
21.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	238,523	20.00
22.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	240	21.00
		0.00	0	0	SPEECH PATHOLOGY	68.00	0	120	22.00

Provider CCN: 140304

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/27/2015 12:22 pm

Increases					Decreases					
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00		
23.00	0.00	0	0	0	ELECTROCARDIOLOGY	69.00	0	730	23.00	
24.00	0.00	0	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	70	24.00	
25.00	0.00	0	0	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	111	25.00	
26.00	0.00	0	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	262,369	26.00	
27.00	0.00	0	0	0	CLINIC	90.00	0	102,837	27.00	
28.00	0.00	0	0	0	EMERGENCY	91.00	0	240	28.00	
29.00	0.00	0	0	0	MARKETING	194.01	0	120	29.00	
TOTALS				0	TOTALS				0	1,465,065
<b>K - INSURANCE</b>										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	198,586	ADMINISTRATIVE & GENERAL	5.00	0	201,586	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,000		0.00	0	0	2.00	
TOTALS				0	TOTALS				0	201,586
<b>L - SHARED SERVICES</b>										
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	63,528	341,193	ADMINISTRATIVE & GENERAL	5.00	3,026,957	3,355,692	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	2,385,141	2,618,697		0.00	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	102,355	21,146		0.00	0	0	3.00	
4.00	NURSING	13.00	92,708	7,719		0.00	0	0	4.00	
5.00	ADMINISTRATION									
5.00	CENTRAL SERVICES & SUPPLY	14.00	65,810	183,133		0.00	0	0	5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	223,491	116,474		0.00	0	0	6.00	
7.00	LABORATORY	60.00	93,924	67,330		0.00	0	0	7.00	
TOTALS				3,026,957	TOTALS				3,355,692	
<b>M - INTEREST RECLASS</b>										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,730,087	INTEREST EXPENSE	113.00	0	3,466,852	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,337,513		0.00	0	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	399,252		0.00	0	0	3.00	
TOTALS				0	TOTALS				0	3,466,852
<b>O - WOUND CARE CONTRACTED SERVICES</b>										
1.00	WOUND CARE	76.01	0	361,054	WOUND CARE	76.01	361,054	0	1.00	
TOTALS				0	TOTALS				0	
500.00	Grand Total : Increases		4,319,768	21,932,975	Grand Total : Decreases		4,680,822	21,571,921	500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140304

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/27/2015 12:22 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,440,226	0	0	0	1.00
2.00	Land Improvements	84,552	0	0	0	2.00
3.00	Buildings and Fixtures	105,505,424	1,575,673	0	1,575,673	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	22,685,292	170,917	0	170,917	5.00
6.00	Movable Equipment	35,786,413	2,369,924	0	2,369,924	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	169,501,907	4,116,514	0	4,116,514	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	169,501,907	4,116,514	0	4,116,514	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,440,226	0			1.00
2.00	Land Improvements	84,552	0			2.00
3.00	Buildings and Fixtures	107,081,097	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	22,856,209	0			5.00
6.00	Movable Equipment	38,116,164	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	173,578,248	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	173,578,248	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140304

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/27/2015 12:22 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet A-7 Part III Date/Time Prepared: 5/27/2015 12:22 pm
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	133,715,494	0	133,715,494	0.788873	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	35,786,413	0	35,786,413	0.211127	0	2.00
3.00	Total (sum of lines 1-2)	169,501,907	0	169,501,907	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,035,257	989,546	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,433,973	475,519	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,469,230	1,465,065	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,626,696	198,586	0	0	5,850,085	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,257,582	3,000	0	0	6,170,074	2.00
3.00	Total (sum of lines 1-2)	2,884,278	201,586	0	0	12,020,159	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-103,391	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-79,931	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00	Investment income - other (chapter 2)	B	-23,860	ADMINISTRATIVE & GENERAL		5.00	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	-12,974	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-25,706	OPERATION OF PLANT		7.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,243,603				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	-370,084				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-157,288	CAFETERIA		11.00	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	-3,644	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	OTHER REVENUE	B	-106,578	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.01	OTHER REVENUE	B	-20,040	ADMINISTRATIVE & GENERAL		5.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140304

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

Worksheet A-8

Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.02 OTHER REVENUE	B	-1,339	OPERATION OF PLANT	7.00		0 33.02
33.03 OTHER REVENUE	B	-33,035	EMERGENCY	91.00		0 33.03
33.05 OTHER REVENUE	B	-10,222	ADULTS & PEDIATRICS	30.00		0 33.05
33.06 OTHER REVENUE	B	-54,212	OPERATING ROOM	50.00		0 33.06
33.07 OTHER REVENUE	B	-3,038	RADIOLOGY-DIAGNOSTIC	54.00		0 33.07
33.08 OTHER REVENUE	B	-60	LABORATORY	60.00		0 33.08
33.09 OTHER REVENUE	B	-1	PHYSICAL THERAPY	66.00		0 33.09
33.10 OTHER REVENUE	B	-7,425	CARDIAC REHABILITATION	76.97		0 33.10
33.11 OTHER REVENUE	B	-27,376	CLINIC	90.00		0 33.11
33.12 SELF INSURED OFFSET	A	-1,118,751	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.12
33.13 LEGAL	A	-186,390	ADMINISTRATIVE & GENERAL	5.00		0 33.13
33.14 LOBBYING	A	-42,072	ADMINISTRATIVE & GENERAL	5.00		0 33.14
33.15 NON ALLOW PHYSICIAN SUBSIDIES	A	-304,423	CLINIC	90.00		0 33.15
33.16 ADVERTISING	A	-12,305	RADIOLOGY-DIAGNOSTIC	54.00		0 33.16
33.17 ADVERTISING	A	-407	WOUND CARE	76.01		0 33.17
33.18 RECRUITMENT	A	-40,257	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.18
33.19 PROPERTY TAXES	A	-19,216	CAP REL COSTS-BLDG & FIXT	1.00		13 33.19
33.20 STATE ASSESSMENT TAX	A	-4,552,188	ADMINISTRATIVE & GENERAL	5.00		0 33.20
33.21 SPECIAL ADMIN	A	-81,875	ADMINISTRATIVE & GENERAL	5.00		0 33.21
33.22 SPECIAL ADMIN	A	-500	RADIOLOGY-DIAGNOSTIC	54.00		0 33.22
33.23 PHYSICIAN COLLECTION FEES	A	-48,065	ELECTROCARDIOLOGY	69.00		13 33.23
33.24 PHYSICIAN COLLECTION FEES	A	-11,827	CLINIC	90.00		0 33.24
33.25 MALPRACTICE	A	-1,118,402	ADMINISTRATIVE & GENERAL	5.00		0 33.25
33.26 SPECIAL EVENTS	A	-10,867	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.26
33.27 SPECIAL EVENTS	A	-11,051	ADMINISTRATIVE & GENERAL	5.00		0 33.27
33.28 HOSPICE	A	-859	RESPIRATORY THERAPY	65.00		0 33.28
33.29 HOSPICE	A	-52	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0 33.29
33.30 HOSPICE	A	-937	DRUGS CHARGED TO PATIENTS	73.00		0 33.30
33.31 HOSPICE	A	-210	EMERGENCY	91.00		0 33.31
33.32 HOSPICE	A	-44,297	ADULTS & PEDIATRICS	30.00		0 33.32
33.33 NON ALLOWABLE BORROWING	A	-6,839	INTEREST EXPENSE	113.00		11 33.33
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,961,597				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: 140304

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2015 12:22 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	AHS SHARED SERVICES	6,382,649	6,144,112 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	55,595	0 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	301,277	0 3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	275,241	20,217 3.01
4.00	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	6,121,267	6,209,994 4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	119,454	60,928 4.01
4.02	71.00	MEDICAL SUPPLIES CHARGED TO	AHS HOME OFFICE	-546,563	0 4.02
4.03	73.00	DRUGS CHARGED TO PATIENTS	AHS HOME OFFICE	0	10,843 4.03
4.05	113.00	INTEREST EXPENSE	AHS HOME OFFICE	3,466,852	4,099,762 4.05
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			16,175,772	16,545,856 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	B	AHS	100.00	HOME OFFICE	0.00	6.00
7.00	B	HINSDALE HOSPIT	0.00	RELATED PARTY	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: 140304

