

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: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/26/2015 8:42 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/26/2015 Time: 8:42 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 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 THE FINLEY HOSPITAL (160117) 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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	84,010	6,620	221,136	0	1.00
2.00 Subprovider - IPF	0	0	6		0	2.00
3.00 Subprovider - IRF	0	47,084	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	131,094	6,626	221,136	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:40 am						
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IA		4.00 Zip Code: 52001 County: DUBUQUE						
2.00 Street: 350 NORTH GRANDVIEW AVENUE City: DUBUQUE		2.00 State: IA		3.00 Zip Code: 52001		4.00 County: DUBUQUE						
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				
3.00 Hospital and Hospital-Based Component Identification:												
3.00	Hospital	THE FINLEY HOSPITAL	160117	20220	1	07/01/1966	N	P	P	3.00		
4.00	Subprovider - IPF	THE FINLEY HOSPITAL - MHU	16S117	20220	4	12/23/1998	N	P	P	4.00		
5.00	Subprovider - IRF	THE FINLEY HOSPITAL - REHAB	16T117	20220	5	01/01/2004	N	P	N	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	FINLEY HOSPITAL HOME CARE	167002	20220		07/01/1966	N	P	O	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)					2		21.00				
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					2,588	170	71	19	90	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 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.					122	0	8	0	12		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:40 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.					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	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 65.00

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

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
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			109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
				3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	595,369	118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:40 am	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		H00185	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: FINLEY TRI-STATES	Contractor's Name: WPS		Contractor's Number: 05001	
142.00	Street: 350 NORTH GRANDVIEW AVE	PO Box:			
143.00	City: DUBUQUE	State: IA	Zip Code: 52001		143.00
		1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y	145.00		
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N	146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00		
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
		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
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
		4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
		1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y
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)				0.75

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:40 am
			Beginning 1.00	Ending 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)		05/23/2014	08/20/2014 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: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 8:40 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		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.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/29/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 8:40 am	
	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					21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						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
Interest Expense							
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
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						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
Home Office Costs							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NICK		WESSELS			41.00
42.00	Enter the employer/company name of the cost report preparer.	UNI TYPOINT HEALTH					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5994		NICK.WESSELS@UNI TYPOINT.ORG			43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/29/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 160117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 8:40 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	76	27,740	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)		76	27,740	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
10.02 NURSING ADMINISTRATION	33.02	0	0	0.00	0	10.02
10.03 GEROPSYCH REVENUE	33.03	0	0	0.00	0	10.03
10.04 BURN INTENSIVE CARE UNIT	33.04	0	0	0.00	0	10.04
10.05 BURN INTENSIVE CARE UNIT	33.05	0	0	0.00	0	10.05
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		86	31,390	0.00	0	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	9	3,285		0	16.00
17.00 SUBPROVIDER - IRF	41.00	10	3,650		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		105				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)		16	5,840			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: 160117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 8:40 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,376	1,961	13,275			1.00
2.00 HMO and other (see instructions)	419	0				2.00
3.00 HMO IPF Subprovider	189	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,376	1,961	13,275			7.00
8.00 INTENSIVE CARE UNIT	1,287	159	2,033			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 BURN INTENSIVE CARE UNIT	0	0	0			10.01
10.02 NURSING ADMINISTRATION	0	0	0			10.02
10.03 GEROPSYCH REVENUE	0	0	0			10.03
10.04 BURN INTENSIVE CARE UNIT	0	0	0			10.04
10.05 BURN INTENSIVE CARE UNIT	0	0	0			10.05
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		692	1,801			13.00
14.00 Total (see instructions)	10,663	2,812	17,109	0.00	526.81	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,915	0	2,586	0.00	14.24	16.00
17.00 SUBPROVIDER - IRF	1,981	133	2,522	0.00	13.33	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	10,693	0	18,395	0.00	27.39	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	581.77	27.00
28.00 Observation Bed Days		181	1,536			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			117			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	126	301			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: 160117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 8:40 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,264	843	5,048	1.00
2.00	HMO and other (see instructions)			100	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
10.01	BURN INTENSIVE CARE UNIT						10.01
10.02	NURSING ADMINISTRATION						10.02
10.03	GEROPSYCH REVENUE						10.03
10.04	BURN INTENSIVE CARE UNIT						10.04
10.05	BURN INTENSIVE CARE UNIT						10.05
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	2,264	843	5,048	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	124	15	172	16.00
17.00	SUBPROVIDER - IRF	0.00	0	175	18	227	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	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
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: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part II Date/Time Prepared: 5/26/2015 8:40 am		
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	36,217,671	681,745	36,899,416	1,211,876.00	30.45	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		781,137	0	781,137	1,344.00	581.20	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		1,602,725	0	1,602,725	10,670.00	150.21	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		5,468,670	648,531	6,117,201	176,221.00	34.71	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		733,815	0	733,815	9,162.00	80.09	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		134,337	0	134,337	848.00	158.42	13.00
14.00	Home office salaries & wage-related costs		8,091,344	0	8,091,344	165,599.00	48.86	14.00
15.00	Home office: Physician Part A - Administrative		4,500	0	4,500	36.00	125.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		6,250,692	0	6,250,692			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,179,910	0	1,179,910			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		52,298	0	52,298			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		107,305	0	107,305			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,195,622	27,223	1,222,845	44,470.00	27.50	27.00
28.00	Administrative & General under contract (see inst.)		331,489	0	331,489	3,952.00	83.88	28.00
29.00	Maintenance & Repairs	6.00	114,775	0	114,775	0.00	0.00	29.00
30.00	Operation of Plant	7.00	709,089	0	709,089	31,492.00	22.52	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	785,139	0	785,139	55,277.00	14.20	32.00
33.00	Housekeeping under contract (see instructions)		27,232	0	27,232	2,080.00	13.09	33.00
34.00	Dietary	10.00	995,619	0	995,619	65,254.00	15.26	34.00
35.00	Dietary under contract (see instructions)		55,928	0	55,928	2,080.00	26.89	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	2,042,456	2,022	2,044,478	60,106.00	34.01	38.00
39.00	Central Services and Supply	14.00	308,523	0	308,523	18,643.00	16.55	39.00
40.00	Pharmacy	15.00	1,200,959	0	1,200,959	28,942.00	41.50	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160117

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 8:40 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 464,808	0	464,808	20,216.00	22.99	41.00
42.00	Social Service	17.00 138,317	0	138,317	6,615.00	20.91	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160117

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2015 8:40 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	35,029,595	681,745	35,711,340	1,209,318.00	29.53	1.00
2.00	Excluded area salaries (see instructions)	5,468,670	648,531	6,117,201	176,221.00	34.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,560,925	33,214	29,594,139	1,033,097.00	28.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,963,996	0	8,963,996	175,645.00	51.03	4.00
5.00	Subtotal wage-related costs (see inst.)	6,302,990	0	6,302,990	0.00	21.30	5.00
6.00	Total (sum of lines 3 thru 5)	44,827,911	33,214	44,861,125	1,208,742.00	37.11	6.00
7.00	Total overhead cost (see instructions)	8,369,956	29,245	8,399,201	339,127.00	24.77	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 8:40 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,461,374 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			3,037,508 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			157,370 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			33,969 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)			62,732 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			175,189 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			2,552,953 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			7,481,095 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 160117

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

Worksheet S-3
Part V
Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	7,481,095	1.00
2.00	Hospital	0	7,151,278	2.00
3.00	Subprovider - IPF	0	157,717	3.00
4.00	Subprovider - IRF	0	172,100	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 160117 Component CCN: 167002		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/26/2015 8:40 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			DUBUQUE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	641.00	154.00	278.00	1,073.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		5.62	0.00	5.62	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			13.66	0.00	13.66	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			3.88	0.00	3.88	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.53	0.00	1.53	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.12	0.00	0.12	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.59	0.00	2.59	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			7			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16300			20.00
20.01				20220			20.01
20.02				31540			20.02
20.03				99914			20.03
20.04				99916			20.04
20.05				99928			20.05
20.06				99952			20.06
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,578	67	258	165	7,068	21.00
22.00	Skilled Nursing Visit Charges	963,349	10,722	29,947	23,913	1,027,931	22.00
23.00	Physical Therapy Visits	2,413	8	27	65	2,513	23.00
24.00	Physical Therapy Visit Charges	453,430	1,688	5,311	12,245	472,674	24.00
25.00	Occupational Therapy Visits	731	1	10	18	760	25.00
26.00	Occupational Therapy Visit Charges	128,857	211	1,830	3,203	134,101	26.00
27.00	Speech Pathology Visits	67	2	2	0	71	27.00
28.00	Speech Pathology Visit Charges	11,545	422	176	0	12,143	28.00
29.00	Medical Social Service Visits	84	1	0	0	85	29.00
30.00	Medical Social Service Visit Charges	19,603	249	0	0	19,852	30.00
31.00	Home Health Aide Visits	688	37	0	10	735	31.00
32.00	Home Health Aide Visit Charges	53,964	2,851	0	820	57,635	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,561	116	297	258	11,232	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,630,748	16,143	37,264	40,181	1,724,336	35.00
36.00	Total Number of Episodes (standard/non outlier)	742		74	20	836	36.00
37.00	Total Number of Outlier Episodes		3		0	3	37.00
38.00	Total Non-Routine Medical Supply Charges	111,348	9,627	8,773	2,489	132,237	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10
				Date/Time Prepared: 5/26/2015 8:40 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.327108	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		7,768,821	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		26,117,428	6.00
7.00	Medicaid cost (line 1 times line 6)		8,543,220	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)		774,399	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		105,666	9.00
10.00	Stand-alone SCHIP charges		216,081	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		70,682	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		300	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		86,487	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		28,291	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)		27,991	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		802,390	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	130,275	260,945	391,220
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	42,614	85,357	127,971
22.00	Partial payment by patients approved for charity care	681	11,048	11,729
23.00	Cost of charity care (line 21 minus line 22)	41,933	74,309	116,242
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,904,552	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		39,762	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		3,864,790	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,264,204	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,380,446	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,182,836	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Date/Time Prepared: 5/26/2015 8:40 am							
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		2,771,226	2,771,226	-100,026	2,671,200	1.00
2.00	00200		0	0	0	0	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	0	0	0	0	0	4.00
5.01	00590	6,074	563,858	569,932	0	569,932	5.01
5.02	00591	321,881	69,279	391,160	0	391,160	5.02
5.03	00592	401,380	156,747	558,127	-2,345	555,782	5.03
5.04	00593	136,696	36,066	172,762	0	172,762	5.04
5.05	00560	329,591	87,852	417,443	0	417,443	5.05
6.00	00600	0	0	0	0	0	6.00
6.01	00601	114,775	166,314	281,089	0	281,089	6.01
7.00	00700	709,089	1,769,550	2,478,639	-34	2,478,605	7.00
8.00	00800	0	0	0	373,031	373,031	8.00
9.00	00900	785,139	623,934	1,409,073	-19,860	1,389,213	9.00
10.00	01000	995,619	1,140,559	2,136,178	0	2,136,178	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
12.00	01200	0	0	0	0	0	12.00
13.00	01300	2,042,456	853,353	2,895,809	-2,011	2,893,798	13.00
14.00	01400	308,523	314,250	622,773	-19,947	602,826	14.00
15.00	01500	1,200,959	3,494,459	4,695,418	-3,137,824	1,557,594	15.00
16.00	01600	464,808	599,658	1,064,466	0	1,064,466	16.00
17.00	01700	138,317	41,768	180,085	0	180,085	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,878,473	2,080,444	6,958,917	-596,971	6,361,946	30.00
31.00	03100	1,468,904	776,999	2,245,903	-152,162	2,093,741	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03302	0	0	0	0	0	33.01
33.02	03301	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
34.00	03400	0	0	0	0	0	34.00
40.00	04000	692,916	755,102	1,448,018	-12,968	1,435,050	40.00
41.00	04100	775,646	638,951	1,414,597	-19,388	1,395,209	41.00
43.00	04300	591,277	193,106	784,383	-30,066	754,317	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,969,251	9,532,773	11,502,024	-6,271,199	5,230,825	50.00
51.00	05100	1,120,702	460,566	1,581,268	365,122	1,946,390	51.00
52.00	05200	659,376	223,744	883,120	-234,596	648,524	52.00
53.00	05300	32,940	511,686	544,626	-215,876	328,750	53.00
54.00	05400	678,196	870,541	1,548,737	-127,810	1,420,927	54.00
54.01	03450	87,597	388,834	476,431	-174,612	301,819	54.01
54.02	03630	229,628	144,559	374,187	-8,117	366,070	54.02
55.00	05500	1,102,528	1,117,301	2,219,829	-46,312	2,173,517	55.00
57.00	05700	245,857	623,418	869,275	-59,046	810,229	57.00
58.00	05800	225,711	170,711	396,422	-38,780	357,642	58.00
60.00	06000	0	4,587,551	4,587,551	-283,149	4,304,402	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	282,725	282,725	63.00
64.00	06400	284,039	182,539	466,578	362,957	829,535	64.00
65.00	06500	452,570	285,599	738,169	-166,597	571,572	65.00
65.01	03560	0	0	0	64,688	64,688	65.01
66.00	06600	2,136,991	720,942	2,857,933	-266,872	2,591,061	66.00
67.00	06700	312,000	61,259	373,259	229,586	602,845	67.00
68.00	06800	174,592	37,486	212,078	-1,180	210,898	68.00
69.00	06900	141,382	76,993	218,375	-92,082	126,293	69.00
69.01	03140	491,908	1,778,277	2,270,185	-847,299	1,422,886	69.01
70.00	07000	102,606	116,016	218,622	-7,106	211,516	70.00
71.00	07100	0	0	0	3,387,238	3,387,238	71.00
72.00	07200	0	0	0	5,210,647	5,210,647	72.00
73.00	07300	0	0	0	3,152,373	3,152,373	73.00
74.00	07400	0	219,785	219,785	-860	218,925	74.00
76.00	03320	0	0	0	0	0	76.00
76.97	07697	166,921	48,859	215,780	-173	215,607	76.97
76.98	07698	33,087	250,565	283,652	-3,458	280,194	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160117

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

Worksheet A
Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.99	07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	981,891	536,914	1,518,805	234,704	1,753,509	90.00
91.00	09100 EMERGENCY	4,225,267	1,618,775	5,844,042	-809,483	5,034,559	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	22,819	22,819	-79	22,740	95.00
101.00	10100 HOME HEALTH AGENCY	1,726,431	856,174	2,582,605	-5	2,582,600	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		379,523	379,523	0	379,523	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	33,943,994	42,957,684	76,901,678	-85,222	76,816,456	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	216,163	264,849	481,012	0	481,012	194.00
194.01	07951 BUSINESS HEALTH	698,841	334,093	1,032,934	-4,736	1,028,198	194.01
194.02	07952 VI TACARE	1,177,683	473,237	1,650,920	-6,874	1,644,046	194.02
194.03	07953 CASCADE CLINIC	131,813	102,194	234,007	-1,490	232,517	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	1,953	1,953	0	1,953	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	39,180	27,619	66,799	0	66,799	194.06
194.07	07957 CONTRACT CLEANING	-7,753	-257	-8,010	0	-8,010	194.07
194.08	07958 DIM MAINTENANCE	-34,471	36,247	1,776	0	1,776	194.08
194.09	07959 RENTAL PROPERTY	0	225,955	225,955	100,026	325,981	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	61,515	61,515	0	61,515	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	69,880	69,880	0	69,880	194.11
194.12	07962 LIFESTYLES	70,200	49,347	119,547	-1,672	117,875	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	-18,299	-23,079	-41,378	0	-41,378	194.13
194.14	07964 FOUNDATION	0	40,165	40,165	0	40,165	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	320	-2,228	-1,908	0	-1,908	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	1,706,970	1,706,970	-32	1,706,938	194.19
200.00	TOTAL (SUM OF LINES 118-199)	36,217,671	46,326,144	82,543,815	0	82,543,815	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160117

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

Worksheet A
Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,851	2,673,051	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,058,434	2,058,434	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	13,085,879	13,655,811	5.01
5.02	00591	REHAB ADMINISTRATION	-6,643	384,517	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	-11,255	544,527	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	-4,580	168,182	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-9,619	407,824	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	-3,058	278,031	6.01
7.00	00700	OPERATION OF PLANT	-17,521	2,461,084	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	373,031	8.00
9.00	00900	HOUSEKEEPING	-39,972	1,349,241	9.00
10.00	01000	DIETARY	-600,821	1,535,357	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-57,497	2,836,301	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-14,375	588,451	14.00
15.00	01500	PHARMACY	-573,467	984,127	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-97,921	966,545	16.00
17.00	01700	SOCIAL SERVICE	-4,433	175,652	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-429,880	5,932,066	30.00
31.00	03100	INTENSIVE CARE UNIT	-38,377	2,055,364	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-17,813	1,417,237	40.00
41.00	04100	SUBPROVIDER - I RF	-127,615	1,267,594	41.00
43.00	04300	NURSERY	-13,743	740,574	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-54,412	5,176,413	50.00
51.00	05100	RECOVERY ROOM	-24,780	1,921,610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-15,826	632,698	52.00
53.00	05300	ANESTHESIOLOGY	-32,062	296,688	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-21,676	1,399,251	54.00
54.01	03450	NUCLEAR MEDICINE	-1,136	300,683	54.01
54.02	03630	ULTRASOUND	-3,190	362,880	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-51,265	2,122,252	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-2,988	807,241	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-4,039	353,603	58.00
60.00	06000	LABORATORY	2,058,733	6,363,135	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	282,725	63.00
64.00	06400	INTRAVENOUS THERAPY	-7,851	821,684	64.00
65.00	06500	RESPIRATORY THERAPY	-13,574	557,998	65.00
65.01	03560	PULMONARY FUNCTION	0	64,688	65.01
66.00	06600	PHYSICAL THERAPY	-197,276	2,393,785	66.00
67.00	06700	OCCUPATIONAL THERAPY	-4,949	597,896	67.00
68.00	06800	SPEECH PATHOLOGY	-1,806	209,092	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,679	122,614	69.00
69.01	03140	CARDIOLOGY	-13,233	1,409,653	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-9,132	202,384	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	3,387,238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,210,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,152,373	73.00
74.00	07400	RENAL DIALYSIS	0	218,925	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-5,830	209,777	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-1,875	278,319	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/26/2015 8:40 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-430,619	1,322,890	90.00
91.00	09100 EMERGENCY	-2,565,654	2,468,905	91.00
92.00	09200 OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	22,740	95.00
101.00	10100 HOME HEALTH AGENCY	-360,698	2,221,902	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-379,523	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,929,234	87,745,690	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 MARKETING	-4,369	476,643	194.00
194.01	07951 BUSINESS HEALTH	-10,103	1,018,095	194.01
194.02	07952 VI TACARE	-12,921	1,631,125	194.02
194.03	07953 CASCADE CLINIC	-4,160	228,357	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	1,953	194.04
194.05	07955 ENT CLINIC	0	0	194.05
194.06	07956 RSVP	-1,823	64,976	194.06
194.07	07957 CONTRACT CLEANING	9,676	1,666	194.07
194.08	07958 DIM MAINTENANCE	87,099	88,875	194.08
194.09	07959 RENTAL PROPERTY	0	325,981	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	61,515	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	69,880	194.11
194.12	07962 LIFESTYLES	-2,905	114,970	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	269,339	227,961	194.13
194.14	07964 FOUNDATION	436,725	476,890	194.14
194.15	07965 PHYSICIAN BILLING	137,663	137,663	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	21,062	19,154	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	1,706,938	194.19
200.00	TOTAL (SUM OF LINES 118-199)	11,854,517	94,398,332	200.00