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2015 12:22 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	238,537	0		1.00
2.00	55,595	9		2.00
3.00	301,277	9		3.00
3.01	255,024	0		3.01
4.00	-88,727	0		4.00
4.01	58,526	0		4.01
4.02	-546,563	0		4.02
4.03	-10,843	0		4.03
4.05	-632,910	0		4.05
5.00	-370,084			5.00

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

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

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

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

6.00	MANAGEMENT SERVICES		6.00
7.00	FINANCIAL SERVICES		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: 140304

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2015 12:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	356,112	356,112	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	366,865	366,865	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	5,978	5,978	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	68,825	68,825	0	0	0	4.00
5.00	91.00	EMERGENCY	344,470	344,470	0	0	0	5.00
6.00	91.00	EMERGENCY	101,353	101,353	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	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,243,603	1,243,603	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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	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	0.00		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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	356,112	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	366,865	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	5,978	3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	68,825	4.00
5.00	91.00	EMERGENCY	0	0	0	344,470	5.00
6.00	91.00	EMERGENCY	0	0	0	101,353	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	1,243,603	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,850,085	5,850,085			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,170,074		6,170,074		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,161,598	2,255	2,378	5,166,231	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	16,633,895	186,333	196,525	762,187	5.00
7.00 00700	OPERATION OF PLANT	5,251,704	389,652	410,965	213,880	7.00
9.00 00900	HOUSEKEEPING	2,433,309	35,690	37,643	47	9.00
10.00 01000	DIETARY	393,256	187,793	198,065	0	10.00
11.00 01100	CAFETERIA	1,170,558	70,028	73,858	0	11.00
13.00 01300	NURSING ADMINISTRATION	973,760	116,949	123,346	121,978	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	787,786	123,971	130,752	72,008	14.00
15.00 01500	PHARMACY	1,782,620	49,112	51,798	183,424	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,334,135	73,034	77,029	144,488	16.00
17.00 01700	SOCIAL SERVICE	883,464	15,483	16,330	104,294	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,990,573	1,649,359	1,739,577	925,461	30.00
31.00 03100	INTENSIVE CARE UNIT	1,870,447	253,891	267,779	243,185	31.00
43.00 04300	NURSERY	990,411	77,308	81,536	114,357	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	4,413,002	712,734	751,719	413,528	50.00
51.00 05100	RECOVERY ROOM	565,032	76,363	80,540	73,770	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,690,562	272,230	287,121	196,887	52.00
53.00 05300	ANESTHESIOLOGY	279,548	13,379	14,110	7,328	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,910,801	495,499	522,602	359,060	54.00
56.00 05600	RADIOISOTOPE	230,559	156,849	165,428	28,060	56.00
57.00 05700	CT SCAN	694,937	28,088	29,625	68,800	57.00
58.00 05800	MRI	298,817	19,756	20,837	32,690	58.00
59.00 05900	CARDIAC CATHETERIZATION	622,814	24,159	25,480	70,403	59.00
60.00 06000	LABORATORY	3,383,073	85,189	89,848	231,034	60.00
65.00 06500	RESPIRATORY THERAPY	900,582	11,596	12,230	103,153	65.00
66.00 06600	PHYSICAL THERAPY	3,023,089	136,942	144,432	66	66.00
67.00 06700	OCCUPATIONAL THERAPY	173,252	20,487	21,607	0	67.00
68.00 06800	SPEECH PATHOLOGY	35,867	1,804	1,903	0	68.00
69.00 06900	ELECTROCARDIOLOGY	530,287	12,605	13,295	68,105	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	319,427	29,635	31,256	5,087	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,847,949	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,597,322	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,759,331	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	285,592	0	0	0	74.00
76.00 03020	ANCILLARY	0	0	0	0	76.00
76.01 03950	WOUND CARE	666,388	55,833	58,887	7,948	76.01
76.97 07697	CARDIAC REHABILITATION	122,060	32,426	34,200	16,799	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	462,972	77,802	82,057	58,759	90.00
91.00 09100	EMERGENCY	3,702,954	314,642	331,853	466,435	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	95,193,892	5,808,876	6,126,611	5,093,221	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	104,449	23,471	24,755	10,083	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	7,139,019	0	0	10,925	192.00
194.00 07950	FOUNDATION	163,312	4,338	4,575	20,608	194.00
194.01 07951	MARKETING	684,526	8,375	8,833	11,632	194.01
194.02 07952	PROF OFFICE BUILDINGS	110,215	0	0	0	194.02
194.03 07953	OP PHARMACY	617,815	5,025	5,300	19,762	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	104,013,228	5,850,085	6,170,074	5,166,231	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.00	7.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,778,940				5.00
7.00	00700	OPERATION OF PLANT	1,291,903	7,558,104			7.00
9.00	00900	HOUSEKEEPING	516,804	51,168	3,074,661		9.00
10.00	01000	DIETARY	160,630	269,234	110,272	1,319,250	10.00
11.00	01100	CAFETERIA	270,999	100,397	41,120	0	1,726,960
13.00	01300	NURSING ADMINISTRATION	275,450	167,667	68,672	0	30,935
14.00	01400	CENTRAL SERVICES & SUPPLY	229,780	177,735	72,796	0	41,364
15.00	01500	PHARMACY	426,144	70,410	28,838	0	60,907
16.00	01600	MEDICAL RECORDS & LIBRARY	335,786	104,707	42,886	0	67,858
17.00	01700	SOCIAL SERVICE	210,205	22,198	9,092	0	40,592
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,330,761	2,364,643	968,502	1,137,628	440,432
31.00	03100	INTENSIVE CARE UNIT	543,320	363,997	149,084	181,622	90,222
43.00	04300	NURSERY	260,519	110,834	45,395	0	47,949
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,297,012	1,021,827	418,516	0	166,976
51.00	05100	RECOVERY ROOM	164,050	109,479	44,840	0	22,113
52.00	05200	DELIVERY ROOM & LABOR ROOM	504,457	390,289	159,853	0	75,947
53.00	05300	ANESTHESIOLOGY	64,813	19,180	7,856	0	4,874
54.00	05400	RADIOLOGY-DIAGNOSTIC	884,049	710,384	290,956	0	151,839
56.00	05600	RADIOISOTOPE	119,763	224,870	92,101	0	7,709
57.00	05700	CT SCAN	169,358	40,270	16,493	0	24,982
58.00	05800	MRI	76,716	28,324	11,601	0	11,247
59.00	05900	CARDIAC CATHETERIZATION	153,155	34,636	14,186	0	21,245
60.00	06000	LABORATORY	781,208	122,133	50,023	0	108,770
65.00	06500	RESPIRATORY THERAPY	211,852	16,625	6,809	0	47,329
66.00	06600	PHYSICAL THERAPY	681,295	196,330	80,412	0	52
67.00	06700	OCCUPATIONAL THERAPY	44,398	29,371	12,030	0	16
68.00	06800	SPEECH PATHOLOGY	8,159	2,586	1,059	0	0
69.00	06900	ELECTROCARDIOLOGY	128,710	18,072	7,402	0	29,108
70.00	07000	ELECTROENCEPHALOGRAPHY	79,459	42,486	17,401	0	2,627
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	587,162	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	947,830	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	775,061	0	0	0	0
74.00	07400	RENAL DIALYSIS	58,881	0	0	0	0
76.00	03020	ANCILLARY	0	0	0	0	0
76.01	03950	WOUND CARE	162,680	80,047	32,785	0	2,804
76.97	07697	CARDIAC REHABILITATION	42,365	46,489	19,041	0	64
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	140,523	111,542	45,685	0	25,891
91.00	09100	EMERGENCY	992,891	451,094	184,757	0	194,794
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,928,148	7,499,024	3,050,463	1,319,250	1,718,646
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,556	33,650	13,782	0	4,072
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,474,104	0	0	0	0
194.00	07950	FOUNDATION	39,756	6,219	2,547	0	25
194.01	07951	MARKETING	147,075	12,007	4,918	0	4,217
194.02	07952	PROF OFFICE BUILDINGS	22,723	0	0	0	0
194.03	07953	OP PHARMACY	133,578	7,204	2,951	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	17,778,940	7,558,104	3,074,661	1,319,250	1,726,960

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,878,757					13.00
14.00	01400	0	1,636,192				14.00
15.00	01500	0	0	2,653,253			15.00
16.00	01600	0	0	0	2,179,923		16.00
17.00	01700	0	0	0	0	1,301,658	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	773,913	53,236	38	137,171	1,004,558	30.00
31.00	03100	158,536	20,648	0	23,368	124,772	31.00
43.00	04300	84,255	4,119	0	14,728	160,376	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	293,404	66,763	0	189,828	0	50.00
51.00	05100	38,855	2,808	0	23,952	0	51.00
52.00	05200	133,451	16,031	0	25,364	11,952	52.00
53.00	05300	8,564	11,956	82,296	51,707	0	53.00
54.00	05400	0	4,317	2,300	213,623	0	54.00
56.00	05600	0	562	17	30,033	0	56.00
57.00	05700	0	3,098	0	218,815	0	57.00
58.00	05800	0	568	0	60,946	0	58.00
59.00	05900	0	4,252	0	33,418	0	59.00
60.00	06000	0	10,198	37	277,413	0	60.00
65.00	06500	0	4,607	0	42,713	0	65.00
66.00	06600	0	1,537	52	57,199	0	66.00
67.00	06700	0	0	0	4,335	0	67.00
68.00	06800	0	0	0	2,283	0	68.00
69.00	06900	0	1,267	0	61,727	0	69.00
70.00	07000	0	675	0	16,469	0	70.00
71.00	07100	0	541,869	921	82,717	0	71.00
72.00	07200	0	829,989	0	88,791	0	72.00
73.00	07300	0	1,541	2,566,955	175,255	0	73.00
74.00	07400	0	0	0	5,405	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	1,453	0	10,564	0	76.01
76.97	07697	0	175	0	2,994	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	45,495	3,953	42	23,532	0	90.00
91.00	09100	342,284	50,570	595	305,573	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		1,878,757	1,636,192	2,653,253	2,179,923	1,301,658	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,878,757	1,636,192	2,653,253	2,179,923	1,301,658	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	20,515,852	0	20,515,852	30.00
31.00	03100	4,290,871	0	4,290,871	31.00
43.00	04300	1,991,787	0	1,991,787	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	9,745,309	0	9,745,309	50.00
51.00	05100	1,201,802	0	1,201,802	51.00
52.00	05200	3,764,144	0	3,764,144	52.00
53.00	05300	565,611	0	565,611	53.00
54.00	05400	6,545,430	0	6,545,430	54.00
56.00	05600	1,055,951	0	1,055,951	56.00
57.00	05700	1,294,466	0	1,294,466	57.00
58.00	05800	561,502	0	561,502	58.00
59.00	05900	1,003,748	0	1,003,748	59.00
60.00	06000	5,138,926	0	5,138,926	60.00
65.00	06500	1,357,496	0	1,357,496	65.00
66.00	06600	4,321,406	0	4,321,406	66.00
67.00	06700	305,496	0	305,496	67.00
68.00	06800	53,661	0	53,661	68.00
69.00	06900	870,578	0	870,578	69.00
70.00	07000	544,522	0	544,522	70.00
71.00	07100	4,060,618	0	4,060,618	71.00
72.00	07200	6,463,932	0	6,463,932	72.00
73.00	07300	7,278,143	0	7,278,143	73.00
74.00	07400	349,878	0	349,878	74.00
76.00	03020	0	0	0	76.00
76.01	03950	1,079,389	0	1,079,389	76.01
76.97	07697	316,613	0	316,613	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	1,078,253	0	1,078,253	90.00
91.00	09100	7,338,442	0	7,338,442	91.00
92.00	09200		0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
118.00		93,093,826	0	93,093,826	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	247,818	0	247,818	190.00
192.00	19200	8,624,048	0	8,624,048	192.00
194.00	07950	241,380	0	241,380	194.00
194.01	07951	881,583	0	881,583	194.01
194.02	07952	132,938	0	132,938	194.02
194.03	07953	791,635	0	791,635	194.03
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		104,013,228	0	104,013,228	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140304

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	2	MEALS SERVED	10.00
11.00	CAFETERIA	3	TOTAL HOURS	11.00
13.00	NURSING ADMINISTRATION	4	TOTAL HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	5	COSTED REQUIS.	14.00
15.00	PHARMACY	6	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	7	PATIENT DAYS	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,255	2,378	4,633	4,633 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	186,333	196,525	382,858	686 5.00
7.00 00700	OPERATION OF PLANT	0	389,652	410,965	800,617	193 7.00
9.00 00900	HOUSEKEEPING	0	35,690	37,643	73,333	0 9.00
10.00 01000	DIETARY	0	187,793	198,065	385,858	0 10.00
11.00 01100	CAFETERIA	0	70,028	73,858	143,886	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	116,949	123,346	240,295	110 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	123,971	130,752	254,723	65 14.00
15.00 01500	PHARMACY	0	49,112	51,798	100,910	165 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	73,034	77,029	150,063	130 16.00
17.00 01700	SOCIAL SERVICE	0	15,483	16,330	31,813	94 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,649,359	1,739,577	3,388,936	816 30.00
31.00 03100	INTENSIVE CARE UNIT	0	253,891	267,779	521,670	219 31.00
43.00 04300	NURSERY	0	77,308	81,536	158,844	103 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	712,734	751,719	1,464,453	372 50.00
51.00 05100	RECOVERY ROOM	0	76,363	80,540	156,903	66 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	272,230	287,121	559,351	177 52.00
53.00 05300	ANESTHESIOLOGY	0	13,379	14,110	27,489	7 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	495,499	522,602	1,018,101	323 54.00
56.00 05600	RADIOISOTOPE	0	156,849	165,428	322,277	25 56.00
57.00 05700	CT SCAN	0	28,088	29,625	57,713	62 57.00
58.00 05800	MRI	0	19,756	20,837	40,593	29 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	24,159	25,480	49,639	63 59.00
60.00 06000	LABORATORY	0	85,189	89,848	175,037	208 60.00
65.00 06500	RESPIRATORY THERAPY	0	11,596	12,230	23,826	93 65.00
66.00 06600	PHYSICAL THERAPY	0	136,942	144,432	281,374	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	20,487	21,607	42,094	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	1,804	1,903	3,707	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	12,605	13,295	25,900	61 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	29,635	31,256	60,891	5 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	ANCILLARY	0	0	0	0	0 76.00
76.01 03950	WOUND CARE	0	55,833	58,887	114,720	7 76.01
76.97 07697	CARDIAC REHABILITATION	0	32,426	34,200	66,626	15 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	77,802	82,057	159,859	53 90.00
91.00 09100	EMERGENCY	0	314,642	331,853	646,495	420 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,808,876	6,126,611	11,935,487	4,567 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,471	24,755	48,226	9 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	10 192.00
194.00 07950	FOUNDATION	0	4,338	4,575	8,913	19 194.00
194.01 07951	MARKETING	0	8,375	8,833	17,208	10 194.01
194.02 07952	PROF OFFICE BUILDINGS	0	0	0	0	0 194.02
194.03 07953	OP PHARMACY	0	5,025	5,300	10,325	18 194.03
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	5,850,085	6,170,074	12,020,159	4,633 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 12:22 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.00	7.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	383,544				5.00
7.00	00700	OPERATION OF PLANT	27,872	828,682			7.00
9.00	00900	HOUSEKEEPING	11,150	5,610	90,093		9.00
10.00	01000	DIETARY	3,465	29,519	3,231	422,073	10.00
11.00	01100	CAFETERIA	5,847	11,008	1,205	0	161,946
13.00	01300	NURSING ADMINISTRATION	5,943	18,383	2,012	0	2,901
14.00	01400	CENTRAL SERVICES & SUPPLY	4,957	19,487	2,133	0	3,879
15.00	01500	PHARMACY	9,194	7,720	845	0	5,712
16.00	01600	MEDICAL RECORDS & LIBRARY	7,244	11,480	1,257	0	6,363
17.00	01700	SOCIAL SERVICE	4,535	2,434	266	0	3,807
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	50,257	259,263	28,378	363,966	41,301
31.00	03100	INTENSIVE CARE UNIT	11,722	39,909	4,368	58,107	8,461
43.00	04300	NURSERY	5,621	12,152	1,330	0	4,496
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	27,982	112,035	12,263	0	15,658
51.00	05100	RECOVERY ROOM	3,539	12,003	1,314	0	2,074
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,883	42,792	4,684	0	7,122
53.00	05300	ANESTHESIOLOGY	1,398	2,103	230	0	457
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,073	77,888	8,526	0	14,239
56.00	05600	RADIOISOTOPE	2,584	24,655	2,699	0	723
57.00	05700	CT SCAN	3,654	4,415	483	0	2,343
58.00	05800	MRI	1,655	3,106	340	0	1,055
59.00	05900	CARDIAC CATHETERIZATION	3,304	3,798	416	0	1,992
60.00	06000	LABORATORY	16,854	13,391	1,466	0	10,200
65.00	06500	RESPIRATORY THERAPY	4,571	1,823	200	0	4,438
66.00	06600	PHYSICAL THERAPY	14,699	21,526	2,356	0	5
67.00	06700	OCCUPATIONAL THERAPY	958	3,220	352	0	1
68.00	06800	SPEECH PATHOLOGY	176	284	31	0	0
69.00	06900	ELECTROCARDIOLOGY	2,777	1,981	217	0	2,730
70.00	07000	ELECTROENCEPHALOGRAPHY	1,714	4,658	510	0	246
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,668	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,449	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	16,722	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,270	0	0	0	0
76.00	03020	ANCILLARY	0	0	0	0	0
76.01	03950	WOUND CARE	3,510	8,776	961	0	263
76.97	07697	CARDIAC REHABILITATION	914	5,097	558	0	6
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	3,032	12,230	1,339	0	2,428
91.00	09100	EMERGENCY	21,421	49,459	5,414	0	18,267
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	343,614	822,205	89,384	422,073	161,167
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	724	3,689	404	0	382
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,803	0	0	0	0
194.00	07950	FOUNDATION	858	682	75	0	2
194.01	07951	MARKETING	3,173	1,316	144	0	395
194.02	07952	PROF OFFICE BUILDINGS	490	0	0	0	0
194.03	07953	OP PHARMACY	2,882	790	86	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	383,544	828,682	90,093	422,073	161,946