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6
Date/Time Prepared:
5/26/2015 8:40 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SAME DAY ICU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	66,982	35,431	1.00
	TOTALS		66,982	35,431	
B - DRUGS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,152,373	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
	TOTALS		0	3,152,373	
C - LAUNDRY RECLASS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	373,031	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
	TOTALS		0	373,031	
D - CHAPLAIN RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.01	25,652	0	1.00
	TOTALS		25,652	0	
E - PROPERTY FOR FUTURE RECLASS					
1.00	RENTAL PROPERTY	194.09	0	100,026	1.00
	TOTALS		0	100,026	
F - PHYSICIAN BILLING					
1.00	PHYSICIAN BILLING	194.15	103,334	0	1.00
	TOTALS		103,334	0	
G - CONTRA ACCOUNTS RECLASS					
1.00	RADIOLOGY ADMINISTRATION	5.03	1,571	0	1.00
3.00	NURSING ADMINISTRATION	13.00	2,022	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	1,504	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	2,410	0	5.00
8.00	SPEECH PATHOLOGY	68.00	55	0	8.00
10.00	CONTRACT CLEANING	194.07	7,753	0	10.00

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6

Date/Time Prepared:
5/26/2015 8:40 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00	DI M MAINTENANCE	194.08	88,628	0	11.00
12.00	HEALTHCARE AFFILIATES OF TRI - STATES FOUNDATION	194.13	224,176	0	12.00
13.00	FOUNDATI ON	194.14	209,588	0	13.00
14.00	CONTRACTED ULTRASOUND	194.18	15,052	0	14.00
	TOTALS		552,759	0	
H - MEDICAL SUPPLIES CHRGD TO PATIENTS					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	3,387,238	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	3,387,238	
I - IMPLANTABLE SUPPLIES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,210,647	1.00
2.00	SUBPROVIDER - IRF	41.00	0	236	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
	TOTALS		0	5,210,883	
J - CC MAPPING RECLASS					
1.00		0.00	0	0	1.00
2.00	OPERATING ROOM	50.00	14,869	23,747	2.00
3.00	ELECTROCARDIOLOGY	69.00	66,034	34,141	3.00
4.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	282,725	4.00
5.00	INTRAVENOUS THERAPY	64.00	145,062	49,616	5.00
7.00	CARDIOLOGY	69.01	10,904	5,407	7.00

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6

Date/Time Prepared:
5/26/2015 8:40 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	CLINIC	90.00	24,477	10,941	8.00
10.00	PULMONARY FUNCTION	65.01	46,005	18,683	10.00
11.00	RECOVERY ROOM	51.00	239,044	74,016	11.00
12.00	INTRAVENOUS THERAPY	64.00	378,453	195,668	12.00
13.00	OPERATING ROOM	50.00	21,739	41,628	13.00
14.00	OCCUPATIONAL THERAPY	67.00	180,770	49,169	14.00
15.00	RECOVERY ROOM	51.00	164,119	50,789	15.00
16.00	CLINIC	90.00	215,699	96,415	16.00
17.00	CARDIOLOGY	69.01	113,217	56,138	17.00
	TOTALS		1,620,392	989,083	
500.00	Grand Total: Increases		2,369,119	13,248,065	500.00

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - SAME DAY ICU RECLASS							
1.00	INTENSIVE CARE UNIT	31.00	66,982	35,431	0		1.00
	TOTALS		66,982	35,431			
B - DRUGS RECLASS							
1.00	PHARMACY	15.00	0	3,051,971	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	12,229	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,295	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	243	0		4.00
5.00	NURSERY	43.00	0	263	0		5.00
6.00	OPERATING ROOM	50.00	0	27,437	0		6.00
7.00	RECOVERY ROOM	51.00	0	24,068	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,104	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	11,226	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	203	0		10.00
11.00	NUCLEAR MEDICINE	54.01	0	153	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	319	0		12.00
13.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	736	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	225	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	2,973	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	288	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	14	0		17.00
18.00	CARDIOLOGY	69.01	0	806	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	112	0		19.00
20.00	EMERGENCY	91.00	0	14,708	0		20.00
	TOTALS		0	3,152,373			
C - LAUNDRY RECLASS							
1.00		0.00	0	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	1,954	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,549	0		3.00
4.00	PHARMACY	15.00	0	306	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	91,962	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	19,485	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	6,712	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	12,490	0		8.00
9.00	NURSERY	43.00	0	3,420	0		9.00
10.00	OPERATING ROOM	50.00	0	37,828	0		10.00
11.00	RECOVERY ROOM	51.00	0	27,113	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,541	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,824	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,798	0		14.00
15.00	LABORATORY	60.00	0	213	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	3,700	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	642	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	33,131	0		18.00
19.00	CARDIOLOGY	69.01	0	3,700	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,119	0		20.00
21.00	RENAL DIALYSIS	74.00	0	741	0		21.00
22.00	CARDIAC REHABILITATION	76.97	0	100	0		22.00
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	3,249	0		23.00
24.00	EMERGENCY	91.00	0	41,566	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	79	0		25.00
26.00	HOME HEALTH AGENCY	101.00	0	5	0		26.00
27.00	BUSINESS HEALTH	194.01	0	4,736	0		27.00
28.00	VITACARE	194.02	0	6,874	0		28.00
29.00	CASCADE CLINIC	194.03	0	1,490	0		29.00
30.00	LIFESTYLES	194.12	0	1,672	0		30.00
31.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	32	0		31.00
	TOTALS		0	373,031			
D - CHAPLAIN RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.01	0	25,652	0		1.00
	TOTALS		0	25,652			
E - PROPERTY FOR FUTURE RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	100,026	9		1.00
	TOTALS		0	100,026			
F - PHYSICIAN BILLING							
1.00	PHYSICIAN BILLING	194.15	0	103,334	0		1.00
	TOTALS		0	103,334			
G - CONTRA ACCOUNTS RECLASS							
1.00	RADIOLOGY ADMINISTRATION	5.03	0	1,571	0		1.00
3.00	NURSING ADMINISTRATION	13.00	0	2,022	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,504	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	2,410	0		5.00

RECLASSIFICATIONS

Provider CCN: 160117

Period:
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Worksheet A-6
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
8.00	SPEECH PATHOLOGY	68.00	0	55	0		8.00
10.00	CONTRACT CLEANING	194.07	0	7,753	0		10.00
11.00	DI MAINTENANCE	194.08	0	88,628	0		11.00
12.00	HEALTHCARE AFFILIATES OF TRI-STATES FOUNDATION	194.13	0	224,176	0		12.00
13.00	CONTRACTED ULTRASOUND	194.14	0	209,588	0		13.00
14.00		194.18	0	15,052	0		14.00
	TOTALS		0	552,759			
H - MEDICAL SUPPLIES CHRGD TO PATIENTS							
1.00	RADIOLOGY ADMINISTRATION	5.03	0	2,345	0		1.00
2.00	OPERATION OF PLANT	7.00	0	34	0		2.00
3.00	HOUSEKEEPING	9.00	0	19,860	0		3.00
5.00	NURSING ADMINISTRATION	13.00	0	57	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	398	0		6.00
7.00	PHARMACY	15.00	0	2,084	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	78,964	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	22,895	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	6,234	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	6,655	0		11.00
12.00	NURSERY	43.00	0	25,704	0		12.00
13.00	OPERATING ROOM	50.00	0	1,888,372	0		13.00
14.00	RECOVERY ROOM	51.00	0	104,310	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,043	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	204,085	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,414	0		17.00
18.00	NUCLEAR MEDICINE	54.01	0	174,144	0		18.00
19.00	ULTRASOUND	54.02	0	8,117	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	31,911	0		20.00
21.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	57,591	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	38,441	0		22.00
23.00	LABORATORY	60.00	0	211	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	13,739	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	100,979	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	3,802	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	353	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	1,180	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	6,563	0		29.00
30.00	CARDIOLOGY	69.01	0	469,282	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,875	0		31.00
32.00	RENAL DIALYSIS	74.00	0	119	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	73	0		33.00
34.00	HYPERBARIC OXYGEN THERAPY	76.98	0	209	0		34.00
35.00	CLINIC	90.00	0	2,382	0		35.00
36.00	EMERGENCY	91.00	0	62,813	0		36.00
	TOTALS		0	3,387,238			
I - IMPLANTABLE SUPPLIES RECLASS							
1.00	PHARMACY	15.00	0	83,463	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	8,491	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,074	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	22	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	236	0		5.00
6.00	NURSERY	43.00	0	679	0		6.00
7.00	OPERATING ROOM	50.00	0	4,419,545	0		7.00
8.00	RECOVERY ROOM	51.00	0	7,355	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	565	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2	0		10.00
11.00	NUCLEAR MEDICINE	54.01	0	315	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	284	0		12.00
13.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	719	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	114	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	37,898	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	14	0		16.00
17.00	CARDIOLOGY	69.01	0	520,561	0		17.00
18.00	CLINIC	90.00	0	110,446	0		18.00
19.00	EMERGENCY	91.00	0	16,100	0		19.00
	TOTALS		0	5,210,883			
J - CC MAPPING RECLASS							
1.00		0.00	0	0	0		1.00
2.00	CARDIOLOGY	69.01	14,869	23,747	0		2.00
3.00	EMERGENCY	91.00	66,034	34,141	0		3.00

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6

Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
4.00	LABORATORY	60.00	0	282,725	0			4.00
5.00	ADULTS & PEDIATRICS	30.00	145,062	49,616	0			5.00
7.00	ELECTROCARDIOLOGY	69.00	10,904	5,407	0			7.00
8.00	INTRAVENOUS THERAPY	64.00	24,477	10,941	0			8.00
10.00	RESPIRATORY THERAPY	65.00	46,005	18,683	0			10.00
11.00	ADULTS & PEDIATRICS	30.00	239,044	74,016	0			11.00
12.00	EMERGENCY	91.00	378,453	195,668	0			12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	21,739	41,628	0			13.00
14.00	PHYSICAL THERAPY	66.00	180,770	49,169	0			14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	164,119	50,789	0			15.00
16.00	INTRAVENOUS THERAPY	64.00	215,699	96,415	0			16.00
17.00	ELECTROCARDIOLOGY	69.00	113,217	56,138	0			17.00
	TOTALS		1,620,392	989,083				
500.00	Grand Total: Decreases		1,687,374	13,929,810				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160117

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,701,439	0	0	0	1.00
2.00	Land Improvements	6,245,016	565,113	0	565,113	2.00
3.00	Buildings and Fixtures	65,994,582	504,843	0	504,843	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	46,763,225	12,481,312	0	12,481,312	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	122,704,262	13,551,268	0	13,551,268	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	122,704,262	13,551,268	0	13,551,268	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,701,439	0			1.00
2.00	Land Improvements	6,810,129	0			2.00
3.00	Buildings and Fixtures	66,499,425	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	54,798,985	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	131,809,978	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	131,809,978	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160117

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

Worksheet A-7
Part II
Date/Time Prepared:
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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	2,771,226	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)	2,771,226	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	2,771,226				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,771,226				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160117

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	122,704,262	0	122,704,262	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	122,704,262	0	122,704,262	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,671,200	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	2,671,200	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,851	0	0	0	2,673,051	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,851	0	0	0	2,673,051	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160117

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

Worksheet A-8

Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)	B	-237,986		INTEREST EXPENSE	113.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		0	7.00
8.00 Television and radio service (chapter 21)		0			0.00		0	8.00
9.00 Parking lot (chapter 21)		0			0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,363,395					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	16,454,080					0	12.00
13.00 Laundry and linen service		0			0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-486,777		DIETARY	10.00		0	14.00
15.00 Rental of quarters to employee and others		0			0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		0	16.00
17.00 Sale of drugs to other than patients	B	-552,664		PHARMACY	15.00		0	17.00
18.00 Sale of medical records and abstracts	B	-42,158		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00		0	19.00
20.00 Vending machines	B	-64,969		DIETARY	10.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)				*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT				CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP				CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist				NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant					0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00		0	32.00
33.00 NURSING ADMINISTRATION REVENUE	B	-17,683		NURSING ADMINISTRATION	13.00		0	33.00
33.01 PT REVENUE	B	-150,219		PHYSICAL THERAPY	66.00		0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 160117

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

Worksheet A-8

Date/Time Prepared:
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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	
33.02 ADULTS & PEDIATRICS REVENUE	B	-1,012	ADULTS & PEDIATRICS	30.00	0 33.02
33.03 RAD - DIAGNOSTIC REVENUE	B	-2,500	RADIOLOGY-DIAGNOSTIC	54.00	0 33.03
33.04 RAD - THERAPEUTIC REVENUE	B	-20	RADIOLOGY-THERAPEUTIC	55.00	0 33.04
33.05 EMERGENCY REVENUE	B	-3,231	EMERGENCY	91.00	0 33.05
33.06 HOME HEALTH REVENUE	B	-264	HOME HEALTH AGENCY	101.00	0 33.06
33.07 CLINIC REVENUE	B	-18	CASCADE CLINIC	194.03	0 33.07
33.08 MED RECORDS & LIBRARY REVENUE	B	-42,158	MEDICAL RECORDS & LIBRARY	16.00	0 33.08
34.00 CRNA STAND BY	B	-30,500	ANESTHESIOLOGY	53.00	0 34.00
35.00 REMOVE CONTRA EXPENSE ACCOUNT	A	1,963	RADIOLOGY ADMINISTRATION	5.03	0 35.00
35.01 REMOVE CONTRA EXPENSE ACCOUNT	A	5,562	OPERATION OF PLANT	7.00	0 35.01
35.02 REMOVE CONTRA EXPENSE ACCOUNT	A	2,196	NURSING ADMINISTRATION	13.00	0 35.02
35.03 REMOVE CONTRA EXPENSE ACCOUNT	A	1,893	ADULTS & PEDIATRICS	30.00	0 35.03
35.04 REMOVE CONTRA EXPENSE ACCOUNT	A	3,012	INTENSIVE CARE UNIT	31.00	0 35.04
35.05 REMOVE CONTRA EXPENSE ACCOUNT	A	150	RADIOLOGY-THERAPEUTIC	55.00	0 35.05
35.06 REMOVE CONTRA EXPENSE ACCOUNT	A	956,492	LABORATORY	60.00	0 35.06
35.07 REMOVE CONTRA EXPENSE ACCOUNT	A	69	SPEECH PATHOLOGY	68.00	0 35.07
35.08 REMOVE CONTRA EXPENSE ACCOUNT	A	5,230	HOME HEALTH AGENCY	101.00	0 35.08
35.09 REMOVE CONTRA EXPENSE ACCOUNT	A	10,338	CONTRACT CLEANING	194.07	0 35.09
35.10 REMOVE CONTRA EXPENSE ACCOUNT	A	88,628	DIM MAINTENANCE	194.08	0 35.10
35.11 REMOVE CONTRA EXPENSE ACCOUNT	A	272,397	HEALTHCARE AFFILIATES OF TRI-STATES	194.13	0 35.11
35.12 REMOVE CONTRA EXPENSE ACCOUNT	A	441,417	FOUNDATION	194.14	0 35.12
35.13 REMOVE CONTRA EXPENSE ACCOUNT	A	21,062	CONTRACTED ULTRASOUND	194.18	0 35.13
36.00 DISALLOWED INTEREST	A	-139,564	INTEREST EXPENSE	113.00	0 36.00
38.00 BOND ISSUE COST	A	1,851	CAP REL COSTS-BLDG & FIXT	1.00	11 38.00
39.00 PHYSICIAN BILLING	A	137,663	PHYSICIAN BILLING	194.15	0 39.00
40.00 CHAPLAIN	A	25,652	ADMINISTRATIVE & GENERAL	5.01	0 40.00
41.00 SELF INSURANCE ADJUSTMENT	A	-6,643	REHAB ADMINISTRATION	5.02	0 41.00
41.01 SELF INSURANCE ADJUSTMENT	A	-13,218	RADIOLOGY ADMINISTRATION	5.03	0 41.01
41.02 SELF INSURANCE ADJUSTMENT	A	-23,083	OPERATION OF PLANT	7.00	0 41.02
41.03 SELF INSURANCE ADJUSTMENT	A	-39,972	HOUSEKEEPING	9.00	0 41.03
41.04 SELF INSURANCE ADJUSTMENT	A	-49,075	DIETARY	10.00	0 41.04
41.05 SELF INSURANCE ADJUSTMENT	A	-42,010	NURSING ADMINISTRATION	13.00	0 41.05
41.06 SELF INSURANCE ADJUSTMENT	A	-14,375	CENTRAL SERVICES & SUPPLY	14.00	0 41.06
41.07 SELF INSURANCE ADJUSTMENT	A	-20,803	PHARMACY	15.00	0 41.07
41.08 SELF INSURANCE ADJUSTMENT	A	-13,605	MEDICAL RECORDS & LIBRARY	16.00	0 41.08
41.09 SELF INSURANCE ADJUSTMENT	A	-4,433	SOCIAL SERVICE	17.00	0 41.09
41.10 SELF INSURANCE ADJUSTMENT	A	-130,761	ADULTS & PEDIATRICS	30.00	0 41.10
41.11 SELF INSURANCE ADJUSTMENT	A	-41,389	INTENSIVE CARE UNIT	31.00	0 41.11
41.12 SELF INSURANCE ADJUSTMENT	A	-17,813	SUBPROVIDER - IPF	40.00	0 41.12
41.13 SELF INSURANCE ADJUSTMENT	A	-19,615	SUBPROVIDER - IRF	41.00	0 41.13
41.14 SELF INSURANCE ADJUSTMENT	A	-13,743	NURSERY	43.00	0 41.14
41.15 SELF INSURANCE ADJUSTMENT	A	-54,412	OPERATING ROOM	50.00	0 41.15
41.16 SELF INSURANCE ADJUSTMENT	A	-24,780	RECOVERY ROOM	51.00	0 41.16
41.17 SELF INSURANCE ADJUSTMENT	A	-15,826	DELIVERY ROOM & LABOR ROOM	52.00	0 41.17
41.18 SELF INSURANCE ADJUSTMENT	A	-1,562	ANESTHESIOLOGY	53.00	0 41.18
41.19 SELF INSURANCE ADJUSTMENT	A	-19,176	RADIOLOGY-DIAGNOSTIC	54.00	0 41.19
41.20 SELF INSURANCE ADJUSTMENT	A	-1,136	NUCLEAR MEDICINE	54.01	0 41.20
41.21 SELF INSURANCE ADJUSTMENT	A	-3,190	ULTRASOUND	54.02	0 41.21
41.22 SELF INSURANCE ADJUSTMENT	A	-22,890	RADIOLOGY-THERAPEUTIC	55.00	0 41.22
41.23 SELF INSURANCE ADJUSTMENT	A	-2,988	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0 41.23
41.24 SELF INSURANCE ADJUSTMENT	A	-4,039	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 41.24
41.25 SELF INSURANCE ADJUSTMENT	A	-7,851	INTRAVENOUS THERAPY	64.00	0 41.25
41.26 SELF INSURANCE ADJUSTMENT	A	-13,574	RESPIRATORY THERAPY	65.00	0 41.26
41.27 SELF INSURANCE ADJUSTMENT	A	-47,057	PHYSICAL THERAPY	66.00	0 41.27
41.28 SELF INSURANCE ADJUSTMENT	A	-4,949	OCCUPATIONAL THERAPY	67.00	0 41.28
41.29 SELF INSURANCE ADJUSTMENT	A	-1,875	SPEECH PATHOLOGY	68.00	0 41.29
41.30 SELF INSURANCE ADJUSTMENT	A	-3,679	ELECTROCARDIOLOGY	69.00	0 41.30
41.31 SELF INSURANCE ADJUSTMENT	A	-13,233	CARDIOLOGY	69.01	0 41.31
41.32 SELF INSURANCE ADJUSTMENT	A	-2,926	ELECTROENCEPHALOGRAPHY	70.00	0 41.32
41.33 SELF INSURANCE ADJUSTMENT	A	-4,333	CARDIAC REHABILITATION	76.97	0 41.33
41.34 SELF INSURANCE ADJUSTMENT	A	-1,875	HYPERBARIC OXYGEN THERAPY	76.98	0 41.34
41.35 SELF INSURANCE ADJUSTMENT	A	-16,780	CLINIC	90.00	0 41.35
41.36 SELF INSURANCE ADJUSTMENT	A	-57,075	EMERGENCY	91.00	0 41.36
41.37 SELF INSURANCE ADJUSTMENT	A	-39,322	HOME HEALTH AGENCY	101.00	0 41.37
41.38 SELF INSURANCE ADJUSTMENT	A	-4,369	MARKETING	194.00	0 41.38
41.39 SELF INSURANCE ADJUSTMENT	A	-10,103	BUSINESS HEALTH	194.01	0 41.39

Provider CCN: 160117 Period: From 01/01/2014 To 12/31/2014 Worksheet A-8
 Date/Time Prepared: 5/26/2015 8:40 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
41.40	SELF INSURANCE ADJUSTMENT	A	-12,921	VI TACARE	194.02	0	41.40
41.41	SELF INSURANCE ADJUSTMENT	A	-4,142	CASCADE CLINIC	194.03	0	41.41
41.42	SELF INSURANCE ADJUSTMENT	A	-1,823	RSVP	194.06	0	41.42
41.43	SELF INSURANCE ADJUSTMENT	A	-1,529	DIM MAINTENANCE	194.08	0	41.43
41.44	SELF INSURANCE ADJUSTMENT	A	-2,905	LIFESTYLES	194.12	0	41.44
41.45	SELF INSURANCE ADJUSTMENT	A	-3,058	HEALTHCARE AFFILIATES OF TRI-STATES	194.13	0	41.45
41.46	SELF INSURANCE ADJUSTMENT	A	-4,580	OCCUPATIONAL HEALTH ADMINISTRATION	5.04	0	41.46
41.47	SELF INSURANCE ADJUSTMENT	A	-1,529	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	41.47
41.48	SELF INSURANCE ADJUSTMENT	A	-6,168	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	41.48
41.49	SELF INSURANCE ADJUSTMENT	A	-1,922	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	41.49
41.50	SELF INSURANCE ADJUSTMENT	A	-662	CONTRACT CLEANING	194.07	0	41.50
41.51	SELF INSURANCE ADJUSTMENT	A	-3,058	MAINTENANCE & REPAIRS	6.01	0	41.51
41.52	SELF INSURANCE ADJUSTMENT	A	1,030	INTEREST EXPENSE	113.00	0	41.52
41.53	SELF INSURANCE ADJUSTMENT	A	-4,692	FOUNDATION	194.14	0	41.53
42.00	OFFSET PROVIDER TAX ASSESSMENT	A	-562,523	ADMINISTRATIVE & GENERAL	5.01	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		11,854,517				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: 160117

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 8:40 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	FINLEY TRI-STATES ALLOCATION	2,058,434	0	1.00
2.00	5.01	ADMINISTRATIVE & GENERAL	FINLEY TRI-STATES ALLOCATION	13,101,535	-521,215	2.00
3.00	113.00	INTEREST EXPENSE	FINLEY TRI-STATES ALLOCATION	659,968	662,971	3.00
4.00	101.00	HOME HEALTH AGENCY	FINLEY TRI-STATES ALLOCATION	20	326,362	4.00
4.01	60.00	LABORATORY	PURCHASED LAB	6,398,842	5,296,601	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,218,799	5,764,719	5.00

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

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

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

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

6.00	B	IOWA HEALTH SYS	100.00	HOME OFFICE	100.00	6.00
7.00	C		0.00	UNITED CLINICAL	100.00	7.00
8.00	B	FINLEY TRI STATE	100.00	HOME OFFICE	100.00	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: 160117

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 8:40 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,058,434	0		1.00
2.00	13,622,750	0		2.00
3.00	-3,003	0		3.00
4.00	-326,342	0		4.00
4.01	1,102,241	0		4.01
5.00	16,454,080			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	LAB SERVICE		7.00
8.00	HEALTHCARE		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: 160117

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2015 8:40 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	300,000	300,000	0	171,400	0	1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	108,000	108,000	0	231,100	0	2.00
3.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	43,008	3,584	39,424	171,400	176	3.00
4.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	13,293	1,190	12,103	171,400	86	4.00
5.00	76.97	AGGREGATE-CARDIAC REHABILITATION	2,651	0	2,651	171,400	14	5.00
6.00	90.00	AGGREGATE-CLINIC	419,889	413,839	6,050	171,400	205	6.00
7.00	91.00	AGGREGATE-EMERGENCY	2,629,943	1,848,806	781,137	171,400	1,512	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			3,516,784	2,675,419	841,365		1,993	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	2.00
3.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	14,503	725	0	0	0	3.00
4.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	7,087	354	0	0	0	4.00
5.00	76.97	AGGREGATE-CARDIAC REHABILITATION	1,154	58	0	0	0	5.00
6.00	90.00	AGGREGATE-CLINIC	16,893	845	0	0	0	6.00
7.00	91.00	AGGREGATE-EMERGENCY	124,595	6,230	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			164,232	8,212	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	300,000		1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	108,000		2.00
3.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	14,503	24,921	28,505		3.00
4.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	7,087	5,016	6,206		4.00
5.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	1,154	1,497	1,497		5.00
6.00	90.00	AGGREGATE-CLINIC	0	16,893	0	413,839		6.00
7.00	91.00	AGGREGATE-EMERGENCY	0	124,595	656,542	2,505,348		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	164,232	687,976	3,363,395		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	2,673,051	2,673,051				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,058,434	23,578	0	2,082,012		4.00
5.01 00590 ADMINISTRATIVE & GENERAL	13,655,811	211,948	0	1,790	13,869,549	5.01
5.02 00591 REHAB ADMINISTRATION	384,517	0	0	18,162	402,679	5.02
5.03 00592 RADIOLOGY ADMINISTRATION	544,527	0	0	22,736	567,263	5.03
5.04 00593 OCCUPATIONAL HEALTH ADMINISTRATION	168,182	0	0	7,713	175,895	5.04
5.05 00560 OTHER ADMINISTRATION AND GENERAL	407,824	0	0	18,597	426,421	5.05
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01 00601 MAINTENANCE & REPAIRS	278,031	0	0	6,476	284,507	6.01
7.00 00700 OPERATION OF PLANT	2,461,084	39,443	0	40,010	2,540,537	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	373,031	0	0	373,031	373,031	8.00
9.00 00900 HOUSEKEEPING	1,349,241	34,375	0	44,301	1,427,917	9.00
10.00 01000 DIETARY	1,535,357	86,555	0	56,177	1,678,089	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,836,301	33,240	0	115,358	2,984,899	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	588,451	37,791	0	17,408	643,650	14.00
15.00 01500 PHARMACY	984,127	44,820	0	67,763	1,096,710	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	966,545	39,752	0	26,226	1,032,523	16.00
17.00 01700 SOCIAL SERVICE	175,652	0	0	7,804	183,456	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,932,066	598,945	0	257,451	6,788,462	30.00
31.00 03100 INTENSIVE CARE UNIT	2,055,364	56,444	0	79,238	2,191,046	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03302 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02 03301 NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03 03303 GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04 03304 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03305 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	1,417,237	61,369	0	39,097	1,517,703	40.00
41.00 04100 SUBPROVIDER - I RF	1,267,594	72,111	0	43,765	1,383,470	41.00
43.00 04300 NURSERY	740,574	14,654	0	33,362	788,590	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,176,413	149,477	0	113,179	5,439,069	50.00
51.00 05100 RECOVERY ROOM	1,921,610	131,408	0	85,983	2,139,001	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	632,698	25,572	0	27,944	686,214	52.00
53.00 05300 ANESTHESIOLOGY	296,688	0	0	1,859	298,547	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,399,251	141,842	0	37,040	1,578,133	54.00
54.01 03450 NUCLEAR MEDICINE	300,683	0	0	4,943	305,626	54.01
54.02 03630 ULTRASOUND	362,880	1,851	0	12,957	377,688	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	2,122,252	129,612	0	62,209	2,314,073	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	807,241	0	0	13,872	821,113	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	353,603	0	0	12,736	366,339	58.00
60.00 06000 LABORATORY	6,363,135	48,919	0	0	6,412,054	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	282,725	0	0	0	282,725	63.00
64.00 06400 INTRAVENOUS THERAPY	821,684	15,678	0	32,014	869,376	64.00
65.00 06500 RESPIRATORY THERAPY	557,998	22,509	0	22,940	603,447	65.00
65.01 03560 PULMONARY FUNCTION	64,688	4,705	0	2,596	71,989	65.01
66.00 06600 PHYSICAL THERAPY	2,393,785	71,791	0	110,378	2,575,954	66.00
67.00 06700 OCCUPATIONAL THERAPY	597,896	36,711	0	27,804	662,411	67.00
68.00 06800 SPEECH PATHOLOGY	209,092	0	0	9,854	218,946	68.00
69.00 06900 ELECTROCARDIOLOGY	122,614	0	0	4,700	127,314	69.00
69.01 03140 RADIOLOGY	1,409,653	9,321	0	33,920	1,452,894	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	202,384	8,329	0	5,789	216,502	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,387,238	0	0	0	3,387,238	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	5,210,647	0	0	0	5,210,647	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,152,373	0	0	0	3,152,373	73.00
74.00 07400 RENAL DIALYSIS	218,925	13,959	0	0	232,884	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

Worksheet B
Part I
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	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
76.97	07697 CARDIAC REHABILITATION	209,777	18,234	0	9,418	237,429	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	278,319	9,773	0	1,867	289,959	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,322,890	101,539	0	68,954	1,493,383	90.00
91.00	09100 EMERGENCY	2,468,905	139,363	0	213,327	2,821,595	91.00
92.00	09200 OBSERVATION BEDS					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	22,740	0	0	0	22,740	95.00
101.00	10100 HOME HEALTH AGENCY	2,221,902	55,265	0	97,412	2,374,579	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	87,745,690	2,490,883	0	1,917,129	87,398,639	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,484	0	0	8,484	190.00
194.00	07950 MARKETING	476,643	22,267	0	12,197	511,107	194.00
194.01	07951 BUSINESS HEALTH	1,018,095	43,895	0	39,431	1,101,421	194.01
194.02	07952 VI TACARE	1,631,125	55,617	0	66,450	1,753,192	194.02
194.03	07953 CASCADE CLINIC	228,357	27,544	0	7,437	263,338	194.03
194.04	07954 ORTHOPEDIC CLINIC	1,953	0	0	0	1,953	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	64,976	0	0	2,211	67,187	194.06
194.07	07957 CONTRACT CLEANING	1,666	0	0	0	1,666	194.07
194.08	07958 DIM MAINTENANCE	88,875	0	0	3,056	91,931	194.08
194.09	07959 RENTAL PROPERTY	325,981	0	0	0	325,981	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	61,515	0	0	0	61,515	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	69,880	0	0	0	69,880	194.11
194.12	07962 LIFESTYLES	114,970	0	0	3,961	118,931	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	227,961	0	0	11,616	239,577	194.13
194.14	07964 FOUNDATION	476,890	7,173	0	11,826	495,889	194.14
194.15	07965 PHYSICIAN BILLING	137,663	0	0	5,831	143,494	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	17,188	0	0	17,188	194.17
194.18	07968 CONTRACTED ULTRASOUND	19,154	0	0	867	20,021	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	1,706,938	0	0	0	1,706,938	194.19
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118-201)	94,398,332	2,673,051	0	2,082,012	94,398,332	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

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Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
			5.01	5.02	5.03	5A.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	13,869,549					5.01
5.02	00591	REHAB ADMINISTRATION	69,354	472,033				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	97,700	0	664,963			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	30,295	0	0	206,190	206,190	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	73,443	0	0	499,864	1,094	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	49,001	0	0	333,508	730	6.01
7.00	00700	OPERATION OF PLANT	437,559	0	0	2,978,096	6,519	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	64,248	0	0	437,279	957	8.00
9.00	00900	HOUSEKEEPING	245,932	0	0	1,673,849	3,664	9.00
10.00	01000	DIETARY	289,019	0	0	1,967,108	4,306	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	514,092	0	0	3,498,991	7,659	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	110,856	0	0	754,506	1,652	14.00
15.00	01500	PHARMACY	188,887	0	0	1,285,597	2,814	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	177,832	0	0	1,210,355	2,649	16.00
17.00	01700	SOCIAL SERVICE	31,597	0	0	215,053	471	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,169,183	0	0	7,957,645	17,425	30.00
31.00	03100	INTENSIVE CARE UNIT	377,366	0	0	2,568,412	5,622	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	261,396	0	0	1,779,099	3,894	40.00
41.00	04100	SUBPROVIDER - I/RF	238,276	0	0	1,621,746	3,550	41.00
43.00	04300	NURSERY	135,820	0	0	924,410	2,024	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	936,776	0	0	6,375,845	13,957	50.00
51.00	05100	RECOVERY ROOM	368,402	0	0	2,507,403	5,489	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118,187	0	0	804,401	1,761	52.00
53.00	05300	ANESTHESIOLOGY	51,419	0	0	349,966	766	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	271,803	0	280,994	2,130,930	4,665	54.00
54.01	03450	NUCLEAR MEDICINE	52,638	0	86,440	444,704	973	54.01
54.02	03630	ULTRASOUND	65,050	0	67,890	510,628	1,118	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	398,555	0	0	2,712,628	5,938	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	141,421	0	157,715	1,120,249	2,452	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	63,095	0	71,924	501,358	1,097	58.00
60.00	06000	LABORATORY	1,104,354	0	0	7,516,408	16,453	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	48,694	0	0	331,419	725	63.00
64.00	06400	INTRAVENOUS THERAPY	149,733	0	0	1,019,109	2,231	64.00
65.00	06500	RESPIRATORY THERAPY	103,932	0	0	707,379	1,548	65.00
65.01	03560	PULMONARY FUNCTION	12,399	0	0	84,388	185	65.01
66.00	06600	PHYSICAL THERAPY	443,659	223,875	0	3,243,488	7,100	66.00
67.00	06700	OCCUPATIONAL THERAPY	114,088	29,239	0	805,738	1,764	67.00
68.00	06800	SPEECH PATHOLOGY	37,709	16,613	0	273,268	598	68.00
69.00	06900	ELECTROCARDIOLOGY	21,927	0	0	149,241	327	69.00
69.01	03140	CARDIOLOGY	250,233	0	0	1,703,127	3,728	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	37,288	0	0	253,790	556	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	583,387	0	0	3,970,625	8,692	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	897,435	0	0	6,108,082	13,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	542,936	0	0	3,695,309	8,089	73.00
74.00	07400	RENAL DIALYSIS	40,110	0	0	272,994	598	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	40,893	0	0	278,322	609	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	49,940	0	0	339,899	744	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