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 12:22 pm
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Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	269,644					13.00
14.00	01400	0	285,244				14.00
15.00	01500	0	0	124,546			15.00
16.00	01600	0	0	0	176,537		16.00
17.00	01700	0	0	0	0	42,949	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	111,075	9,281	2	11,121	33,146	30.00
31.00	03100	22,753	3,600	0	1,895	4,117	31.00
43.00	04300	12,092	718	0	1,194	5,292	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	42,110	11,639	0	15,390	0	50.00
51.00	05100	5,577	490	0	1,942	0	51.00
52.00	05200	19,153	2,795	0	2,056	394	52.00
53.00	05300	1,229	2,084	3,863	4,192	0	53.00
54.00	05400	0	753	108	17,320	0	54.00
56.00	05600	0	98	1	2,435	0	56.00
57.00	05700	0	540	0	17,741	0	57.00
58.00	05800	0	99	0	4,941	0	58.00
59.00	05900	0	741	0	2,709	0	59.00
60.00	06000	0	1,778	2	22,491	0	60.00
65.00	06500	0	803	0	3,463	0	65.00
66.00	06600	0	268	2	4,637	0	66.00
67.00	06700	0	0	0	351	0	67.00
68.00	06800	0	0	0	185	0	68.00
69.00	06900	0	221	0	5,005	0	69.00
70.00	07000	0	118	0	1,335	0	70.00
71.00	07100	0	94,467	43	6,706	0	71.00
72.00	07200	0	144,694	0	7,199	0	72.00
73.00	07300	0	269	120,495	14,209	0	73.00
74.00	07400	0	0	0	438	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	253	0	856	0	76.01
76.97	07697	0	30	0	243	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	6,530	689	2	1,908	0	90.00
91.00	09100	49,125	8,816	28	24,575	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		269,644	285,244	124,546	176,537	42,949	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		269,644	285,244	124,546	176,537	42,949	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 12:22 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	4,297,542	0	4,297,542	30.00
31.00	03100	676,821	0	676,821	31.00
43.00	04300	201,842	0	201,842	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	1,701,902	0	1,701,902	50.00
51.00	05100	183,908	0	183,908	51.00
52.00	05200	649,407	0	649,407	52.00
53.00	05300	43,052	0	43,052	53.00
54.00	05400	1,156,331	0	1,156,331	54.00
56.00	05600	355,497	0	355,497	56.00
57.00	05700	86,951	0	86,951	57.00
58.00	05800	51,818	0	51,818	58.00
59.00	05900	62,662	0	62,662	59.00
60.00	06000	241,427	0	241,427	60.00
65.00	06500	39,217	0	39,217	65.00
66.00	06600	324,867	0	324,867	66.00
67.00	06700	46,976	0	46,976	67.00
68.00	06800	4,383	0	4,383	68.00
69.00	06900	38,892	0	38,892	69.00
70.00	07000	69,477	0	69,477	70.00
71.00	07100	113,884	0	113,884	71.00
72.00	07200	172,342	0	172,342	72.00
73.00	07300	151,695	0	151,695	73.00
74.00	07400	1,708	0	1,708	74.00
76.00	03020	0	0	0	76.00
76.01	03950	129,346	0	129,346	76.01
76.97	07697	73,489	0	73,489	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	188,070	0	188,070	90.00
91.00	09100	824,020	0	824,020	91.00
92.00	09200		0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
118.00		11,887,526	0	11,887,526	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	53,434	0	53,434	190.00
192.00	19200	31,813	0	31,813	192.00
194.00	07950	10,549	0	10,549	194.00
194.01	07951	22,246	0	22,246	194.01
194.02	07952	490	0	490	194.02
194.03	07953	14,101	0	14,101	194.03
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		12,020,159	0	12,020,159	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	272,422				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		272,422			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	105	105	35,499,207		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	8,677	8,677	5,237,283	-17,778,940	5.00
7.00 00700	OPERATION OF PLANT	18,145	18,145	1,469,655	0	7.00
9.00 00900	HOUSEKEEPING	1,662	1,662	322	0	9.00
10.00 01000	DIETARY	8,745	8,745	0	0	10.00
11.00 01100	CAFETERIA	3,261	3,261	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,446	5,446	838,161	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,773	5,773	494,794	0	14.00
15.00 01500	PHARMACY	2,287	2,287	1,260,380	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,401	3,401	992,833	0	16.00
17.00 01700	SOCIAL SERVICE	721	721	716,645	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	76,806	76,806	6,359,232	0	30.00
31.00 03100	INTENSIVE CARE UNIT	11,823	11,823	1,671,017	0	31.00
43.00 04300	NURSERY	3,600	3,600	785,790	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	33,190	33,190	2,841,510	0	50.00
51.00 05100	RECOVERY ROOM	3,556	3,556	506,904	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,677	12,677	1,352,889	0	52.00
53.00 05300	ANESTHESIOLOGY	623	623	50,352	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,074	23,074	2,467,240	0	54.00
56.00 05600	RADIOISOTOPE	7,304	7,304	192,814	0	56.00
57.00 05700	CT SCAN	1,308	1,308	472,750	0	57.00
58.00 05800	MRI	920	920	224,629	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,125	1,125	483,769	0	59.00
60.00 06000	LABORATORY	3,967	3,967	1,587,522	0	60.00
65.00 06500	RESPIRATORY THERAPY	540	540	708,802	0	65.00
66.00 06600	PHYSICAL THERAPY	6,377	6,377	451	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	954	954	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	84	84	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	587	587	467,974	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,380	1,380	34,957	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03020	ANCILLARY	0	0	0	0	76.00
76.01 03950	WOUND CARE	2,600	2,600	54,611	0	76.01
76.97 07697	CARDIAC REHABILITATION	1,510	1,510	115,435	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	3,623	3,623	403,755	0	90.00
91.00 09100	EMERGENCY	14,652	14,652	3,205,057	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	270,503	270,503	34,997,533	-17,778,940	77,257,270
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,093	1,093	69,283	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	75,068	0	192.00
194.00 07950	FOUNDATION	202	202	141,607	0	194.00
194.01 07951	MARKETING	390	390	79,926	0	194.01
194.02 07952	PROF OFFICE BUILDINGS	0	0	0	0	194.02
194.03 07953	OP PHARMACY	234	234	135,790	0	194.03
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)	5,850,085	6,170,074	5,166,231	17,778,940	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	21.474349	22.648956	0.145531	0.206170	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			4,633	383,544	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000131	0.004448	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	NURSING ADMINISTRATION (TOTAL HOURS)	
		7.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	245,495				7.00
9.00	00900	HOUSEKEEPING	1,662	243,833			9.00
10.00	01000	DIETARY	8,745	8,745	71,729		10.00
11.00	01100	CAFETERIA	3,261	3,261	0	760,056	11.00
13.00	01300	NURSING ADMINISTRATION	5,446	5,446	0	13,615	470,567
14.00	01400	CENTRAL SERVICES & SUPPLY	5,773	5,773	0	18,205	0
15.00	01500	PHARMACY	2,287	2,287	0	26,806	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,401	3,401	0	29,865	0
17.00	01700	SOCIAL SERVICE	721	721	0	17,865	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	76,806	76,806	61,854	193,840	193,840
31.00	03100	INTENSIVE CARE UNIT	11,823	11,823	9,875	39,708	39,708
43.00	04300	NURSERY	3,600	3,600	0	21,103	21,103
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	33,190	33,190	0	73,488	73,488
51.00	05100	RECOVERY ROOM	3,556	3,556	0	9,732	9,732
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,677	12,677	0	33,425	33,425
53.00	05300	ANESTHESIOLOGY	623	623	0	2,145	2,145
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,074	23,074	0	66,826	0
56.00	05600	RADIOISOTOPE	7,304	7,304	0	3,393	0
57.00	05700	CT SCAN	1,308	1,308	0	10,995	0
58.00	05800	MRI	920	920	0	4,950	0
59.00	05900	CARDIAC CATHETERIZATION	1,125	1,125	0	9,350	0
60.00	06000	LABORATORY	3,967	3,967	0	47,871	0
65.00	06500	RESPIRATORY THERAPY	540	540	0	20,830	0
66.00	06600	PHYSICAL THERAPY	6,377	6,377	0	23	0
67.00	06700	OCCUPATIONAL THERAPY	954	954	0	7	0
68.00	06800	SPEECH PATHOLOGY	84	84	0	0	0
69.00	06900	ELECTROCARDIOLOGY	587	587	0	12,811	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,380	1,380	0	1,156	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	ANCILLARY	0	0	0	0	0
76.01	03950	WOUND CARE	2,600	2,600	0	1,234	0
76.97	07697	CARDIAC REHABILITATION	1,510	1,510	0	28	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	3,623	3,623	0	11,395	11,395
91.00	09100	EMERGENCY	14,652	14,652	0	85,731	85,731
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	243,576	241,914	71,729	756,397	470,567
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,093	1,093	0	1,792	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FOUNDATION	202	202	0	11	0
194.01	07951	MARKETING	390	390	0	1,856	0
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0
194.03	07953	OP PHARMACY	234	234	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,558,104	3,074,661	1,319,250	1,726,960	1,878,757
203.00		Unit cost multiplier (Wkst. B, Part I)	30.787201	12.609700	18.392143	2.272148	3.992539
204.00		Cost to be allocated (per Wkst. B, Part II)	828,682	90,093	422,073	161,946	269,644
205.00		Unit cost multiplier (Wkst. B, Part II)	3.375556	0.369486	5.884273	0.213071	0.573019