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Cost Center Description		ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATIVE	RADIOLOGY ADMINISTRATIVE	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATIVE	
		5.01	5.02	5.03	5A.03	5.04	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	257,207	0	0	1,750,590	3,832	90.00
91.00	09100 EMERGENCY	485,966	0	0	3,307,561	7,240	91.00
92.00	09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	3,917	0	0	26,657	58	95.00
101.00	10100 HOME HEALTH AGENCY	408,976	202,306	0	2,985,861	6,536	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,663,985	472,033	664,963	86,193,075	188,230	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,461	0	0	9,945	22	190.00
194.00	07950 MARKETING	88,028	0	0	599,135	1,312	194.00
194.01	07951 BUSINESS HEALTH	189,699	0	0	1,291,120	2,826	194.01
194.02	07952 VITACARE	301,954	0	0	2,055,146	4,499	194.02
194.03	07953 CASCADE CLINIC	45,355	0	0	308,693	676	194.03
194.04	07954 ORTHOPEDIC CLINIC	336	0	0	2,289	5	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	11,572	0	0	78,759	172	194.06
194.07	07957 CONTRACT CLEANING	287	0	0	1,953	4	194.07
194.08	07958 DIM MAINTENANCE	15,833	0	0	107,764	236	194.08
194.09	07959 RENTAL PROPERTY	56,144	0	0	382,125	836	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	10,595	0	0	72,110	158	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	12,036	0	0	81,916	179	194.11
194.12	07962 LIFESTYLES	20,484	0	0	139,415	305	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	41,263	0	0	280,840	615	194.13
194.14	07964 FOUNDATION	85,407	0	0	581,296	1,272	194.14
194.15	07965 PHYSICIAN BILLING	24,714	0	0	168,208	368	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	2,960	0	0	20,148	44	194.17
194.18	07968 CONTRACTED ULTRASOUND	3,448	0	0	23,469	51	194.18
194.19	07969 RADIO SPECIALTY CARE CLINIC	293,988	0	0	2,000,926	4,380	194.19
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	13,869,549	472,033	664,963	94,398,332	206,190	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.04	5.05	6.00	6.01	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00593						5.04
5.05	00560	500,958	500,958				5.05
6.00	00600	0	0	0			6.00
6.01	00601	334,238	1,783	0	336,021		6.01
7.00	00700	2,984,615	15,923	0	5,437	3,005,975	7.00
8.00	00800	438,236	2,338	0	0	0	8.00
9.00	00900	1,677,513	8,950	0	4,739	43,089	9.00
10.00	01000	1,971,414	10,517	0	11,932	108,496	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,506,650	18,708	0	4,582	41,667	13.00
14.00	01400	756,158	4,034	0	5,210	47,370	14.00
15.00	01500	1,288,411	6,874	0	6,179	56,182	15.00
16.00	01600	1,213,004	6,471	0	5,480	49,829	16.00
17.00	01700	215,524	1,150	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,975,070	42,564	0	82,566	750,772	30.00
31.00	03100	2,574,034	13,732	0	7,781	70,752	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03302	0	0	0	0	0	33.01
33.02	03301	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
34.00	03400	0	0	0	0	0	34.00
40.00	04000	1,782,993	9,512	0	8,460	76,925	40.00
41.00	04100	1,625,296	8,671	0	9,941	90,390	41.00
43.00	04300	926,434	4,943	0	2,020	18,368	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,389,802	34,090	0	20,606	187,368	50.00
51.00	05100	2,512,892	13,406	0	18,115	164,719	51.00
52.00	05200	806,162	4,301	0	3,525	32,054	52.00
53.00	05300	350,732	1,871	0	0	0	53.00
54.00	05400	2,135,595	11,393	0	19,553	177,798	54.00
54.01	03450	445,677	2,378	0	0	0	54.01
54.02	03630	511,746	2,730	0	255	2,320	54.02
55.00	05500	2,718,566	14,504	0	17,867	162,468	55.00
57.00	05700	1,122,701	5,990	0	0	0	57.00
58.00	05800	502,455	2,681	0	0	0	58.00
60.00	06000	7,532,861	40,188	0	6,744	61,319	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	332,144	1,772	0	0	0	63.00
64.00	06400	1,021,340	5,449	0	2,161	19,652	64.00
65.00	06500	708,927	3,782	0	3,103	28,215	65.00
65.01	03560	84,573	451	0	649	5,897	65.01
66.00	06600	3,250,588	17,342	0	9,897	89,990	66.00
67.00	06700	807,502	4,308	0	5,061	46,017	67.00
68.00	06800	273,866	1,461	0	0	0	68.00
69.00	06900	149,568	798	0	0	0	69.00
69.01	03140	1,706,855	9,106	0	1,285	11,684	69.01
70.00	07000	254,346	1,357	0	1,148	10,441	70.00
71.00	07100	3,979,317	21,230	0	0	0	71.00
72.00	07200	6,121,453	32,658	0	0	0	72.00
73.00	07300	3,703,398	19,758	0	0	0	73.00
74.00	07400	273,592	1,460	0	1,924	17,498	74.00
76.00	03320	0	0	0	0	0	76.00
76.97	07697	278,931	1,488	0	2,514	22,857	76.97
76.98	07698	340,643	1,817	0	1,347	12,250	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.04	5.05	6.00	6.01	7.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,754,422	9,360	0	13,998	127,279	90.00
91.00	09100 EMERGENCY	3,314,801	17,684	0	19,212	174,690	91.00
92.00	09200 OBSERVATION BEDS	0					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	26,715	143	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	2,992,397	15,964	0	7,618	69,274	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	86,175,115	457,090	0	310,909	2,777,630	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,967	53	0	1,169	10,634	190.00
194.00	07950 MARKETING	600,447	3,203	0	3,070	27,911	194.00
194.01	07951 BUSINESS HEALTH	1,293,946	6,903	0	6,051	55,021	194.01
194.02	07952 VI TACARE	2,059,645	10,988	0	7,667	69,716	194.02
194.03	07953 CASCADE CLINIC	309,369	1,650	0	3,797	34,527	194.03
194.04	07954 ORTHOPEDIC CLINIC	2,294	12	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	78,931	421	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	1,957	10	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	108,000	576	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	382,961	2,043	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	72,268	386	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	82,095	438	0	0	0	194.11
194.12	07962 LIFESTYLES	139,720	745	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	281,455	1,502	0	0	0	194.13
194.14	07964 FOUNDATION	582,568	3,108	0	989	8,991	194.14
194.15	07965 PHYSICIAN BILLING	168,576	899	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	20,192	108	0	2,369	21,545	194.17
194.18	07968 CONTRACTED ULTRASOUND	23,520	125	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	2,005,306	10,698	0	0	0	194.19
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	94,398,332	500,958	0	336,021	3,005,975	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS					6.01
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	440,574				8.00
9.00	00900	HOUSEKEEPING	0	1,734,291			9.00
10.00	01000	DIETARY	0	63,507	2,165,866		10.00
11.00	01100	CAFETERIA	0	0	1,331,233	1,331,233	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	1,331,233	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	24,389	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,729	27,728	0	0	14.00
15.00	01500	PHARMACY	418	32,885	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	29,167	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	132,164	439,455	451,886	0	30.00
31.00	03100	INTENSIVE CARE UNIT	26,639	41,414	47,491	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,177	45,027	53,856	0	40.00
41.00	04100	SUBPROVIDER - I RF	17,077	52,909	58,366	0	41.00
43.00	04300	NURSERY	0	10,752	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	58,311	109,674	5,555	0	50.00
51.00	05100	RECOVERY ROOM	43,848	96,416	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,763	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,772	104,072	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	03630	ULTRASOUND	0	1,358	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	18,866	95,099	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	277	35,892	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	14,488	11,503	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	788	16,515	0	0	65.00
65.01	03560	PULMONARY FUNCTION	89	3,452	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,295	52,675	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,760	26,935	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	343	0	0	0	69.00
69.01	03140	CARDIOLOGY	6,529	6,839	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,507	6,111	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,013	10,242	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	138	13,379	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,442	7,170	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,647	74,501	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
91.00	09100 EMERGENCY	43,599	102,253	0	0	80,849	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	40,549	0	0	75,875	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	439,931	1,600,631	1,948,387	1,331,233	1,231,813	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,225	0	0	0	190.00
194.00	07950 MARKETING	0	16,338	0	0	81,598	194.00
194.01	07951 BUSINESS HEALTH	0	32,206	0	0	9,130	194.01
194.02	07952 VI TACARE	0	40,807	0	0	0	194.02
194.03	07953 CASCADE CLINIC	536	20,210	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	107	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	5,263	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	8,692	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	217,479	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	12,611	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	440,574	1,734,291	2,165,866	1,331,233	1,331,233	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

Period:
From 01/01/2014
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00593						5.04
5.05	00560						5.05
6.00	00600						6.00
6.01	00601						6.01
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
11.01	01101						11.01
12.00	01200	0					12.00
13.00	01300	0	3,676,035				13.00
14.00	01400	0	0	892,055			14.00
15.00	01500	0	0	58,327	1,487,816		15.00
16.00	01600	0	0	0	0	1,330,871	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	890,345	22,282	0	83,239	30.00
31.00	03100	0	286,037	8,430	0	21,169	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03302	0	0	0	0	0	33.01
33.02	03301	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	169,697	1,844	0	24,616	40.00
41.00	04100	0	158,752	3,754	0	20,757	41.00
43.00	04300	0	110,412	2,428	0	10,553	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	439,972	196,311	0	226,109	50.00
51.00	05100	0	289,765	10,392	0	48,750	51.00
52.00	05200	0	88,878	4,090	0	15,666	52.00
53.00	05300	0	12,050	6,720	0	33,153	53.00
54.00	05400	0	186,426	189	0	21,360	54.00
54.01	03450	0	0	110	0	10,233	54.01
54.02	03630	0	0	981	0	12,806	54.02
55.00	05500	0	164,044	459	0	117,502	55.00
57.00	05700	0	26,558	317	0	57,615	57.00
58.00	05800	0	35,069	178	0	35,385	58.00
60.00	06000	0	0	0	0	61,038	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	2	0	3,421	63.00
64.00	06400	0	105,968	2,652	0	21,622	64.00
65.00	06500	0	90,991	1,334	0	22,730	65.00
65.01	03560	0	0	599	0	4,565	65.01
66.00	06600	0	344,376	3,376	0	34,788	66.00
67.00	06700	0	79,238	411	0	11,097	67.00
68.00	06800	0	20,538	0	0	2,894	68.00
69.00	06900	0	94,359	363	0	26,464	69.00
69.01	03140	0	18,058	8,569	0	29,915	69.01
70.00	07000	0	23,351	80	0	4,535	70.00
71.00	07100	0	0	314,867	0	60,189	71.00
72.00	07200	0	0	214,196	0	46,058	72.00
73.00	07300	0	0	0	1,486,810	126,802	73.00
74.00	07400	0	0	0	0	2,336	74.00
76.00	03320	0	0	0	0	0	76.00
76.97	07697	0	41,151	292	0	2,880	76.97
76.98	07698	0	0	184	0	7,694	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	11,637	0	42,112	90.00
91.00	09100 EMERGENCY	0	0	8,216	0	65,210	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	261	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	7,500	0	15,347	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,676,035	891,090	1,486,810	1,330,871	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	0	8	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	0	660	0	0	194.01
194.02	07952 VITACARE	0	0	297	879	0	194.02
194.03	07953 CASCADE CLINIC	0	0	0	127	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	3,676,035	892,055	1,487,816	1,330,871	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

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Part I
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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
	17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590 ADMINISTRATIVE & GENERAL						5.01
5.02 00591 REHAB ADMINISTRATION						5.02
5.03 00592 RADIOLOGY ADMINISTRATION						5.03
5.04 00593 OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MAINTENANCE & REPAIRS						6.01
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	225,483					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0	0	0			20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	134,729	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	20,633	0	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03302 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02 03301 NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03 03303 GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04 03304 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03305 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	26,246	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	25,596	0	0	0	0	41.00
43.00 04300 NURSERY	18,279	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0	0	0	0	0	65.01
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
69.01 03140 CARDIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

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Part I
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
				17.00	19.00	
OUTPATIENT SERVICE COST CENTERS						
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						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	225,483	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 MARKETING	0	0	0	0	0	194.00
194.01 07951 BUSINESS HEALTH	0	0	0	0	0	194.01
194.02 07952 VITACARE	0	0	0	0	0	194.02
194.03 07953 CASCADE CLINIC	0	0	0	0	0	194.03
194.04 07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05 07955 ENT CLINIC	0	0	0	0	0	194.05
194.06 07956 RSVP	0	0	0	0	0	194.06
194.07 07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08 07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09 07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10 07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12 07962 LIFESTYLES	0	0	0	0	0	194.12
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14 07964 FOUNDATION	0	0	0	0	0	194.14
194.15 07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17 07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18 07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19 07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	225,483	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

Worksheet B
Part I
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Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	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
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS					6.01
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
11.01	01101	EMPLOYEE CAFETERIA					11.01
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	11,212,076	0	11,212,076	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,184,616	0	3,184,616	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	2,247,808	0	2,247,808	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,108,419	0	2,108,419	41.00
43.00	04300	NURSERY	0	1,129,860	0	1,129,860	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	7,770,093	0	7,770,093	50.00
51.00	05100	RECOVERY ROOM	0	3,265,674	0	3,265,674	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	994,103	0	994,103	52.00
53.00	05300	ANESTHESIOLOGY	0	407,328	0	407,328	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,724,503	0	2,724,503	54.00
54.01	03450	NUCLEAR MEDICINE	0	458,398	0	458,398	54.01
54.02	03630	ULTRASOUND	0	532,196	0	532,196	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,347,516	0	3,347,516	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	1,219,356	0	1,219,356	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	583,922	0	583,922	58.00
60.00	06000	LABORATORY	0	7,738,319	0	7,738,319	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	337,354	0	337,354	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,229,473	0	1,229,473	64.00
65.00	06500	RESPIRATORY THERAPY	0	897,541	0	897,541	65.00
65.01	03560	PULMONARY FUNCTION	0	100,275	0	100,275	65.01
66.00	06600	PHYSICAL THERAPY	0	3,885,395	0	3,885,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,000,752	0	1,000,752	67.00
68.00	06800	SPEECH PATHOLOGY	0	303,534	0	303,534	68.00
69.00	06900	ELECTROCARDIOLOGY	0	293,834	0	293,834	69.00
69.01	03140	CARDIOLOGY	0	1,803,039	0	1,803,039	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	308,305	0	308,305	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	4,375,603	0	4,375,603	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,414,365	0	6,414,365	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,336,768	0	5,336,768	73.00
74.00	07400	RENAL DIALYSIS	0	308,065	0	308,065	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	373,198	0	373,198	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	375,547	0	375,547	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

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Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
76.99	07699	LI THOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,079,225	0	2,079,225	90.00
91.00	09100	EMERGENCY	0	3,826,514	0	3,826,514	91.00
92.00	09200	OBSERVATION BEDS			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	27,119	0	27,119	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,224,524	0	3,224,524	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	85,424,617	0	85,424,617	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,048	0	28,048	190.00
194.00	07950	MARKETING	0	732,575	0	732,575	194.00
194.01	07951	BUSINESS HEALTH	0	1,403,917	0	1,403,917	194.01
194.02	07952	VI TACARE	0	2,189,999	0	2,189,999	194.02
194.03	07953	CASCADE CLINIC	0	370,216	0	370,216	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	2,306	0	2,306	194.04
194.05	07955	ENT CLINIC	0	0	0	0	194.05
194.06	07956	RSVP	0	79,352	0	79,352	194.06
194.07	07957	CONTRACT CLEANING	0	1,967	0	1,967	194.07
194.08	07958	DIM MAINTENANCE	0	108,576	0	108,576	194.08
194.09	07959	RENTAL PROPERTY	0	385,004	0	385,004	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	72,654	0	72,654	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	82,533	0	82,533	194.11
194.12	07962	LIFESTYLES	0	140,572	0	140,572	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	282,957	0	282,957	194.13
194.14	07964	FOUNDATION	0	600,919	0	600,919	194.14
194.15	07965	PHYSICIAN BILLING	0	178,167	0	178,167	194.15
194.16	07966	GUEST MEALS / MOW'S	0	217,479	0	217,479	194.16
194.17	07967	NONREIMBURSABLE	0	56,825	0	56,825	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	23,645	0	23,645	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	2,016,004	0	2,016,004	194.19
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	94,398,332	0	94,398,332	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