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	9,043,132				14.00
15.00	01500	0	3,806,021			15.00
16.00	01600	0	0	431,084,439		16.00
17.00	01700	0	0	0	20,802	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	294,232	55	27,124,997	16,054	30.00
31.00	03100	114,118	0	4,620,870	1,994	31.00
43.00	04300	22,768	0	2,912,343	2,563	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	368,994	0	37,537,684	0	50.00
51.00	05100	15,521	0	4,736,340	0	51.00
52.00	05200	88,603	0	5,015,601	191	52.00
53.00	05300	66,082	118,051	10,224,898	0	53.00
54.00	05400	23,861	3,300	42,243,125	0	54.00
56.00	05600	3,107	25	5,938,913	0	56.00
57.00	05700	17,124	0	43,269,720	0	57.00
58.00	05800	3,140	0	12,051,878	0	58.00
59.00	05900	23,503	0	6,608,269	0	59.00
60.00	06000	56,365	53	54,857,172	0	60.00
65.00	06500	25,465	0	8,446,286	0	65.00
66.00	06600	8,495	74	11,310,818	0	66.00
67.00	06700	0	0	857,256	0	67.00
68.00	06800	0	0	451,393	0	68.00
69.00	06900	7,003	0	12,206,287	0	69.00
70.00	07000	3,728	0	3,256,627	0	70.00
71.00	07100	2,994,879	1,321	16,357,023	0	71.00
72.00	07200	4,587,288	0	17,557,965	0	72.00
73.00	07300	8,516	3,682,228	34,655,846	0	73.00
74.00	07400	0	0	1,068,730	0	74.00
76.00	03020	0	0	0	0	76.00
76.01	03950	8,030	0	2,088,957	0	76.01
76.97	07697	965	0	591,980	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	21,848	60	4,653,322	0	90.00
91.00	09100	279,497	854	60,440,139	0	91.00
92.00	09200					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300					113.00
118.00		9,043,132	3,806,021	431,084,439	20,802	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	0	0	0	190.00
192.00	19200	0	0	0	0	192.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
200.00						200.00
201.00						201.00
202.00		1,636,192	2,653,253	2,179,923	1,301,658	202.00
203.00		0.180932	0.697120	0.005057	62.573695	203.00
204.00		285,244	124,546	176,537	42,949	204.00
205.00		0.031543	0.032723	0.000410	2.064657	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 12:22 pm
		Title XVIIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		20,515,852	0	20,515,852	30.00
31.00	03100 INTENSIVE CARE UNIT		4,290,871	0	4,290,871	31.00
43.00	04300 NURSERY		1,991,787	0	1,991,787	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		9,745,309	0	9,745,309	50.00
51.00	05100 RECOVERY ROOM		1,201,802	0	1,201,802	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,764,144	0	3,764,144	52.00
53.00	05300 ANESTHESIOLOGY		565,611	0	565,611	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,545,430	0	6,545,430	54.00
56.00	05600 RADIOISOTOPE		1,055,951	0	1,055,951	56.00
57.00	05700 CT SCAN		1,294,466	0	1,294,466	57.00
58.00	05800 MRI		561,502	0	561,502	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,003,748	0	1,003,748	59.00
60.00	06000 LABORATORY		5,138,926	0	5,138,926	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,357,496	0	1,357,496	65.00
66.00	06600 PHYSICAL THERAPY	0	4,321,406	0	4,321,406	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	305,496	0	305,496	67.00
68.00	06800 SPEECH PATHOLOGY	0	53,661	0	53,661	68.00
69.00	06900 ELECTROCARDIOLOGY		870,578	0	870,578	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		544,522	0	544,522	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,060,618	0	4,060,618	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,463,932	0	6,463,932	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		7,278,143	0	7,278,143	73.00
74.00	07400 RENAL DIALYSIS		349,878	0	349,878	74.00
76.00	03020 ANCILLARY		0	0	0	76.00
76.01	03950 WOUND CARE		1,079,389	0	1,079,389	76.01
76.97	07697 CARDIAC REHABILITATION		316,613	0	316,613	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		1,078,253	0	1,078,253	90.00
91.00	09100 EMERGENCY		7,338,442	0	7,338,442	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,060,104	0	4,060,104	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		97,153,930	0	97,153,930	200.00
201.00	Less Observation Beds		4,060,104		4,060,104	201.00
202.00	Total (see instructions)		93,093,826	0	93,093,826	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 12:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	19,731,477		19,731,477	30.00
31.00	03100	INTENSIVE CARE UNIT	4,620,870		4,620,870	31.00
43.00	04300	NURSERY	2,912,343		2,912,343	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	9,624,674	27,913,010	37,537,684	50.00
51.00	05100	RECOVERY ROOM	1,404,835	3,331,505	4,736,340	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,313,786	701,815	5,015,601	52.00
53.00	05300	ANESTHESIOLOGY	3,712,053	6,512,845	10,224,898	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,210,036	35,033,089	42,243,125	54.00
56.00	05600	RADIOISOTOPE	1,283,588	4,655,325	5,938,913	56.00
57.00	05700	CT SCAN	11,153,449	32,116,271	43,269,720	57.00
58.00	05800	MRI	2,361,700	9,690,178	12,051,878	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,452,944	2,155,325	6,608,269	59.00
60.00	06000	LABORATORY	25,457,677	29,399,495	54,857,172	60.00
65.00	06500	RESPIRATORY THERAPY	7,173,275	1,273,011	8,446,286	65.00
66.00	06600	PHYSICAL THERAPY	1,167,572	10,143,246	11,310,818	66.00
67.00	06700	OCCUPATIONAL THERAPY	572,110	285,146	857,256	67.00
68.00	06800	SPEECH PATHOLOGY	313,891	137,502	451,393	68.00
69.00	06900	ELECTROCARDIOLOGY	4,523,384	7,682,903	12,206,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	277,051	2,979,576	3,256,627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,363,587	9,993,436	16,357,023	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,391,759	11,166,206	17,557,965	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,354,277	15,301,569	34,655,846	73.00
74.00	07400	RENAL DIALYSIS	1,068,730	0	1,068,730	74.00
76.00	03020	ANCILLARY	0	0	0	76.00
76.01	03950	WOUND CARE	5,318	2,083,639	2,088,957	76.01
76.97	07697	CARDIAC REHABILITATION	6,708	585,272	591,980	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	43,502	4,609,820	4,653,322	90.00
91.00	09100	EMERGENCY	11,841,959	48,598,180	60,440,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,206,554	6,186,966	7,393,520	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	158,549,109	272,535,330	431,084,439	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	158,549,109	272,535,330	431,084,439	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 12:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.259614		50.00
51.00	05100 RECOVERY ROOM	0.253741		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.750487		52.00
53.00	05300 ANESTHESIOLOGY	0.055317		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154947		54.00
56.00	05600 RADIOISOTOPE	0.177802		56.00
57.00	05700 CT SCAN	0.029916		57.00
58.00	05800 MRI	0.046590		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151893		59.00
60.00	06000 LABORATORY	0.093678		60.00
65.00	06500 RESPIRATORY THERAPY	0.160721		65.00
66.00	06600 PHYSICAL THERAPY	0.382060		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.356365		67.00
68.00	06800 SPEECH PATHOLOGY	0.118879		68.00
69.00	06900 ELECTROCARDIOLOGY	0.071322		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.167204		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.248249		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.368148		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210012		73.00
74.00	07400 RENAL DIALYSIS	0.327377		74.00
76.00	03020 ANCILLARY	0.000000		76.00
76.01	03950 WOUND CARE	0.516712		76.01
76.97	07697 CARDIAC REHABILITATION	0.534837		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.231717		90.00
91.00	09100 EMERGENCY	0.121417		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.549144		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 12:22 pm
		Title XIX	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		20,515,852	0	20,515,852	30.00
31.00	03100 INTENSIVE CARE UNIT		4,290,871	0	4,290,871	31.00
43.00	04300 NURSERY		1,991,787	0	1,991,787	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		9,745,309	0	9,745,309	50.00
51.00	05100 RECOVERY ROOM		1,201,802	0	1,201,802	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,764,144	0	3,764,144	52.00
53.00	05300 ANESTHESIOLOGY		565,611	0	565,611	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,545,430	0	6,545,430	54.00
56.00	05600 RADIOISOTOPE		1,055,951	0	1,055,951	56.00
57.00	05700 CT SCAN		1,294,466	0	1,294,466	57.00
58.00	05800 MRI		561,502	0	561,502	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,003,748	0	1,003,748	59.00
60.00	06000 LABORATORY		5,138,926	0	5,138,926	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,357,496	0	1,357,496	65.00
66.00	06600 PHYSICAL THERAPY	0	4,321,406	0	4,321,406	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	305,496	0	305,496	67.00
68.00	06800 SPEECH PATHOLOGY	0	53,661	0	53,661	68.00
69.00	06900 ELECTROCARDIOLOGY		870,578	0	870,578	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		544,522	0	544,522	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,060,618	0	4,060,618	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,463,932	0	6,463,932	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		7,278,143	0	7,278,143	73.00
74.00	07400 RENAL DIALYSIS		349,878	0	349,878	74.00
76.00	03020 ANCILLARY		0	0	0	76.00
76.01	03950 WOUND CARE		1,079,389	0	1,079,389	76.01
76.97	07697 CARDIAC REHABILITATION		316,613	0	316,613	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		1,078,253	0	1,078,253	90.00
91.00	09100 EMERGENCY		7,338,442	0	7,338,442	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,060,104	0	4,060,104	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		97,153,930	0	97,153,930	200.00
201.00	Less Observation Beds		4,060,104		4,060,104	201.00
202.00	Total (see instructions)		93,093,826	0	93,093,826	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/27/2015 12:22 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	19,731,477		19,731,477			30.00
31.00	03100	INTENSIVE CARE UNIT	4,620,870		4,620,870			31.00