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Part II
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	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
			0	1.00			
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400	0	23,578	0	23,578	23,578	4.00
5.01	00590	0	211,948	0	211,948	20	5.01
5.02	00591	0	0	0	0	206	5.02
5.03	00592	0	0	0	0	257	5.03
5.04	00593	0	0	0	0	87	5.04
5.05	00560	0	0	0	0	211	5.05
6.00	00600	0	0	0	0	0	6.00
6.01	00601	0	0	0	0	73	6.01
7.00	00700	35,593	39,443	0	75,036	453	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	9,553	34,375	0	43,928	502	9.00
10.00	01000	21,668	86,555	0	108,223	636	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
12.00	01200	0	0	0	0	0	12.00
13.00	01300	967	33,240	0	34,207	1,306	13.00
14.00	01400	38,361	37,791	0	76,152	197	14.00
15.00	01500	7,928	44,820	0	52,748	767	15.00
16.00	01600	12,379	39,752	0	52,131	297	16.00
17.00	01700	40	0	0	40	88	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	191,990	598,945	0	790,935	2,914	30.00
31.00	03100	108,333	56,444	0	164,777	897	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03302	0	0	0	0	0	33.01
33.02	03301	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
34.00	03400	0	0	0	0	0	34.00
40.00	04000	5,004	61,369	0	66,373	443	40.00
41.00	04100	11,346	72,111	0	83,457	496	41.00
43.00	04300	16,591	14,654	0	31,245	378	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	744,667	149,477	0	894,144	1,282	50.00
51.00	05100	46,034	131,408	0	177,442	974	51.00
52.00	05200	25,603	25,572	0	51,175	316	52.00
53.00	05300	22,945	0	0	22,945	21	53.00
54.00	05400	317,385	141,842	0	459,227	419	54.00
54.01	03450	5,109	0	0	5,109	56	54.01
54.02	03630	74,600	1,851	0	76,451	147	54.02
55.00	05500	334,796	129,612	0	464,408	705	55.00
57.00	05700	354,288	0	0	354,288	157	57.00
58.00	05800	4,098	0	0	4,098	144	58.00
60.00	06000	437	48,919	0	49,356	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	24	0	0	24	0	63.00
64.00	06400	12,121	15,678	0	27,799	363	64.00
65.00	06500	11,598	22,509	0	34,107	260	65.00
65.01	03560	1,314	4,705	0	6,019	29	65.01
66.00	06600	24,864	71,791	0	96,655	1,250	66.00
67.00	06700	2,138	36,711	0	38,849	315	67.00
68.00	06800	4,206	0	0	4,206	112	68.00
69.00	06900	3,514	0	0	3,514	53	69.00
69.01	03140	327,784	9,321	0	337,105	384	69.01
70.00	07000	8,294	8,329	0	16,623	66	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	13,959	0	13,959	0	74.00
76.00	03320	0	0	0	0	0	76.00
76.97	07697	429	18,234	0	18,663	107	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
76.98 07698 HYPERBARIC OXYGEN THERAPY	5,643	9,773	0	15,416	21	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	20,245	101,539	0	121,784	781	90.00
91.00 09100 EMERGENCY	21,681	139,363	0	161,044	2,416	91.00
92.00 09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	11,595	55,265	0	66,860	1,103	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			5,336,048	21,709	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,484	0	8,484	0	190.00
194.00 07950 MARKETING	95	22,267	0	22,362	138	194.00
194.01 07951 BUSINESS HEALTH	3,731	43,895	0	47,626	447	194.01
194.02 07952 VI TACARE	27,523	55,617	0	83,140	753	194.02
194.03 07953 CASCADE CLINIC	532	27,544	0	28,076	84	194.03
194.04 07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05 07955 ENT CLINIC	0	0	0	0	0	194.05
194.06 07956 RSVP	27	0	0	27	25	194.06
194.07 07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08 07958 DIM MAINTENANCE	0	0	0	0	35	194.08
194.09 07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10 07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12 07962 LIFESTYLES	4,014	0	0	4,014	45	194.12
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	132	194.13
194.14 07964 FOUNDATION	0	7,173	0	7,173	134	194.14
194.15 07965 PHYSICIAN BILLING	0	0	0	0	66	194.15
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17 07967 NONREIMBURSABLE	0	17,188	0	17,188	0	194.17
194.18 07968 CONTRACTED ULTRASOUND	4,840	0	0	4,840	10	194.18
194.19 07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00	Cross Foot Adjustments			0	0	200.00
201.00	Negative Cost Centers			0	0	201.00
202.00	TOTAL (sum lines 118-201)			5,558,978	23,578	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 8:40 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATIVE	RADIOLOGY ADMINISTRATIVE	OCCUPATIONAL HEALTH ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	211,968					5.01
5.02	00591	REHAB ADMINISTRATIVE	1,060	1,266				5.02
5.03	00592	RADIOLOGY ADMINISTRATIVE	1,493	0	1,750			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATIVE	463	0	0	550		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	1,122	0	0	3	1,336	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	749	0	0	2	5	6.01
7.00	00700	OPERATION OF PLANT	6,687	0	0	18	42	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	982	0	0	3	6	8.00
9.00	00900	HOUSEKEEPING	3,758	0	0	10	23	9.00
10.00	01000	DIETARY	4,417	0	0	12	28	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATIVE	7,856	0	0	21	49	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,694	0	0	5	11	14.00
15.00	01500	PHARMACY	2,887	0	0	8	18	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,718	0	0	7	17	16.00
17.00	01700	SOCIAL SERVICE	483	0	0	1	3	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,883	0	0	30	134	30.00
31.00	03100	INTENSIVE CARE UNIT	5,767	0	0	15	36	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATIVE	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	3,995	0	0	11	25	40.00
41.00	04100	SUBPROVIDER - I/RF	3,641	0	0	10	23	41.00
43.00	04300	NURSERY	2,076	0	0	6	13	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,316	0	0	38	89	50.00
51.00	05100	RECOVERY ROOM	5,630	0	0	15	35	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,806	0	0	5	11	52.00
53.00	05300	ANESTHESIOLOGY	786	0	0	2	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,154	0	741	13	30	54.00
54.01	03450	NUCLEAR MEDICINE	804	0	227	3	6	54.01
54.02	03630	ULTRASOUND	994	0	178	3	7	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	6,091	0	0	16	38	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,161	0	415	7	16	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	964	0	189	3	7	58.00
60.00	06000	LABORATORY	16,877	0	0	45	105	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	744	0	0	2	5	63.00
64.00	06400	INTRAVENOUS THERAPY	2,288	0	0	6	14	64.00
65.00	06500	RESPIRATORY THERAPY	1,588	0	0	4	10	65.00
65.01	03560	PULMONARY FUNCTION	189	0	0	1	1	65.01
66.00	06600	PHYSICAL THERAPY	6,780	601	0	19	46	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,743	78	0	5	11	67.00
68.00	06800	SPEECH PATHOLOGY	576	45	0	2	4	68.00
69.00	06900	ELECTROCARDIOLOGY	335	0	0	1	2	69.00
69.01	03140	CARDIOLOGY	3,824	0	0	10	24	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	570	0	0	2	4	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,915	0	0	24	56	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,714	0	0	37	86	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,297	0	0	22	52	73.00
74.00	07400	RENAL DIALYSIS	613	0	0	2	4	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	625	0	0	2	4	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	763	0	0	2	5	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 8:40 am		
Cost Center Description		ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	OTHER ADMINISTRATIVE AND GENERAL		
		5.01	5.02	5.03	5.04	5.05		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,931	0	0	11	25	90.00
91.00	09100	EMERGENCY	7,426	0	0	20	46	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	60	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,250	542	0	18	42	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	193,545	1,266	1,750	502	1,223	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22	0	0	0	0	190.00
194.00	07950	MARKETING	1,345	0	0	4	8	194.00
194.01	07951	BUSINESS HEALTH	2,899	0	0	8	18	194.01
194.02	07952	VITACARE	4,614	0	0	12	29	194.02
194.03	07953	CASCADE CLINIC	693	0	0	2	4	194.03
194.04	07954	ORTHOPEDIC CLINIC	5	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	177	0	0	0	1	194.06
194.07	07957	CONTRACT CLEANING	4	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	242	0	0	1	2	194.08
194.09	07959	RENTAL PROPERTY	858	0	0	2	5	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	162	0	0	0	1	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	184	0	0	0	1	194.11
194.12	07962	LIFESTYLES	313	0	0	1	2	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	631	0	0	2	4	194.13
194.14	07964	FOUNDATION	1,305	0	0	3	8	194.14
194.15	07965	PHYSICIAN BILLING	378	0	0	1	2	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	45	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	53	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	4,493	0	0	12	28	194.19
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	211,968	1,266	1,750	550	1,336	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 160117		Peri od: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 8:40 am	
Cost Center Description		MAI NTENANCE & REPAI RS	MAI NTENANCE & REPAI RS	OPERATI ON OF PLANT	LAUNDRY & LINEN SERVIC E	HOUSEKEEPING	
		6.00	6.01	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00593						5.04
5.05	00560						5.05
6.00	00600						6.00
6.01	00601	0	829				6.01
7.00	00700	0	13	82,249			7.00
8.00	00800	0	0	0	991		8.00
9.00	00900	0	12	1,179	0	49,412	9.00
10.00	01000	0	29	2,969	0	1,809	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	11	1,140	0	695	13.00
14.00	01400	0	13	1,296	60	790	14.00
15.00	01500	0	15	1,537	1	937	15.00
16.00	01600	0	14	1,363	0	831	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	203	20,543	298	12,521	30.00
31.00	03100	0	19	1,936	60	1,180	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03302	0	0	0	0	0	33.01
33.02	03301	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	21	2,105	21	1,283	40.00
41.00	04100	0	25	2,473	38	1,507	41.00
43.00	04300	0	5	503	0	306	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	51	5,127	131	3,125	50.00
51.00	05100	0	45	4,507	99	2,747	51.00
52.00	05200	0	9	877	0	535	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	48	4,865	56	2,965	54.00
54.01	03450	0	0	0	0	0	54.01
54.02	03630	0	1	63	0	39	54.02
55.00	05500	0	44	4,445	42	2,709	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	17	1,678	1	1,023	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	5	538	33	328	64.00
65.00	06500	0	8	772	2	471	65.00
65.01	03560	0	2	161	0	98	65.01
66.00	06600	0	24	2,462	5	1,501	66.00
67.00	06700	0	12	1,259	4	767	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	1	0	69.00
69.01	03140	0	3	320	15	195	69.01
70.00	07000	0	3	286	3	174	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	5	479	2	292	74.00
76.00	03320	0	0	0	0	0	76.00
76.97	07697	0	6	625	0	381	76.97
76.98	07698	0	3	335	10	204	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	35	3,483	10	2,123	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		6.00	6.01	7.00	8.00	9.00	
91.00	09100 EMERGENCY	0	47	4,780	98	2,913	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	19	1,895	0	1,155	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	767	76,001	990	45,604	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3	291	0	177	190.00
194.00	07950 MARKETING	0	8	764	0	465	194.00
194.01	07951 BUSINESS HEALTH	0	15	1,505	0	918	194.01
194.02	07952 VI TACARE	0	19	1,908	0	1,163	194.02
194.03	07953 CASCADE CLINIC	0	9	945	1	576	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	2	246	0	150	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	6	589	0	359	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	829	82,249	991	49,412	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 8:40 am	
Cost Center Description			DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	118,123					10.00
11.00	01100	CAFETERIA	72,604	72,604				11.00
11.01	01101	EMPLOYEE CAFETERIA	0	72,604	72,604			11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,365	0	49,650	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,354	0	0	14.00
15.00	01500	PHARMACY	0	0	2,102	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,468	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	480	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,645	0	11,290	0	12,027	30.00
31.00	03100	INTENSIVE CARE UNIT	2,590	0	3,627	0	3,863	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,937	0	2,152	0	2,292	40.00
41.00	04100	SUBPROVIDER - IRF	3,183	0	2,013	0	2,144	41.00
43.00	04300	NURSERY	0	0	1,400	0	1,491	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	303	0	5,579	0	5,942	50.00
51.00	05100	RECOVERY ROOM	0	0	3,674	0	3,914	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,127	0	1,200	52.00
53.00	05300	ANESTHESIOLOGY	0	0	153	0	163	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,364	0	2,518	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,080	0	2,216	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	337	0	359	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	445	0	474	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,344	0	1,431	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,154	0	1,229	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	4,367	0	4,651	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,005	0	1,070	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	260	0	277	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,197	0	1,274	69.00
69.01	03140	CARDIOLOGY	0	0	229	0	244	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	296	0	315	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	522	0	556	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,251	0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description		DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.00	11.00	11.01	12.00	13.00	
91.00	09100 EMERGENCY	0	0	4,409	0	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	4,138	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	106,262	72,604	67,182	0	49,650	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	0	4,450	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	0	498	0	0	194.01
194.02	07952 VITACARE	0	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	474	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	11,861	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	118,123	72,604	72,604	0	49,650	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 8:40 am		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		14.00	15.00	16.00	17.00	19.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	ADMINISTRATIVE & GENERAL				5.01
5.02	00591	REHAB ADMINISTRATION				5.02
5.03	00592	RADIOLOGY ADMINISTRATION				5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL				5.05
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	MAINTENANCE & REPAIRS				6.01
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	81,572			14.00
15.00	01500	PHARMACY	5,333	66,353		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	58,846	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,037	0	3,675	655
31.00	03100	INTENSIVE CARE UNIT	771	0	935	100
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0
33.02	03301	NURSING ADMINISTRATION	0	0	0	0
33.03	03303	GEROPSYCH REVENUE	0	0	0	0
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	169	0	1,087	127
41.00	04100	SUBPROVIDER - I/RF	343	0	916	124
43.00	04300	NURSERY	222	0	466	89
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,951	0	10,066	0
51.00	05100	RECOVERY ROOM	950	0	2,152	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	374	0	692	0
53.00	05300	ANESTHESIOLOGY	614	0	1,464	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17	0	943	0
54.01	03450	NUCLEAR MEDICINE	10	0	452	0
54.02	03630	ULTRASOUND	90	0	565	0
55.00	05500	RADIOLOGY-THERAPEUTIC	42	0	5,188	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	29	0	2,544	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16	0	1,562	0
60.00	06000	LABORATORY	0	0	2,695	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	151	0
64.00	06400	INTRAVENOUS THERAPY	243	0	955	0
65.00	06500	RESPIRATORY THERAPY	122	0	1,004	0
65.01	03560	PULMONARY FUNCTION	55	0	202	0
66.00	06600	PHYSICAL THERAPY	309	0	1,536	0
67.00	06700	OCCUPATIONAL THERAPY	38	0	490	0
68.00	06800	SPEECH PATHOLOGY	0	0	128	0
69.00	06900	ELECTROCARDIOLOGY	33	0	1,168	0
69.01	03140	CARDIOLOGY	784	0	1,321	0
70.00	07000	ELECTROENCEPHALOGRAPHY	7	0	200	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	28,794	0	2,658	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,586	0	2,034	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,308	5,599	0
74.00	07400	RENAL DIALYSIS	0	0	103	0
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	27	0	127	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	17	0	340	0
76.99	07699	LITHOTRIPSY	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,064	0	1,859	0		90.00
91.00	09100 EMERGENCY	751	0	2,879	0		91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	12	0		95.00
101.00	10100 HOME HEALTH AGENCY	686	0	678	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	81,484	66,308	58,846	1,095	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950 MARKETING	1	0	0	0		194.00
194.01	07951 BUSINESS HEALTH	60	0	0	0		194.01
194.02	07952 VITACARE	27	39	0	0		194.02
194.03	07953 CASCADE CLINIC	0	6	0	0		194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0		194.04
194.05	07955 ENT CLINIC	0	0	0	0		194.05
194.06	07956 RSVP	0	0	0	0		194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0		194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0		194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0		194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0		194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0		194.11
194.12	07962 LIFESTYLES	0	0	0	0		194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0		194.13
194.14	07964 FOUNDATION	0	0	0	0		194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0		194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0		194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0		194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0		194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0		194.19
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	81,572	66,353	58,846	1,095		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 8:40 am
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
		20.00	21.00	22.00			
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590	ADMINISTRATIVE & GENERAL						5.01
5.02 00591	REHAB ADMINISTRATION						5.02
5.03 00592	RADIOLOGY ADMINISTRATION						5.03
5.04 00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600	MAINTENANCE & REPAIRS						6.00
6.01 00601	MAINTENANCE & REPAIRS						6.01
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
11.01 01101	EMPLOYEE CAFETERIA						11.01
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL	0					20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD		0				21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS					899,790	30.00
31.00 03100	INTENSIVE CARE UNIT					186,573	31.00
33.00 03300	BURN INTENSIVE CARE UNIT					0	33.00
33.01 03302	BURN INTENSIVE CARE UNIT					0	33.01
33.02 03301	NURSING ADMINISTRATION					0	33.02
33.03 03303	GEROPSYCH REVENUE					0	33.03
33.04 03304	BURN INTENSIVE CARE UNIT					0	33.04
33.05 03305	BURN INTENSIVE CARE UNIT					0	33.05
34.00 03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00 04000	SUBPROVIDER - I PF					83,041	40.00
41.00 04100	SUBPROVIDER - I RF					100,393	41.00
43.00 04300	NURSERY					38,200	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM					958,144	50.00
51.00 05100	RECOVERY ROOM					202,184	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					58,127	52.00
53.00 05300	ANESTHESIOLOGY					26,153	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					478,360	54.00
54.01 03450	NUCLEAR MEDICINE					6,667	54.01
54.02 03630	ULTRASOUND					78,538	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC					488,024	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN					360,313	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					7,902	58.00
60.00 06000	LABORATORY					71,797	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					926	63.00
64.00 06400	INTRAVENOUS THERAPY					35,347	64.00
65.00 06500	RESPIRATORY THERAPY					40,731	65.00
65.01 03560	PULMONARY FUNCTION					6,757	65.01
66.00 06600	PHYSICAL THERAPY					120,206	66.00
67.00 06700	OCCUPATIONAL THERAPY					45,646	67.00
68.00 06800	SPEECH PATHOLOGY					5,610	68.00
69.00 06900	ELECTROCARDIOLOGY					7,578	69.00
69.01 03140	CARDIOLOGY					344,458	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY					18,549	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS					40,447	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT					35,457	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					80,278	73.00
74.00 07400	RENAL DIALYSIS					15,459	74.00
76.00 03320	ELECTROSHOCK THERAPY					0	76.00
76.97 07697	CARDIAC REHABILITATION					21,645	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY					17,116	76.98
76.99 07699	LITHOTRIPSY					0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal		
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
		20.00	21.00				22.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC				137,357	90.00
91.00	09100	EMERGENCY				186,829	91.00
92.00	09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES				72	95.00
101.00	10100	HOME HEALTH AGENCY				83,386	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	5,288,060	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				8,977	190.00
194.00	07950	MARKETING				29,545	194.00
194.01	07951	BUSINESS HEALTH				53,994	194.01
194.02	07952	VITACARE				91,704	194.02
194.03	07953	CASCADE CLINIC				30,396	194.03
194.04	07954	ORTHOPEDIC CLINIC				5	194.04
194.05	07955	ENT CLINIC				0	194.05
194.06	07956	RSVP				230	194.06
194.07	07957	CONTRACT CLEANING				4	194.07
194.08	07958	DIM MAINTENANCE				280	194.08
194.09	07959	RENTAL PROPERTY				865	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER				163	194.10
194.11	07961	NORTH GRANDVIEW OFFICE				185	194.11
194.12	07962	LIFESTYLES				4,375	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES				769	194.13
194.14	07964	FOUNDATION				9,021	194.14
194.15	07965	PHYSICIAN BILLING				921	194.15
194.16	07966	GUEST MEALS / MOW'S				11,861	194.16
194.17	07967	NONREIMBURSABLE				18,187	194.17
194.18	07968	CONTRACTED ULTRASOUND				4,903	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC				4,533	194.19
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	5,558,978	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 8:40 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	ADMINISTRATIVE & GENERAL		5.01
5.02	00591	REHAB ADMINISTRATION		5.02
5.03	00592	RADIOLOGY ADMINISTRATION		5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
6.01	00601	MAINTENANCE & REPAIRS		6.01
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
11.01	01101	EMPLOYEE CAFETERIA		11.01
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	899,790
31.00	03100	INTENSIVE CARE UNIT	0	186,573
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
33.01	03302	BURN INTENSIVE CARE UNIT	0	0
33.02	03301	NURSING ADMINISTRATION	0	0
33.03	03303	GEROPSYCH REVENUE	0	0
33.04	03304	BURN INTENSIVE CARE UNIT	0	0
33.05	03305	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - I PF	0	83,041
41.00	04100	SUBPROVIDER - I RF	0	100,393
43.00	04300	NURSERY	0	38,200
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	958,144
51.00	05100	RECOVERY ROOM	0	202,184
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,127
53.00	05300	ANESTHESIOLOGY	0	26,153
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	478,360
54.01	03450	NUCLEAR MEDICINE	0	6,667
54.02	03630	ULTRASOUND	0	78,538
55.00	05500	RADIOLOGY-THERAPEUTIC	0	488,024
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	360,313
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,902
60.00	06000	LABORATORY	0	71,797
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	926
64.00	06400	INTRAVENOUS THERAPY	0	35,347
65.00	06500	RESPIRATORY THERAPY	0	40,731
65.01	03560	PULMONARY FUNCTION	0	6,757
66.00	06600	PHYSICAL THERAPY	0	120,206
67.00	06700	OCCUPATIONAL THERAPY	0	45,646
68.00	06800	SPEECH PATHOLOGY	0	5,610
69.00	06900	ELECTROCARDIOLOGY	0	7,578
69.01	03140	CARDIOLOGY	0	344,458
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,549
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	40,447
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	35,457
73.00	07300	DRUGS CHARGED TO PATIENTS	0	80,278
74.00	07400	RENAL DIALYSIS	0	15,459
76.00	03320	ELECTROSHOCK THERAPY	0	0
76.97	07697	CARDIAC REHABILITATION	0	21,645
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	17,116