43.00	04300	NURSERY	2,912,343		2,912,343			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,624,674	27,913,010	37,537,684	0.259614	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,404,835	3,331,505	4,736,340	0.253741	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,313,786	701,815	5,015,601	0.750487	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,712,053	6,512,845	10,224,898	0.055317	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,210,036	35,033,089	42,243,125	0.154947	0.000000	54.00
56.00	05600	RADIOISOTOPE	1,283,588	4,655,325	5,938,913	0.177802	0.000000	56.00
57.00	05700	CT SCAN	11,153,449	32,116,271	43,269,720	0.029916	0.000000	57.00
58.00	05800	MRI	2,361,700	9,690,178	12,051,878	0.046590	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,452,944	2,155,325	6,608,269	0.151893	0.000000	59.00
60.00	06000	LABORATORY	25,457,677	29,399,495	54,857,172	0.093678	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	7,173,275	1,273,011	8,446,286	0.160721	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,167,572	10,143,246	11,310,818	0.382060	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	572,110	285,146	857,256	0.356365	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	313,891	137,502	451,393	0.118879	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,523,384	7,682,903	12,206,287	0.071322	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	277,051	2,979,576	3,256,627	0.167204	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,363,587	9,993,436	16,357,023	0.248249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,391,759	11,166,206	17,557,965	0.368148	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,354,277	15,301,569	34,655,846	0.210012	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,068,730	0	1,068,730	0.327377	0.000000	74.00
76.00	03020	ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.01	03950	WOUND CARE	5,318	2,083,639	2,088,957	0.516712	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	6,708	585,272	591,980	0.534837	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	43,502	4,609,820	4,653,322	0.231717	0.000000	90.00
91.00	09100	EMERGENCY	11,841,959	48,598,180	60,440,139	0.121417	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,206,554	6,186,966	7,393,520	0.549144	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	158,549,109	272,535,330	431,084,439			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	158,549,109	272,535,330	431,084,439			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 12:22 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 ANCILLARY	0.000000		76.00
76.01	03950 WOUND CARE	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/27/2015 12:22 pm	
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	4,297,542	0	4,297,542	20,015	214.72	30.00
31.00	INTENSIVE CARE UNIT	676,821		676,821	1,994	339.43	31.00
43.00	NURSERY	201,842		201,842	2,563	78.75	43.00
200.00	Total (Lines 30-199)	5,176,205		5,176,205	24,572		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	6,087	1,307,001				
31.00	INTENSIVE CARE UNIT	972	329,926				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	7,059	1,636,927				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/27/2015 12:22 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,701,902	37,537,684	0.045338	3,993,404	181,053	50.00
51.00	05100 RECOVERY ROOM	183,908	4,736,340	0.038829	357,577	13,884	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	649,407	5,015,601	0.129477	319	41	52.00
53.00	05300 ANESTHESIOLOGY	43,052	10,224,898	0.004211	935,264	3,938	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,156,331	42,243,125	0.027373	2,653,704	72,640	54.00
56.00	05600 RADIOISOTOPE	355,497	5,938,913	0.059859	637,503	38,160	56.00
57.00	05700 CT SCAN	86,951	43,269,720	0.002010	4,413,759	8,872	57.00
58.00	05800 MRI	51,818	12,051,878	0.004300	966,606	4,156	58.00
59.00	05900 CARDIAC CATHETERIZATION	62,662	6,608,269	0.009482	1,377,081	13,057	59.00
60.00	06000 LABORATORY	241,427	54,857,172	0.004401	11,149,473	49,069	60.00
65.00	06500 RESPIRATORY THERAPY	39,217	8,446,286	0.004643	3,593,151	16,683	65.00
66.00	06600 PHYSICAL THERAPY	324,867	11,310,818	0.028722	703,263	20,199	66.00
67.00	06700 OCCUPATIONAL THERAPY	46,976	857,256	0.054798	356,630	19,543	67.00
68.00	06800 SPEECH PATHOLOGY	4,383	451,393	0.009710	212,431	2,063	68.00
69.00	06900 ELECTROCARDIOLOGY	38,892	12,206,287	0.003186	2,150,795	6,852	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	69,477	3,256,627	0.021334	145,482	3,104	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	113,884	16,357,023	0.006962	1,940,469	13,510	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	172,342	17,557,965	0.009816	2,457,403	24,122	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	151,695	34,655,846	0.004377	8,473,354	37,088	73.00
74.00	07400 RENAL DIALYSIS	1,708	1,068,730	0.001598	703,015	1,123	74.00
76.00	03020 ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950 WOUND CARE	129,346	2,088,957	0.061919	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	73,489	591,980	0.124141	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	188,070	4,653,322	0.040416	43,502	1,758	90.00
91.00	09100 EMERGENCY	824,020	60,440,139	0.013634	3,987,734	54,369	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	850,486	7,393,520	0.115031	725,736	83,482	92.00
200.00	Total (lines 50-199)	7,561,807	403,819,749		51,977,655	668,766	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/27/2015 12:22 pm
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Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30-199)	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)	PSA Adj. Nursing School		
		6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,015	0.00	6,087	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,994	0.00	972	0	31.00	
43.00	04300	NURSERY	2,563	0.00	0	0	43.00	
200.00		Total (lines 30-199)	24,572		7,059	0	200.00	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
		12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:22 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	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	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
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: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:22 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	37,537,684	0.000000	0.000000	3,993,404	50.00
51.00	05100 RECOVERY ROOM	0	4,736,340	0.000000	0.000000	357,577	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,015,601	0.000000	0.000000	319	52.00
53.00	05300 ANESTHESIOLOGY	0	10,224,898	0.000000	0.000000	935,264	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	42,243,125	0.000000	0.000000	2,653,704	54.00
56.00	05600 RADIOISOTOPE	0	5,938,913	0.000000	0.000000	637,503	56.00
57.00	05700 CT SCAN	0	43,269,720	0.000000	0.000000	4,413,759	57.00
58.00	05800 MRI	0	12,051,878	0.000000	0.000000	966,606	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,608,269	0.000000	0.000000	1,377,081	59.00
60.00	06000 LABORATORY	0	54,857,172	0.000000	0.000000	11,149,473	60.00
65.00	06500 RESPIRATORY THERAPY	0	8,446,286	0.000000	0.000000	3,593,151	65.00
66.00	06600 PHYSICAL THERAPY	0	11,310,818	0.000000	0.000000	703,263	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	857,256	0.000000	0.000000	356,630	67.00
68.00	06800 SPEECH PATHOLOGY	0	451,393	0.000000	0.000000	212,431	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,206,287	0.000000	0.000000	2,150,795	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,256,627	0.000000	0.000000	145,482	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,357,023	0.000000	0.000000	1,940,469	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	17,557,965	0.000000	0.000000	2,457,403	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	34,655,846	0.000000	0.000000	8,473,354	73.00
74.00	07400 RENAL DIALYSIS	0	1,068,730	0.000000	0.000000	703,015	74.00
76.00	03020 ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03950 WOUND CARE	0	2,088,957	0.000000	0.000000	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	591,980	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	4,653,322	0.000000	0.000000	43,502	90.00
91.00	09100 EMERGENCY	0	60,440,139	0.000000	0.000000	3,987,734	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,393,520	0.000000	0.000000	725,736	92.00
200.00	Total (lines 50-199)	0	403,819,749			51,977,655	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:22 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	05000 OPERATING ROOM	0	5,466,464	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	369,394	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	531	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	972,237	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,933,683	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	1,258,851	0	0	0	56.00
57.00	05700 CT SCAN	0	5,071,072	0	0	0	57.00
58.00	05800 MRI	0	2,278,828	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	354,393	0	0	0	59.00
60.00	06000 LABORATORY	0	3,261,205	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	648,973	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	1,446,552	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	455,195	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,833,512	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,503,332	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,561,924	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ANCILLARY	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	233,449	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	418,090	0	0	0	90.00
91.00	09100 EMERGENCY	0	4,102,736	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,266,900	0	0	0	92.00
200.00	Total (lines 50-199)	0	40,437,321	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 12:22 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 ANCILLARY	0	0		76.00
76.01 03950 WOUND CARE	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 12:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.259614	5,466,464	0	0	1,419,171	50.00