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
76.99	07699 LI THOTRIPSY	25.00	26.00	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	137,357	90.00
91.00	09100 EMERGENCY	0	186,829	91.00
92.00	09200 OBSERVATION BEDS	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	72	95.00
101.00	10100 HOME HEALTH AGENCY	0	83,386	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,288,060	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,977	190.00
194.00	07950 MARKETING	0	29,545	194.00
194.01	07951 BUSINESS HEALTH	0	53,994	194.01
194.02	07952 VI TACARE	0	91,704	194.02
194.03	07953 CASCADE CLINIC	0	30,396	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	5	194.04
194.05	07955 ENT CLINIC	0	0	194.05
194.06	07956 RSVP	0	230	194.06
194.07	07957 CONTRACT CLEANING	0	4	194.07
194.08	07958 DIM MAINTENANCE	0	280	194.08
194.09	07959 RENTAL PROPERTY	0	865	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	163	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	185	194.11
194.12	07962 LIFESTYLES	0	4,375	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	769	194.13
194.14	07964 FOUNDATION	0	9,021	194.14
194.15	07965 PHYSICIAN BILLING	0	921	194.15
194.16	07966 GUEST MEALS / MOW'S	0	11,861	194.16
194.17	07967 NONREIMBURSABLE	0	18,187	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	4,903	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	4,533	194.19
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	5,558,978	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	242,614	0				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,140	0	36,899,416			4.00
5.01 00590 ADMINISTRATIVE & GENERAL	19,237	0	31,726	-13,869,549	80,528,783	5.01
5.02 00591 REHAB ADMINISTRATION	0	0	321,881	0	402,679	5.02
5.03 00592 RADIOLOGY ADMINISTRATION	0	0	402,951	0	567,263	5.03
5.04 00593 OCCUPATIONAL HEALTH ADMINISTRATION	0	0	136,696	0	175,895	5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL	0	0	329,591	0	426,421	5.05
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01 00601 MAINTENANCE & REPAIRS	0	0	114,775	0	284,507	6.01
7.00 00700 OPERATION OF PLANT	3,580	0	709,089	0	2,540,537	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	373,031	8.00
9.00 00900 HOUSEKEEPING	3,120	0	785,139	0	1,427,917	9.00
10.00 01000 DIETARY	7,856	0	995,619	0	1,678,089	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,017	0	2,044,478	0	2,984,899	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,430	0	308,523	0	643,650	14.00
15.00 01500 PHARMACY	4,068	0	1,200,959	0	1,096,710	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,608	0	464,808	0	1,032,523	16.00
17.00 01700 SOCIAL SERVICE	0	0	138,317	0	183,456	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	54,362	0	4,562,853	0	6,788,462	30.00
31.00 03100 INTENSIVE CARE UNIT	5,123	0	1,404,332	0	2,191,046	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03302 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02 03301 NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03 03303 GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04 03304 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03305 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	5,570	0	692,916	0	1,517,703	40.00
41.00 04100 SUBPROVIDER - I RF	6,545	0	775,646	0	1,383,470	41.00
43.00 04300 NURSERY	1,330	0	591,277	0	788,590	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	13,567	0	2,005,859	0	5,439,069	50.00
51.00 05100 RECOVERY ROOM	11,927	0	1,523,865	0	2,139,001	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,321	0	495,257	0	686,214	52.00
53.00 05300 ANESTHESIOLOGY	0	0	32,940	0	298,547	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,874	0	656,457	0	1,578,133	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	87,597	0	305,626	54.01
54.02 03630 ULTRASOUND	168	0	229,628	0	377,688	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	11,764	0	1,102,528	0	2,314,073	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	245,857	0	821,113	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	225,711	0	366,339	58.00
60.00 06000 LABORATORY	4,440	0	0	0	6,412,054	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	282,725	63.00
64.00 06400 INTRAVENOUS THERAPY	1,423	0	567,378	0	869,376	64.00
65.00 06500 RESPIRATORY THERAPY	2,043	0	406,565	0	603,447	65.00
65.01 03560 PULMONARY FUNCTION	427	0	46,005	0	71,989	65.01
66.00 06600 PHYSICAL THERAPY	6,516	0	1,956,221	0	2,575,954	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,332	0	492,770	0	662,411	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	174,647	0	218,946	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	83,295	0	127,314	69.00
69.01 03140 RADIOLOGY	846	0	601,160	0	1,452,894	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	756	0	102,606	0	216,502	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	3,387,238	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,210,647	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	3,152,373	73.00
74.00 07400 RENAL DIALYSIS	1,267	0	0	0	232,884	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 8:40 am

	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					4.00
76.97	07697	CARDIAC REHABILITATION	1,655	0	166,921	0	237,429	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	887	0	33,087	0	289,959	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,216	0	1,222,067	0	1,493,383	90.00
91.00	09100	EMERGENCY	12,649	0	3,780,780	0	2,821,595	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	22,740	95.00
101.00	10100	HOME HEALTH AGENCY	5,016	0	1,726,431	0	2,374,579	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	226,080	0	33,977,208	-13,869,549	73,529,090	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	770	0	0	0	8,484	190.00
194.00	07950	MARKETING	2,021	0	216,163	0	511,107	194.00
194.01	07951	BUSINESS HEALTH	3,984	0	698,841	0	1,101,421	194.01
194.02	07952	VI TACARE	5,048	0	1,177,683	0	1,753,192	194.02
194.03	07953	CASCADE CLINIC	2,500	0	131,813	0	263,338	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	1,953	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	39,180	0	67,187	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	1,666	194.07
194.08	07958	DIM MAINTENANCE	0	0	54,157	0	91,931	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	325,981	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	61,515	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	69,880	194.11
194.12	07962	LIFESTYLES	0	0	70,200	0	118,931	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI -STATES	0	0	205,877	0	239,577	194.13
194.14	07964	FOUNDATION	651	0	209,588	0	495,889	194.14
194.15	07965	PHYSICIAN BILLING	0	0	103,334	0	143,494	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	1,560	0	0	0	17,188	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	15,372	0	20,021	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	1,706,938	194.19
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,673,051	0	2,082,012		13,869,549	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.017711	0.000000	0.056424		0.172231	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			23,578		211,968	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000639		0.002632	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description			REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation 5A.04	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation 5A.05	
			5.02	5.03	5A.04	5.04	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION	6,025,874					5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	3,665,052				5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	-206,190	94,192,142		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	499,864	-500,958	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	0	0	333,508	0	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	2,978,096	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	437,279	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,673,849	0	9.00
10.00	01000	DIETARY	0	0	0	1,967,108	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,498,991	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	754,506	0	14.00
15.00	01500	PHARMACY	0	0	0	1,285,597	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,210,355	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	215,053	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	7,957,645	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,568,412	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	1,779,099	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	1,621,746	0	41.00
43.00	04300	NURSERY	0	0	0	924,410	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	6,375,845	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,507,403	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	804,401	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	349,966	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,548,737	0	2,130,930	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	476,431	0	444,704	0	54.01
54.02	03630	ULTRASOUND	0	374,187	0	510,628	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,712,628	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	869,275	0	1,120,249	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	396,422	0	501,358	0	58.00
60.00	06000	LABORATORY	0	0	0	7,516,408	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	331,419	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,019,109	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	707,379	0	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	84,388	0	65.01
66.00	06600	PHYSICAL THERAPY	2,857,933	0	0	3,243,488	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	373,258	0	0	805,738	0	67.00
68.00	06800	SPEECH PATHOLOGY	212,078	0	0	273,268	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	149,241	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	1,703,127	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	253,790	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	3,970,625	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,108,082	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,695,309	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	272,994	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	278,322	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	339,899	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description			REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation 5A.04	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST) 5.04	Reconciliation 5A.05	
76.99	07699	LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,750,590	0	90.00
91.00	09100	EMERGENCY	0	0	0	3,307,561	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	26,657	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,582,605	0	0	2,985,861	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,025,874	3,665,052	-206,190	85,986,885	-500,958	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	9,945	0	190.00
194.00	07950	MARKETING	0	0	0	599,135	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	1,291,120	0	194.01
194.02	07952	VI TACARE	0	0	0	2,055,146	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	308,693	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	2,289	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	78,759	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	1,953	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	107,764	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	382,125	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	72,110	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	81,916	0	194.11
194.12	07962	LIFESTYLES	0	0	0	139,415	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	280,840	0	194.13
194.14	07964	FOUNDATION	0	0	0	581,296	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	168,208	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	20,148	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	23,469	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	2,000,926	0	194.19
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)	472,033	664,963		206,190		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.078334	0.181433		0.002189		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,266	1,750		550		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000210	0.000477		0.000006		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	6.00	6.01	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	93,897,374				5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
6.01	00601	MAINTENANCE & REPAIRS	334,238	0	221,237		6.01
7.00	00700	OPERATION OF PLANT	2,984,615	0	3,580	217,657	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	438,236	0	0	0	602,281
9.00	00900	HOUSEKEEPING	1,677,513	0	3,120	3,120	0
10.00	01000	DIETARY	1,971,414	0	7,856	7,856	0
11.00	01100	CAFETERIA	0	0	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,506,650	0	3,017	3,017	0
14.00	01400	CENTRAL SERVICES & SUPPLY	756,158	0	3,430	3,430	36,540
15.00	01500	PHARMACY	1,288,411	0	4,068	4,068	571
16.00	01600	MEDICAL RECORDS & LIBRARY	1,213,004	0	3,608	3,608	0
17.00	01700	SOCIAL SERVICE	215,524	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,975,070	0	54,362	54,362	180,673
31.00	03100	INTENSIVE CARE UNIT	2,574,034	0	5,123	5,123	36,417
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	1,782,993	0	5,570	5,570	12,545
41.00	04100	SUBPROVIDER - I RF	1,625,296	0	6,545	6,545	23,345
43.00	04300	NURSERY	926,434	0	1,330	1,330	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,389,802	0	13,567	13,567	79,713
51.00	05100	RECOVERY ROOM	2,512,892	0	11,927	11,927	59,942
52.00	05200	DELIVERY ROOM & LABOR ROOM	806,162	0	2,321	2,321	0
53.00	05300	ANESTHESIOLOGY	350,732	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,135,595	0	12,874	12,874	33,864
54.01	03450	NUCLEAR MEDICINE	445,677	0	0	0	0
54.02	03630	ULTRASOUND	511,746	0	168	168	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,718,566	0	11,764	11,764	25,791
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,122,701	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	502,455	0	0	0	0
60.00	06000	LABORATORY	7,532,861	0	4,440	4,440	378
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	332,144	0	0	0	20
64.00	06400	INTRAVENOUS THERAPY	1,021,340	0	1,423	1,423	19,805
65.00	06500	RESPIRATORY THERAPY	708,927	0	2,043	2,043	1,077
65.01	03560	PULMONARY FUNCTION	84,573	0	427	427	122
66.00	06600	PHYSICAL THERAPY	3,250,588	0	6,516	6,516	3,137
67.00	06700	OCCUPATIONAL THERAPY	807,502	0	3,332	3,332	2,406
68.00	06800	SPEECH PATHOLOGY	273,866	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	149,568	0	0	0	469
69.01	03140	CARDIOLOGY	1,706,855	0	846	846	8,926
70.00	07000	ELECTROENCEPHALOGRAPHY	254,346	0	756	756	2,060
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,979,317	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,121,453	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,703,398	0	0	0	0
74.00	07400	RENAL DIALYSIS	273,592	0	1,267	1,267	1,385
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	278,931	0	1,655	1,655	189
76.98	07698	HYPERBARIC OXYGEN THERAPY	340,643	0	887	887	6,073
76.99	07699	LITHOTRIPSY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	6.00	6.01	7.00	8.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,754,422	0	9,216	9,216	6,353	90.00
91.00	09100 EMERGENCY	3,314,801	0	12,649	12,649	59,601	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	26,715	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	2,992,397	0	5,016	5,016	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	85,674,157	0	204,703	201,123	601,402	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,967	0	770	770	0	190.00
194.00	07950 MARKETING	600,447	0	2,021	2,021	0	194.00
194.01	07951 BUSINESS HEALTH	1,293,946	0	3,984	3,984	0	194.01
194.02	07952 VI TACARE	2,059,645	0	5,048	5,048	0	194.02
194.03	07953 CASCADE CLINIC	309,369	0	2,500	2,500	733	194.03
194.04	07954 ORTHOPEDIC CLINIC	2,294	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	78,931	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	1,957	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	108,000	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	382,961	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	72,268	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	82,095	0	0	0	0	194.11
194.12	07962 LIFESTYLES	139,720	0	0	0	146	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	281,455	0	0	0	0	194.13
194.14	07964 FOUNDATION	582,568	0	651	651	0	194.14
194.15	07965 PHYSICIAN BILLING	168,576	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	20,192	0	1,560	1,560	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	23,520	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	2,005,306	0	0	0	0	194.19
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)	500,958	0	336,021	3,005,975	440,574	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.005335	0.000000	1.518828	13.810606	0.731509	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,336	0	829	82,249	991	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000014	0.000000	0.003747	0.377884	0.001645	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00593						5.04
5.05	00560						5.05
6.00	00600						6.00
6.01	00601						6.01
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	214,537					10.00
11.00	01100	7,856	422,628				11.00
11.01	01101	0	259,765	259,765			11.01
11.01	01101	0	0	259,765	999,701		11.01
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,017	0	0	60,106	0	13.00
14.00	01400	3,430	0	0	18,643	0	14.00
15.00	01500	4,068	0	0	28,942	0	15.00
16.00	01600	3,608	0	0	20,216	0	16.00
17.00	01700	0	0	0	6,615	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	54,362	88,177	0	155,454	0	30.00
31.00	03100	5,123	9,267	0	49,942	0	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03302	0	0	0	0	0	33.01
33.02	03301	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
34.00	03400	0	0	0	0	0	34.00
40.00	04000	5,570	10,509	0	29,629	0	40.00
41.00	04100	6,545	11,389	0	27,718	0	41.00
43.00	04300	1,330	0	0	19,278	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	13,567	1,084	0	76,819	0	50.00
51.00	05100	11,927	0	0	50,593	0	51.00
52.00	05200	2,321	0	0	15,518	0	52.00
53.00	05300	0	0	0	2,104	0	53.00
54.00	05400	12,874	0	0	32,550	0	54.00
54.01	03450	0	0	0	0	0	54.01
54.02	03630	168	0	0	0	0	54.02
55.00	05500	11,764	0	0	28,642	0	55.00
57.00	05700	0	0	0	4,637	0	57.00
58.00	05800	0	0	0	6,123	0	58.00
60.00	06000	4,440	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	1,423	0	0	18,502	0	64.00
65.00	06500	2,043	0	0	15,887	0	65.00
65.01	03560	427	0	0	0	0	65.01
66.00	06600	6,516	0	0	60,128	0	66.00
67.00	06700	3,332	0	0	13,835	0	67.00
68.00	06800	0	0	0	3,586	0	68.00
69.00	06900	0	0	0	16,475	0	69.00
69.01	03140	846	0	0	3,153	0	69.01
70.00	07000	756	0	0	4,077	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,267	0	0	0	0	74.00
76.00	03320	0	0	0	0	0	76.00
76.97	07697	1,655	0	0	7,185	0	76.97
76.98	07698	887	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	9,216	0	0	30,991	0	90.00
91.00	09100 EMERGENCY	12,649	0	0	60,714	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	5,016	0	0	56,979	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	198,003	380,191	259,765	925,041	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	770	0	0	0	0	190.00
194.00	07950 MARKETING	2,021	0	0	61,277	0	194.00
194.01	07951 BUSINESS HEALTH	3,984	0	0	6,856	0	194.01
194.02	07952 VITACARE	5,048	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	2,500	0	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	651	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	6,527	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	42,437	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	1,560	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,734,291	2,165,866	1,331,233	1,331,233	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.083878	5.124757	5.124759	1.331631	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	49,412	118,123	72,604	72,604	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.230319	0.279496	0.279499	0.072626	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	641,835					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,372,804				14.00
15.00	01500	PHARMACY	0	351,301	3,015,334			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	261,151,483		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	22,217	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	155,454	134,202	0	16,334,187	13,275	30.00
31.00	03100	INTENSIVE CARE UNIT	49,942	50,773	0	4,153,999	2,033	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	29,629	11,108	0	4,830,492	2,586	40.00
41.00	04100	SUBPROVIDER - IRF	27,718	22,613	0	4,073,112	2,522	41.00
43.00	04300	NURSERY	19,278	14,624	0	2,070,850	1,801	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	76,819	1,182,369	0	44,361,168	0	50.00
51.00	05100	RECOVERY ROOM	50,593	62,589	0	9,566,232	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,518	24,631	0	3,074,149	0	52.00
53.00	05300	ANESTHESIOLOGY	2,104	40,472	0	6,505,673	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,550	1,138	0	4,191,578	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	660	0	2,008,032	0	54.01
54.02	03630	ULTRASOUND	0	5,909	0	2,513,043	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	28,642	2,762	0	23,057,660	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	4,637	1,909	0	11,305,937	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,123	1,070	0	6,943,707	0	58.00
60.00	06000	LABORATORY	0	0	0	11,977,633	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10	0	671,290	0	63.00
64.00	06400	INTRAVENOUS THERAPY	18,502	15,973	0	4,242,905	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,887	8,035	0	4,460,334	0	65.00
65.01	03560	PULMONARY FUNCTION	0	3,606	0	895,742	0	65.01
66.00	06600	PHYSICAL THERAPY	60,128	20,335	0	6,826,464	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,835	2,478	0	2,177,595	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,586	0	0	567,901	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,475	2,187	0	5,193,150	0	69.00
69.01	03140	CARDIOLOGY	3,153	51,612	0	5,870,278	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,077	484	0	889,914	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,896,442	0	11,811,119	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,290,087	0	9,038,086	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,013,295	24,882,670	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	458,479	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,185	1,761	0	565,219	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,111	0	1,509,781	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
76.99	07699	LI THOTRIPSY	13.00	14.00	15.00	16.00	17.00	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	70,088	0	8,263,811	0	90.00
91.00	09100	EMERGENCY	0	49,486	0	12,796,378	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	51,257	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	45,173	0	3,011,658	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	641,835	5,366,998	3,013,295	261,151,483	22,217	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	46	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	3,973	0	0	0	194.01
194.02	07952	VI TACARE	0	1,787	1,782	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	257	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,676,035	892,055	1,487,816	1,330,871	225,483	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.727383	0.166032	0.493417	0.005096	10.149120	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	49,650	81,572	66,353	58,846	1,095	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.077356	0.015182	0.022005	0.000225	0.049287	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590 ADMINI STRATIVE & GENERAL						5.01
5.02 00591 REHAB ADMINI STRATION						5.02
5.03 00592 RADIOLOGY ADMINI STRATION						5.03
5.04 00593 OCCUPATIONAL HEALTH ADMINI STRATION						5.04
5.05 00560 OTHER ADMINI STRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MAINTENANCE & REPAIRS						6.01
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINI STRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD			0			21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)					0	23.00
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
33.00 03300 BURN INTENSIVE CARE UNIT		0	0	0	0	33.00
33.01 03302 BURN INTENSIVE CARE UNIT		0	0	0	0	33.01
33.02 03301 NURSING ADMINI STRATION		0	0	0	0	33.02
33.03 03303 GEROPSYCH REVENUE		0	0	0	0	33.03
33.04 03304 BURN INTENSIVE CARE UNIT		0	0	0	0	33.04
33.05 03305 BURN INTENSIVE CARE UNIT		0	0	0	0	33.05
34.00 03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF		0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF		0	0	0	0	41.00
43.00 04300 NURSERY		0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0	0	0	0	0	65.01
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
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)			
			19.00	20.00			21.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99 07699 LITHOTRIpsy	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
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						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)					0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 MARKETING	0	0	0	0	0	194.00	
194.01 07951 BUSINESS HEALTH	0	0	0	0	0	194.01	
194.02 07952 VITACARE	0	0	0	0	0	194.02	
194.03 07953 CASCADE CLINIC	0	0	0	0	0	194.03	
194.04 07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04	
194.05 07955 ENT CLINIC	0	0	0	0	0	194.05	
194.06 07956 RSVP	0	0	0	0	0	194.06	
194.07 07957 CONTRACT CLEANING	0	0	0	0	0	194.07	
194.08 07958 DIM MAINTENANCE	0	0	0	0	0	194.08	
194.09 07959 RENTAL PROPERTY	0	0	0	0	0	194.09	
194.10 07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10	
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11	
194.12 07962 LIFESTYLES	0	0	0	0	0	194.12	
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13	
194.14 07964 FOUNDATION	0	0	0	0	0	194.14	
194.15 07965 PHYSICIAN BILLING	0	0	0	0	0	194.15	
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16	
194.17 07967 NONREIMBURSABLE	0	0	0	0	0	194.17	
194.18 07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18	
194.19 07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	Cost to be allocated (per Wkst. B, Part I)					0	202.00
203.00	0.000000	0.000000	0.000000	0.000000	0.000000	203.00	
204.00	Unit cost multiplier (Wkst. B, Part I)					0	204.00
205.00	0.000000	0.000000	0.000000	0.000000	0.000000	205.00	
205.00	Unit cost multiplier (Wkst. B, Part II)					0	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160117

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

Worksheet C Part I Date/Time Prepared: 5/26/2015 8:40 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,212,076		11,212,076	0	11,212,076	30.00
31.00	03100	INTENSIVE CARE UNIT	3,184,616		3,184,616	0	3,184,616	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0		0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0		0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	2,247,808		2,247,808	0	2,247,808	40.00
41.00	04100	SUBPROVIDER - I/RF	2,108,419		2,108,419	0	2,108,419	41.00
43.00	04300	NURSERY	1,129,860		1,129,860	0	1,129,860	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,770,093		7,770,093	0	7,770,093	50.00
51.00	05100	RECOVERY ROOM	3,265,674		3,265,674	0	3,265,674	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	994,103		994,103	0	994,103	52.00
53.00	05300	ANESTHESIOLOGY	407,328		407,328	0	407,328	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,724,503		2,724,503	0	2,724,503	54.00
54.01	03450	NUCLEAR MEDICINE	458,398		458,398	0	458,398	54.01
54.02	03630	ULTRASOUND	532,196		532,196	0	532,196	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,347,516		3,347,516	24,921	3,372,437	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,219,356		1,219,356	0	1,219,356	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	583,922		583,922	0	583,922	58.00
60.00	06000	LABORATORY	7,738,319		7,738,319	0	7,738,319	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	337,354		337,354	0	337,354	63.00
64.00	06400	INTRAVENOUS THERAPY	1,229,473		1,229,473	0	1,229,473	64.00
65.00	06500	RESPIRATORY THERAPY	897,541	0	897,541	0	897,541	65.00
65.01	03560	PULMONARY FUNCTION	100,275	0	100,275	0	100,275	65.01
66.00	06600	PHYSICAL THERAPY	3,885,395	0	3,885,395	0	3,885,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,000,752	0	1,000,752	0	1,000,752	67.00
68.00	06800	SPEECH PATHOLOGY	303,534	0	303,534	0	303,534	68.00
69.00	06900	ELECTROCARDIOLOGY	293,834		293,834	0	293,834	69.00
69.01	03140	CARDIOLOGY	1,803,039		1,803,039	0	1,803,039	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	308,305		308,305	5,016	313,321	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,375,603		4,375,603	0	4,375,603	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,414,365		6,414,365	0	6,414,365	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,336,768		5,336,768	0	5,336,768	73.00
74.00	07400	RENAL DIALYSIS	308,065		308,065	0	308,065	74.00
76.00	03320	ELECTROSHOCK THERAPY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	373,198		373,198	1,497	374,695	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	375,547		375,547	0	375,547	76.98
76.99	07699	LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,079,225		2,079,225	0	2,079,225	90.00
91.00	09100	EMERGENCY	3,826,514		3,826,514	656,542	4,483,056	91.00
92.00	09200	OBSERVATION BEDS	1,162,767		1,162,767	0	1,162,767	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	27,119		27,119	0	27,119	95.00
101.00	10100	HOME HEALTH AGENCY	3,224,524		3,224,524	0	3,224,524	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	86,587,384	0	86,587,384	687,976	87,275,360	200.00
201.00		Less Observation Beds	1,162,767		1,162,767		1,162,767	201.00
202.00		Total (see instructions)	85,424,617	0	85,424,617	687,976	86,112,593	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160117

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 8:40 am

		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,662,248		14,662,248		30.00
31.00	03100	INTENSIVE CARE UNIT	4,153,999		4,153,999		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0		33.01
33.02	03301	NURSING ADMINISTRATION	0		0		33.02
33.03	03303	GEROPSYCH REVENUE	0		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	4,830,492		4,830,492		40.00
41.00	04100	SUBPROVIDER - I/RP	4,073,112		4,073,112		41.00
43.00	04300	NURSERY	2,070,850		2,070,850		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,630,418	31,730,750	44,361,168	0.175155	50.00
51.00	05100	RECOVERY ROOM	2,748,084	6,818,148	9,566,232	0.341375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,775,760	298,389	3,074,149	0.323375	52.00
53.00	05300	ANESTHESIOLOGY	1,530,397	4,975,276	6,505,673	0.062611	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,253,960	2,937,618	4,191,578	0.649995	54.00
54.01	03450	NUCLEAR MEDICINE	216,371	1,791,661	2,008,032	0.228282	54.01
54.02	03630	ULTRASOUND	572,796	1,940,247	2,513,043	0.211774	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	182,802	22,874,858	23,057,660	0.145180	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,433,492	7,872,445	11,305,937	0.107851	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	922,633	6,021,074	6,943,707	0.084094	58.00
60.00	06000	LABORATORY	6,410,850	5,566,783	11,977,633	0.646064	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	437,330	233,960	671,290	0.502546	63.00
64.00	06400	INTRAVENOUS THERAPY	1,182,888	3,060,017	4,242,905	0.289772	64.00
65.00	06500	RESPIRATORY THERAPY	3,297,447	1,162,887	4,460,334	0.201227	65.00
65.01	03560	PULMONARY FUNCTION	705,417	190,325	895,742	0.111946	65.01
66.00	06600	PHYSICAL THERAPY	2,297,022	4,529,442	6,826,464	0.569167	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,403,262	774,333	2,177,595	0.459568	67.00
68.00	06800	SPEECH PATHOLOGY	567,901	0	567,901	0.534484	68.00
69.00	06900	ELECTROCARDIOLOGY	2,346,916	2,846,234	5,193,150	0.056581	69.00
69.01	03140	CARDIOLOGY	2,647,393	3,222,885	5,870,278	0.307147	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	69,356	820,558	889,914	0.346444	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,224,461	5,586,658	11,811,119	0.370465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,101,630	3,936,456	9,038,086	0.709704	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,196,210	10,686,460	24,882,670	0.214477	73.00
74.00	07400	RENAL DIALYSIS	456,295	2,184	458,479	0.671928	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	364	564,855	565,219	0.660272	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,028	1,499,753	1,509,781	0.248743	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	311,269	7,952,542	8,263,811	0.251606	90.00
91.00	09100	EMERGENCY	2,333,760	10,462,618	12,796,378	0.299031	91.00
92.00	09200	OBSERVATION BEDS	426,859	1,245,080	1,671,939	0.695460	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	13,056	38,201	51,257	0.529079	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,011,658	3,011,658		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	106,497,128	154,654,355	261,151,483		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	106,497,128	154,654,355	261,151,483		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 8:40 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
33.01	03302 BURN INTENSIVE CARE UNIT			33.01
33.02	03301 NURSING ADMINISTRATION			33.02
33.03	03303 GEROPSYCH REVENUE			33.03
33.04	03304 BURN INTENSIVE CARE UNIT			33.04
33.05	03305 BURN INTENSIVE CARE UNIT			33.05
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.175155		50.00
51.00	05100 RECOVERY ROOM	0.341375		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.323375		52.00
53.00	05300 ANESTHESIOLOGY	0.062611		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.649995		54.00
54.01	03450 NUCLEAR MEDICINE	0.228282		54.01
54.02	03630 ULTRASOUND	0.211774		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.146261		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.107851		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084094		58.00
60.00	06000 LABORATORY	0.646064		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.502546		63.00
64.00	06400 INTRAVENOUS THERAPY	0.289772		64.00
65.00	06500 RESPIRATORY THERAPY	0.201227		65.00
65.01	03560 PULMONARY FUNCTION	0.111946		65.01
66.00	06600 PHYSICAL THERAPY	0.569167		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.459568		67.00
68.00	06800 SPEECH PATHOLOGY	0.534484		68.00
69.00	06900 ELECTROCARDIOLOGY	0.056581		69.00
69.01	03140 RADIOLOGY	0.307147		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.352080		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.370465		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.709704		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214477		73.00
74.00	07400 RENAL DIALYSIS	0.671928		74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.662920		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.248743		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.251606		90.00
91.00	09100 EMERGENCY	0.350338		91.00
92.00	09200 OBSERVATION BEDS	0.695460		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.529079		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
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: 160117

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 8:40 am

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		11,212,076	0	11,212,076	30.00	
31.00	03100 INTENSIVE CARE UNIT		3,184,616	0	3,184,616	31.00	
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00	
33.01	03302 BURN INTENSIVE CARE UNIT		0	0	0	33.01	
33.02	03301 NURSING ADMINISTRATION		0	0	0	33.02	
33.03	03303 GEROPSYCH REVENUE		0	0	0	33.03	
33.04	03304 BURN INTENSIVE CARE UNIT		0	0	0	33.04	
33.05	03305 BURN INTENSIVE CARE UNIT		0	0	0	33.05	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	04000 SUBPROVIDER - I/PF		2,247,808	0	2,247,808	40.00	
41.00	04100 SUBPROVIDER - I/RF		2,108,419	0	2,108,419	41.00	
43.00	04300 NURSERY		1,129,860	0	1,129,860	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		7,770,093	0	7,770,093	50.00	
51.00	05100 RECOVERY ROOM		3,265,674	0	3,265,674	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		994,103	0	994,103	52.00	
53.00	05300 ANESTHESIOLOGY		407,328	0	407,328	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,724,503	0	2,724,503	54.00	
54.01	03450 NUCLEAR MEDICINE		458,398	0	458,398	54.01	
54.02	03630 ULTRASOUND		532,196	0	532,196	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC		3,347,516	24,921	3,372,437	55.00	
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN		1,219,356	0	1,219,356	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		583,922	0	583,922	58.00	
60.00	06000 LABORATORY		7,738,319	0	7,738,319	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		337,354	0	337,354	63.00	
64.00	06400 INTRAVENOUS THERAPY		1,229,473	0	1,229,473	64.00	
65.00	06500 RESPIRATORY THERAPY	0	897,541	0	897,541	65.00	
65.01	03560 PULMONARY FUNCTION	0	100,275	0	100,275	65.01	
66.00	06600 PHYSICAL THERAPY	0	3,885,395	0	3,885,395	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,000,752	0	1,000,752	67.00	
68.00	06800 SPEECH PATHOLOGY	0	303,534	0	303,534	68.00	
69.00	06900 ELECTROCARDIOLOGY		293,834	0	293,834	69.00	
69.01	03140 RADIOLOGY		1,803,039	0	1,803,039	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY		308,305	5,016	313,321	70.00	
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS		4,375,603	0	4,375,603	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		6,414,365	0	6,414,365	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		5,336,768	0	5,336,768	73.00	
74.00	07400 RENAL DIALYSIS		308,065	0	308,065	74.00	
76.00	03320 ELECTROSHOCK THERAPY		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		373,198	1,497	374,695	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		375,547	0	375,547	76.98	
76.99	07699 LI THOTRI PSY		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		2,079,225	0	2,079,225	90.00	
91.00	09100 EMERGENCY		3,826,514	656,542	4,483,056	91.00	
92.00	09200 OBSERVATION BEDS		1,162,767	0	1,162,767	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		27,119	0	27,119	95.00	
101.00	10100 HOME HEALTH AGENCY		3,224,524	0	3,224,524	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		86,587,384	0	86,587,384	200.00	
201.00	Less Observation Beds		1,162,767		1,162,767	201.00	
202.00	Total (see instructions)		85,424,617	0	85,424,617	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 8:40 am	
			Title XIX		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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,662,248		14,662,248			30.00
31.00	03100	INTENSIVE CARE UNIT	4,153,999		4,153,999			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0			33.01
33.02	03301	NURSING ADMINISTRATION	0		0			33.02
33.03	03303	GEROPSYCH REVENUE	0		0			33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0			33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	4,830,492		4,830,492			40.00
41.00	04100	SUBPROVIDER - I/RP	4,073,112		4,073,112			41.00
43.00	04300	NURSERY	2,070,850		2,070,850			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,630,418	31,730,750	44,361,168	0.175155	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,748,084	6,818,148	9,566,232	0.341375	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,775,760	298,389	3,074,149	0.323375	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,530,397	4,975,276	6,505,673	0.062611	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,253,960	2,937,618	4,191,578	0.649995	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE	216,371	1,791,661	2,008,032	0.228282	0.000000	54.01
54.02	03630	ULTRASOUND	572,796	1,940,247	2,513,043	0.211774	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	182,802	22,874,858	23,057,660	0.145180	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,433,492	7,872,445	11,305,937	0.107851	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	922,633	6,021,074	6,943,707	0.084094	0.000000	58.00
60.00	06000	LABORATORY	6,410,850	5,566,783	11,977,633	0.646064	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	437,330	233,960	671,290	0.502546	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,182,888	3,060,017	4,242,905	0.289772	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,297,447	1,162,887	4,460,334	0.201227	0.000000	65.00
65.01	03560	PULMONARY FUNCTION	705,417	190,325	895,742	0.111946	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,297,022	4,529,442	6,826,464	0.569167	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,403,262	774,333	2,177,595	0.459568	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	567,901	0	567,901	0.534484	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,346,916	2,846,234	5,193,150	0.056581	0.000000	69.00
69.01	03140	CARDIOLOGY	2,647,393	3,222,885	5,870,278	0.307147	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	69,356	820,558	889,914	0.346444	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,224,461	5,586,658	11,811,119	0.370465	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,101,630	3,936,456	9,038,086	0.709704	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,196,210	10,686,460	24,882,670	0.214477	0.000000	73.00
74.00	07400	RENAL DIALYSIS	456,295	2,184	458,479	0.671928	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	364	564,855	565,219	0.660272	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,028	1,499,753	1,509,781	0.248743	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	311,269	7,952,542	8,263,811	0.251606	0.000000	90.00
91.00	09100	EMERGENCY	2,333,760	10,462,618	12,796,378	0.299031	0.000000	91.00
92.00	09200	OBSERVATION BEDS	426,859	1,245,080	1,671,939	0.695460	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	13,056	38,201	51,257	0.529079	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,011,658	3,011,658			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	106,497,128	154,654,355	261,151,483			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	106,497,128	154,654,355	261,151,483			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 8:40 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
33.01	03302 BURN INTENSIVE CARE UNIT			33.01
33.02	03301 NURSING ADMINISTRATION			33.02
33.03	03303 GEROPSYCH REVENUE			33.03
33.04	03304 BURN INTENSIVE CARE UNIT			33.04
33.05	03305 BURN INTENSIVE CARE UNIT			33.05
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.175155		50.00
51.00	05100 RECOVERY ROOM	0.341375		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.323375		52.00
53.00	05300 ANESTHESIOLOGY	0.062611		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.649995		54.00
54.01	03450 NUCLEAR MEDICINE	0.228282		54.01
54.02	03630 ULTRASOUND	0.211774		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.146261		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.107851		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084094		58.00
60.00	06000 LABORATORY	0.646064		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.502546		63.00
64.00	06400 INTRAVENOUS THERAPY	0.289772		64.00
65.00	06500 RESPIRATORY THERAPY	0.201227		65.00
65.01	03560 PULMONARY FUNCTION	0.111946		65.01
66.00	06600 PHYSICAL THERAPY	0.569167		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.459568		67.00
68.00	06800 SPEECH PATHOLOGY	0.534484		68.00
69.00	06900 ELECTROCARDIOLOGY	0.056581		69.00
69.01	03140 RADIOLOGY	0.307147		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.352080		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.370465		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.709704		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214477		73.00
74.00	07400 RENAL DIALYSIS	0.671928		74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.662920		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.248743		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.251606		90.00
91.00	09100 EMERGENCY	0.350338		91.00
92.00	09200 OBSERVATION BEDS	0.695460		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.529079		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 160117