51.00	05100	RECOVERY ROOM	0.253741	369,394	0	0	93,730	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.750487	531	0	0	399	52.00
53.00	05300	ANESTHESIOLOGY	0.055317	972,237	0	0	53,781	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154947	3,933,683	0	0	609,512	54.00
56.00	05600	RADIOISOTOPE	0.177802	1,258,851	0	0	223,826	56.00
57.00	05700	CT SCAN	0.029916	5,071,072	0	0	151,706	57.00
58.00	05800	MRI	0.046590	2,278,828	0	0	106,171	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151893	354,393	0	0	53,830	59.00
60.00	06000	LABORATORY	0.093678	3,261,205	0	0	305,503	60.00
65.00	06500	RESPIRATORY THERAPY	0.160721	648,973	0	0	104,304	65.00
66.00	06600	PHYSICAL THERAPY	0.382060	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356365	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.118879	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071322	1,446,552	0	0	103,171	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.167204	455,195	0	0	76,110	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248249	1,833,512	0	0	455,168	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.368148	2,503,332	0	0	921,597	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210012	4,561,924	407	49,581	958,059	73.00
74.00	07400	RENAL DIALYSIS	0.327377	0	0	0	0	74.00
76.00	03020	ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950	WOUND CARE	0.516712	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.534837	233,449	0	0	124,857	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.231717	418,090	0	0	96,879	90.00
91.00	09100	EMERGENCY	0.121417	4,102,736	0	0	498,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.549144	1,266,900	0	0	695,711	92.00
200.00		Subtotal (see instructions)		40,437,321	407	49,581	7,051,627	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		40,437,321	407	49,581	7,051,627	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 12:22 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
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	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	85	10,413	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ANCILLARY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	85	10,413	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	85	10,413	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 12:22 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,015	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,015	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)		16,054	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,087	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		20,515,852	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)		20,515,852	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		20,515,852	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,025.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,239,297	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)		6,239,297	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2015 12:22 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	4,290,871	1,994	2,151.89	972	2,091,637		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)					8,599,797		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,930,731		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,636,927		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					668,766		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,305,693		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,625,038		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)					3,961		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,025.02		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,060,104		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 12:22 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,297,542	20,515,852	0.209474	4,060,104	850,486	90.00
91.00	Nursing School cost	0	20,515,852	0.000000	4,060,104	0	91.00
92.00	Allied health cost	0	20,515,852	0.000000	4,060,104	0	92.00
93.00	All other Medical Education	0	20,515,852	0.000000	4,060,104	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 12:22 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		6,544,978	30.00
31.00	03100	INTENSIVE CARE UNIT		2,236,553	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.259614	3,993,404	1,036,744 50.00
51.00	05100	RECOVERY ROOM	0.253741	357,577	90,732 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.750487	319	239 52.00
53.00	05300	ANESTHESIOLOGY	0.055317	935,264	51,736 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154947	2,653,704	411,183 54.00
56.00	05600	RADIOISOTOPE	0.177802	637,503	113,349 56.00
57.00	05700	CT SCAN	0.029916	4,413,759	132,042 57.00
58.00	05800	MRI	0.046590	966,606	45,034 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151893	1,377,081	209,169 59.00
60.00	06000	LABORATORY	0.093678	11,149,473	1,044,460 60.00
65.00	06500	RESPIRATORY THERAPY	0.160721	3,593,151	577,495 65.00
66.00	06600	PHYSICAL THERAPY	0.382060	703,263	268,689 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356365	356,630	127,090 67.00
68.00	06800	SPEECH PATHOLOGY	0.118879	212,431	25,254 68.00
69.00	06900	ELECTROCARDIOLOGY	0.071322	2,150,795	153,399 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.167204	145,482	24,325 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248249	1,940,469	481,719 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.368148	2,457,403	904,688 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210012	8,473,354	1,779,506 73.00
74.00	07400	RENAL DIALYSIS	0.327377	703,015	230,151 74.00
76.00	03020	ANCILLARY	0.000000	0	0 76.00
76.01	03950	WOUND CARE	0.516712	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	0.534837	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.231717	43,502	10,080 90.00
91.00	09100	EMERGENCY	0.121417	3,987,734	484,179 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.549144	725,736	398,534 92.00
200.00		Total (sum of lines 50-94 and 96-98)		51,977,655	8,599,797 200.00
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)		51,977,655	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 12:22 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,270,283	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,420,050	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)		62,395	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		2,263,597	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		133.03	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.38	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.56	31.00
32.00	Sum of lines 30 and 31		33.94	32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.22	33.00
34.00	Disproportionate share adjustment (see instructions)		589,369	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 12:22 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000185014	0.000177308	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,673,704	1,355,985	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,251,839	341,783	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,593,622		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		15,935,719		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)		15,935,719		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,191,770		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		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,127,489		59.00
60.00	Primary payer payments		18,167		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,109,322		61.00
62.00	Deductibles billed to program beneficiaries		1,352,768		62.00
63.00	Coinurance billed to program beneficiaries		24,928		63.00
64.00	Allowable bad debts (see instructions)		497,499		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		323,374		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		366,954		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,055,000		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 PS&R ADJUSTMENT		-912		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)		-2,752		70.93
70.94	HRR adjustment amount (see instructions)		-118,091		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 12:22 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		15,933,245		71.00
71.01	Sequestration adjustment (see instructions)		318,665		71.01
72.00	Interim payments		15,492,232		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)		122,348		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)		546,049		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 DSH PAYMENT PERCENTAGE		Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/27/2015 12:22 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.38	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	28.56	0.00			28.56	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	33.94	0.00			28.56	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	133.03	0.00			133.03	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	17.22	0.00			12.78	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	5.38	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	4,046	0			4,046	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,102	0			1,102	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	35	0			35	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	759	0			759	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	5,942	0			5,942	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	20,611	0			20,611	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	191	0			191	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	20,802	0			20,802	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	28.56	0.00			28.56	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140304		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH Date/Time Prepared: 5/27/2015 12:22 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	17.22		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		17.22		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		17.22		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/27/2015 12:22 pm
		Title XVIII	Hospital	PPS

		Revised	
		Percentage	
		6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	12.78	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	12.78	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	12.78	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140304

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/27/2015 12:22 pm

		Title XVIII		Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
	0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,270,283	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,420,050	0	0	13,690,333	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	62,395	0	0	62,395	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,263,597	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1722	0.1722	0.1722	0.1722	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	589,369	0	0	589,369	11.00
11.01	Uncompensated care payments	36.00	1,593,622	0	1,251,839	341,783	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	15,935,719	0	1,251,839	14,683,880	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,935,719	0	1,251,839	14,683,880	15.00
16.00	Payment for inpatient program capital	50.00	1,191,770	0	0	1,191,770	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140304

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/27/2015 12:22 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	1,251,839	15,875,650	17,127,489	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,094,188	0	0	1,094,188	1,094,188	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	19,785	0	0	19,785	19,785	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0711	0.0711	0.0711	0.0711		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	77,797	0	0	77,797	77,797	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,191,770	0	0	1,191,770	1,191,770	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2015 12:22 pm
		Title XVIII	Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,270,283	10,270,283		10,270,283
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,420,050		3,420,050	3,420,050
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	62,395	0	62,395	62,395
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	2,263,597	2,263,597	0	2,263,597
<b>Indirect Medical Education Adjustment</b>						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0
<b>Disproportionate Share Adjustment</b>						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1722	0.1722	0.1722	
11.00	Disproportionate share adjustment (see instructions)	34.00	589,369	442,136	147,233	589,369
11.01	Uncompensated care payments	36.00	1,593,622	1,251,839	341,783	1,593,622
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	15,935,719	11,964,258	3,971,461	15,935,719
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,935,719	11,964,258	3,971,461	15,935,719
16.00	Payment for inpatient program capital	50.00	1,191,770	0	1,191,770	1,191,770
17.00	Special add-on payments for new technologies	54.00	0	0	0	0
17.01	Net organ acquisition cost	55.00	0	0	0	0
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	<b>SUBTOTAL</b>			11,964,258	5,163,231	17,127,489

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2015 12:22 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,094,188	0	1,094,188	1,094,188	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	19,785	0	19,785	19,785	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0711	0.0711	0.0711		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	77,797	0	77,797	77,797	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,191,770	0	1,191,770	1,191,770	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-2,752	0	-2,752	-2,752	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-118,091	0	-118,091	-118,091	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 12:22 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		10,498	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,051,627	2.00
3.00	PPS payments		6,962,894	3.00
4.00	Outlier payment (see instructions)		647	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,498	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		49,988	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)		49,988	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		49,988	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		39,490	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)		10,498	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)		6,963,541	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		66	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,469,023	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)		5,504,950	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)		5,504,950	30.00
31.00	Primary payer payments		806	31.00
32.00	Subtotal (line 30 minus line 31)		5,504,144	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		382,120	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		248,378	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		313,620	36.00
37.00	Subtotal (see instructions)		5,752,522	37.00
38.00	MSP-LCC reconciliation amount from PS&R		177	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)		5,752,345	40.00
40.01	Sequestration adjustment (see instructions)		115,047	40.01
41.00	Interim payments		5,576,489	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		60,809	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140304

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2015 12:22 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		15,467,155		5,584,500	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	11/06/2014	25,077		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	11/06/2014	8,011	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)		25,077		-8,011	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)		15,492,232		5,576,489	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		122,348		60,809	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		15,614,580		5,637,298	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: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/27/2015 12:22 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		5,549	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		7,059	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		1,232	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		18,048	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		431,084,439	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		12,462,277	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)		340,632	8.00
9.00	Sequestration adjustment amount (see instructions)		6,813	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		333,819	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		335,653	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)		-1,834	32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0108.00

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

Provider CCN: 140304

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

Worksheet G

Date/Time Prepared:  
5/27/2015 12:22 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	2,419,533	0	0	0	1.00
2.00	Temporary investments	11,405,684	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	15,239,092	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,443,401	0	0	0	6.00
7.00	Inventory	2,609,472	0	0	0	7.00
8.00	Prepaid expenses	919,487	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	27,149,867	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,440,226	0	0	0	12.00
13.00	Land improvements	84,552	0	0	0	13.00
14.00	Accumulated depreciation	-73,518	0	0	0	14.00
15.00	Buildings	107,081,096	0	0	0	15.00
16.00	Accumulated depreciation	-29,102,632	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	22,856,208	0	0	0	19.00
20.00	Accumulated depreciation	-11,317,183	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	37,586,868	0	0	0	23.00
24.00	Accumulated depreciation	-29,279,870	0	0	0	24.00
25.00	Minor equipment depreciable	529,296	0	0	0	25.00
26.00	Accumulated depreciation	-524,889	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)	103,280,154	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	832,789	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	9,140,418	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,973,207	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	140,403,228	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,762,392	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,825,838	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,345,370	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	10,841,827	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,775,427	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	82,156,640	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	369,315	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	82,525,955	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	110,301,382	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	30,101,846				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)	30,101,846	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	140,403,228	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140304

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

Worksheet G-1

Date/Time Prepared:  
5/27/2015 12:22 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		34,744,141		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-4,450,847			2.00
3.00	Total (sum of line 1 and line 2)		30,293,294		0	3.00
4.00	DONOR RESTRICTED	11,636		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)		11,636		0	10.00
11.00	Subtotal (line 3 plus line 10)		30,304,930		0	11.00
12.00	GENERAL FUND BALANCE	202,484		0		12.00
13.00	ROUNDING	600		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)		203,084		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		30,101,846		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	DONOR RESTRICTED		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	GENERAL FUND BALANCE		0			12.00
13.00	ROUNDING		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: 140304

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/27/2015 12:22 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	21,668,566		21,668,566	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	21,668,566		21,668,566	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,723,062		4,723,062	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)	4,723,062		4,723,062	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	26,391,628		26,391,628	17.00
18.00	Ancillary services	118,232,145	226,082,272	344,314,417	18.00
19.00	Outpatient services	11,843,459	48,598,180	60,441,639	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OP PHARMACY	0	513,672	513,672	27.00
27.01	PHYSICIAN CHARGES	0	892,823	892,823	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	156,467,232	276,086,947	432,554,179	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		113,974,825		29.00
30.00	BAD DEBT	7,409,366			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)		7,409,366		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)		121,384,191		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet G-3 Date/Time Prepared: 5/27/2015 12:22 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	432,554,179	1.00
2.00	Less contractual allowances and discounts on patients' accounts	320,588,176	2.00
3.00	Net patient revenues (line 1 minus line 2)	111,966,003	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	121,384,191	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,418,188	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR, OTHER OPERATING, NON OPERATING	4,967,341	24.00
25.00	Total other income (sum of lines 6-24)	4,967,341	25.00
26.00	Total (line 5 plus line 25)	-4,450,847	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,450,847	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140304	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 12:22 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,094,188	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		19,785	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)		49.97	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)		5.38	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.56	8.00
9.00	Sum of lines 7 and 8		33.94	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.11	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		77,797	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,191,770	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00