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

Worksheet C Part II Date/Time Prepared: 5/26/2015 8:40 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,770,093	958,144	6,811,949	0	0	50.00
51.00	05100	RECOVERY ROOM	3,265,674	202,184	3,063,490	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	994,103	58,127	935,976	0	0	52.00
53.00	05300	ANESTHESIOLOGY	407,328	26,153	381,175	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,724,503	478,360	2,246,143	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	458,398	6,667	451,731	0	0	54.01
54.02	03630	ULTRASOUND	532,196	78,538	453,658	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,347,516	488,024	2,859,492	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,219,356	360,313	859,043	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	583,922	7,902	576,020	0	0	58.00
60.00	06000	LABORATORY	7,738,319	71,797	7,666,522	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	337,354	926	336,428	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,229,473	35,347	1,194,126	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	897,541	40,731	856,810	0	0	65.00
65.01	03560	PULMONARY FUNCTION	100,275	6,757	93,518	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,885,395	120,206	3,765,189	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,000,752	45,646	955,106	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	303,534	5,610	297,924	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	293,834	7,578	286,256	0	0	69.00
69.01	03140	CARDIOLOGY	1,803,039	344,458	1,458,581	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	308,305	18,549	289,756	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,375,603	40,447	4,335,156	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,414,365	35,457	6,378,908	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,336,768	80,278	5,256,490	0	0	73.00
74.00	07400	RENAL DIALYSIS	308,065	15,459	292,606	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	373,198	21,645	351,553	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	375,547	17,116	358,431	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,079,225	137,357	1,941,868	0	0	90.00
91.00	09100	EMERGENCY	3,826,514	186,829	3,639,685	0	0	91.00
92.00	09200	OBSERVATION BEDS	1,162,767	93,314	1,069,453	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	27,119	72	27,047	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,224,524	83,386	3,141,138	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	66,704,605	4,073,377	62,631,228	0	0	200.00
201.00		Less Observation Beds	1,162,767	93,314	1,069,453	0	0	201.00
202.00		Total (line 200 minus line 201)	65,541,838	3,980,063	61,561,775	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/26/2015 8:40 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	7,770,093	44,361,168	0.175155		50.00
51.00	05100 RECOVERY ROOM	3,265,674	9,566,232	0.341375		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	994,103	3,074,149	0.323375		52.00
53.00	05300 ANESTHESIOLOGY	407,328	6,505,673	0.062611		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,724,503	4,191,578	0.649995		54.00
54.01	03450 NUCLEAR MEDICINE	458,398	2,008,032	0.228282		54.01
54.02	03630 ULTRASOUND	532,196	2,513,043	0.211774		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	3,347,516	23,057,660	0.145180		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,219,356	11,305,937	0.107851		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	583,922	6,943,707	0.084094		58.00
60.00	06000 LABORATORY	7,738,319	11,977,633	0.646064		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	337,354	671,290	0.502546		63.00
64.00	06400 INTRAVENOUS THERAPY	1,229,473	4,242,905	0.289772		64.00
65.00	06500 RESPIRATORY THERAPY	897,541	4,460,334	0.201227		65.00
65.01	03560 PULMONARY FUNCTION	100,275	895,742	0.111946		65.01
66.00	06600 PHYSICAL THERAPY	3,885,395	6,826,464	0.569167		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,000,752	2,177,595	0.459568		67.00
68.00	06800 SPEECH PATHOLOGY	303,534	567,901	0.534484		68.00
69.00	06900 ELECTROCARDIOLOGY	293,834	5,193,150	0.056581		69.00
69.01	03140 RADIOLOGY	1,803,039	5,870,278	0.307147		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	308,305	889,914	0.346444		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,375,603	11,811,119	0.370465		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	6,414,365	9,038,086	0.709704		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,336,768	24,882,670	0.214477		73.00
74.00	07400 RENAL DIALYSIS	308,065	458,479	0.671928		74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	373,198	565,219	0.660272		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	375,547	1,509,781	0.248743		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	2,079,225	8,263,811	0.251606		90.00
91.00	09100 EMERGENCY	3,826,514	12,796,378	0.299031		91.00
92.00	09200 OBSERVATION BEDS	1,162,767	1,671,939	0.695460		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	27,119	51,257	0.529079		95.00
101.00	10100 HOME HEALTH AGENCY	3,224,524	3,011,658	1.070681		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	66,704,605	231,360,782			200.00
201.00	Less Observation Beds	1,162,767	0			201.00
202.00	Total (line 200 minus line 201)	65,541,838	231,360,782			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 8:40 am
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	899,790	0	899,790	14,811	60.75 30.00
31.00	INTENSIVE CARE UNIT	186,573		186,573	2,033	91.77 31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00 33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00 33.01
33.02	NURSING ADMINISTRATION	0		0	0	0.00 33.02
33.03	GEROPSYCH REVENUE	0		0	0	0.00 33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00 33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00 33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00 34.00
40.00	SUBPROVIDER - IPF	83,041	0	83,041	2,586	32.11 40.00
41.00	SUBPROVIDER - IRF	100,393	0	100,393	2,522	39.81 41.00
43.00	NURSERY	38,200		38,200	1,801	21.21 43.00
200.00	Total (Lines 30-199)	1,307,997		1,307,997	23,753	200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	9,376	569,592 30.00
31.00	INTENSIVE CARE UNIT	1,287	118,108 31.00
33.00	BURN INTENSIVE CARE UNIT	0	0 33.00
33.01	BURN INTENSIVE CARE UNIT	0	0 33.01
33.02	NURSING ADMINISTRATION	0	0 33.02
33.03	GEROPSYCH REVENUE	0	0 33.03
33.04	BURN INTENSIVE CARE UNIT	0	0 33.04
33.05	BURN INTENSIVE CARE UNIT	0	0 33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0 34.00
40.00	SUBPROVIDER - IPF	1,915	61,491 40.00
41.00	SUBPROVIDER - IRF	1,981	78,864 41.00
43.00	NURSERY	0	0 43.00
200.00	Total (Lines 30-199)	14,559	828,055 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 8:40 am
		Title XVII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	958,144	44,361,168	0.021599	6,511,854	140,650	50.00
51.00	05100 RECOVERY ROOM	202,184	9,566,232	0.021135	985,346	20,825	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	58,127	3,074,149	0.018908	23,226	439	52.00
53.00	05300 ANESTHESIOLOGY	26,153	6,505,673	0.004020	761,610	3,062	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	478,360	4,191,578	0.114124	1,194,761	136,351	54.00
54.01	03450 NUCLEAR MEDICINE	6,667	2,008,032	0.003320	0	0	54.01
54.02	03630 ULTRASOUND	78,538	2,513,043	0.031252	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	488,024	23,057,660	0.021165	57,761	1,223	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	360,313	11,305,937	0.031869	2,010,724	64,080	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	7,902	6,943,707	0.001138	430,889	490	58.00
60.00	06000 LABORATORY	71,797	11,977,633	0.005994	3,636,066	21,795	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	926	671,290	0.001379	348,725	481	63.00
64.00	06400 INTRAVENOUS THERAPY	35,347	4,242,905	0.008331	718,090	5,982	64.00
65.00	06500 RESPIRATORY THERAPY	40,731	4,460,334	0.009132	2,153,859	19,669	65.00
65.01	03560 PULMONARY FUNCTION	6,757	895,742	0.007543	0	0	65.01
66.00	06600 PHYSICAL THERAPY	120,206	6,826,464	0.017609	968,771	17,059	66.00
67.00	06700 OCCUPATIONAL THERAPY	45,646	2,177,595	0.020962	380,005	7,966	67.00
68.00	06800 SPEECH PATHOLOGY	5,610	567,901	0.009878	181,059	1,789	68.00
69.00	06900 ELECTROCARDIOLOGY	7,578	5,193,150	0.001459	2,310,376	3,371	69.00
69.01	03140 RADIOLOGY	344,458	5,870,278	0.058678	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	18,549	889,914	0.020844	34,512	719	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	40,447	11,811,119	0.003424	4,137,497	14,167	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	35,457	9,038,086	0.003923	3,205,070	12,573	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	80,278	24,882,670	0.003226	7,635,617	24,633	73.00
74.00	07400 RENAL DIALYSIS	15,459	458,479	0.033718	153,930	5,190	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	21,645	565,219	0.038295	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	17,116	1,509,781	0.011337	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	137,357	8,263,811	0.016622	2,618	44	90.00
91.00	09100 EMERGENCY	186,829	12,796,378	0.014600	1,478,692	21,589	91.00
92.00	09200 OBSERVATION BEDS	93,314	1,671,939	0.055812	399,241	22,282	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	3,989,919	228,297,867		39,720,299	546,429	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/26/2015 8:40 am
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Cost Center Description		Title XVIII					Hospital	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,811	0.00	9,376	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,033	0.00	1,287	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0.00	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0.00	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,586	0.00	1,915	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,522	0.00	1,981	0	41.00
43.00	04300	NURSERY	1,801	0.00	0	0	43.00
200.00		Total (lines 30-199)	23,753		14,559	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01	
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
60.00	06000 LABORATORY	0	0	0	0	0	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
65.01	03560 PULMONARY FUNCTION	0	0	0	0	0	65.01	
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	
69.01	03140 CARDIOLOGY	0	0	0	0	0	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
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	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
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: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	44,361,168	0.000000	0.000000	6,511,854	50.00
51.00	05100 RECOVERY ROOM	0	9,566,232	0.000000	0.000000	985,346	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,074,149	0.000000	0.000000	23,226	52.00
53.00	05300 ANESTHESIOLOGY	0	6,505,673	0.000000	0.000000	761,610	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,191,578	0.000000	0.000000	1,194,761	54.00
54.01	03450 NUCLEAR MEDICINE	0	2,008,032	0.000000	0.000000	0	54.01
54.02	03630 ULTRASOUND	0	2,513,043	0.000000	0.000000	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	23,057,660	0.000000	0.000000	57,761	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	11,305,937	0.000000	0.000000	2,010,724	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,943,707	0.000000	0.000000	430,889	58.00
60.00	06000 LABORATORY	0	11,977,633	0.000000	0.000000	3,636,066	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	671,290	0.000000	0.000000	348,725	63.00
64.00	06400 INTRAVENOUS THERAPY	0	4,242,905	0.000000	0.000000	718,090	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,460,334	0.000000	0.000000	2,153,859	65.00
65.01	03560 PULMONARY FUNCTION	0	895,742	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	6,826,464	0.000000	0.000000	968,771	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,177,595	0.000000	0.000000	380,005	67.00
68.00	06800 SPEECH PATHOLOGY	0	567,901	0.000000	0.000000	181,059	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,193,150	0.000000	0.000000	2,310,376	69.00
69.01	03140 RADIOLOGY	0	5,870,278	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	889,914	0.000000	0.000000	34,512	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	11,811,119	0.000000	0.000000	4,137,497	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	9,038,086	0.000000	0.000000	3,205,070	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	24,882,670	0.000000	0.000000	7,635,617	73.00
74.00	07400 RENAL DIALYSIS	0	458,479	0.000000	0.000000	153,930	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	565,219	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	1,509,781	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	8,263,811	0.000000	0.000000	2,618	90.00
91.00	09100 EMERGENCY	0	12,796,378	0.000000	0.000000	1,478,692	91.00
92.00	09200 OBSERVATION BEDS	0	1,671,939	0.000000	0.000000	399,241	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	228,297,867			39,720,299	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	11,425,422	0	50.00
51.00	05100 RECOVERY ROOM	0	2,442,060	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,410	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,784,251	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,834,392	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	14,373,567	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	2,637,932	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,120,789	0	58.00
60.00	06000 LABORATORY	0	1,882,363	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	233,960	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,053,963	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,162,887	0	65.00
65.01	03560 PULMONARY FUNCTION	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,846,234	0	69.00
69.01	03140 CARDIOLOGY	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	320,734	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,441,413	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,360,238	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,017,874	0	73.00
74.00	07400 RENAL DIALYSIS	0	2,184	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	437,258	0	90.00
91.00	09100 EMERGENCY	0	2,457,539	0	91.00
92.00	09200 OBSERVATION BEDS	0	4,029,443	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	0	58,865,913	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:40 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.175155	11,425,422	0	0	2,001,220	50.00
51.00	05100 RECOVERY ROOM	0.341375	2,442,060	0	0	833,658	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.323375	1,410	0	0	456	52.00
53.00	05300 ANESTHESIOLOGY	0.062611	1,784,251	0	0	111,714	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.649995	1,834,392	0	0	1,192,346	54.00
54.01	03450 NUCLEAR MEDICINE	0.228282	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0.211774	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.145180	14,373,567	0	0	2,086,754	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.107851	2,637,932	0	0	284,504	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084094	2,120,789	0	0	178,346	58.00
60.00	06000 LABORATORY	0.646064	1,882,363	0	0	1,216,127	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.502546	233,960	0	0	117,576	63.00
64.00	06400 INTRAVENOUS THERAPY	0.289772	1,053,963	0	0	305,409	64.00
65.00	06500 RESPIRATORY THERAPY	0.201227	1,162,887	0	0	234,004	65.00
65.01	03560 PULMONARY FUNCTION	0.111946	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.569167	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.459568	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.534484	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.056581	2,846,234	0	0	161,043	69.00
69.01	03140 RADIOLOGY	0.307147	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.346444	320,734	0	0	111,116	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.370465	2,441,413	0	0	904,458	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.709704	1,360,238	34,650	0	965,366	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214477	4,017,874	0	62,384	861,742	73.00
74.00	07400 RENAL DIALYSIS	0.671928	2,184	0	0	1,467	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.660272	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.248743	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.251606	437,258	0	0	110,017	90.00
91.00	09100 EMERGENCY	0.299031	2,457,539	0	0	734,880	91.00
92.00	09200 OBSERVATION BEDS	0.695460	4,029,443	0	0	2,802,316	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.529079	0	0	0	0	95.00
200.00	Subtotal (see instructions)		58,865,913	34,650	62,384	15,214,519	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		58,865,913	34,650	62,384	15,214,519	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:40 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	54.01
54.02	03630 ULTRASOUND	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000 LABORATORY	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	03560 PULMONARY FUNCTION	0	0	65.01
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
69.01	03140 RADIOLOGY	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	24,591	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,380	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	24,591	13,380	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	24,591	13,380	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160117 Component CCN: 16S117		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 8:40 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	958,144	44,361,168	0.021599	3,364	73	50.00
51.00	05100 RECOVERY ROOM	202,184	9,566,232	0.021135	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	58,127	3,074,149	0.018908	0	0	52.00
53.00	05300 ANESTHESIOLOGY	26,153	6,505,673	0.004020	280	1	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	478,360	4,191,578	0.114124	14,167	1,617	54.00
54.01	03450 NUCLEAR MEDICINE	6,667	2,008,032	0.003320	0	0	54.01
54.02	03630 ULTRASOUND	78,538	2,513,043	0.031252	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	488,024	23,057,660	0.021165	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	360,313	11,305,937	0.031869	36,936	1,177	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	7,902	6,943,707	0.001138	6,197	7	58.00
60.00	06000 LABORATORY	71,797	11,977,633	0.005994	123,339	739	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	926	671,290	0.001379	1,053	1	63.00
64.00	06400 INTRAVENOUS THERAPY	35,347	4,242,905	0.008331	953	8	64.00
65.00	06500 RESPIRATORY THERAPY	40,731	4,460,334	0.009132	26,603	243	65.00
65.01	03560 PULMONARY FUNCTION	6,757	895,742	0.007543	0	0	65.01
66.00	06600 PHYSICAL THERAPY	120,206	6,826,464	0.017609	69,019	1,215	66.00
67.00	06700 OCCUPATIONAL THERAPY	45,646	2,177,595	0.020962	29,663	622	67.00
68.00	06800 SPEECH PATHOLOGY	5,610	567,901	0.009878	20,547	203	68.00
69.00	06900 ELECTROCARDIOLOGY	7,578	5,193,150	0.001459	5,959	9	69.00
69.01	03140 RADIOLOGY	344,458	5,870,278	0.058678	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	18,549	889,914	0.020844	719	15	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	40,447	11,811,119	0.003424	37,088	127	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	35,457	9,038,086	0.003923	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	80,278	24,882,670	0.003226	258,675	834	73.00
74.00	07400 RENAL DIALYSIS	15,459	458,479	0.033718	10,920	368	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	21,645	565,219	0.038295	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	17,116	1,509,781	0.011337	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	137,357	8,263,811	0.016622	239	4	90.00
91.00	09100 EMERGENCY	186,829	12,796,378	0.014600	39,998	584	91.00
92.00	09200 OBSERVATION BEDS	0	1,671,939	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	3,896,605	228,297,867		685,719	7,847	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION	0	0	0	0	0	65.01
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
69.01	03140 RADIOLOGY	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
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	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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: 160117 Component CCN: 16S117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 ÷ col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	44,361,168	0.000000	0.000000	3,364 50.00
51.00 05100 RECOVERY ROOM	0	9,566,232	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,074,149	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	6,505,673	0.000000	0.000000	280 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	4,191,578	0.000000	0.000000	14,167 54.00
54.01 03450 NUCLEAR MEDICINE	0	2,008,032	0.000000	0.000000	0 54.01
54.02 03630 ULTRASOUND	0	2,513,043	0.000000	0.000000	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	23,057,660	0.000000	0.000000	0 55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	11,305,937	0.000000	0.000000	36,936 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,943,707	0.000000	0.000000	6,197 58.00
60.00 06000 LABORATORY	0	11,977,633	0.000000	0.000000	123,339 60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0 62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	671,290	0.000000	0.000000	1,053 63.00
64.00 06400 INTRAVENOUS THERAPY	0	4,242,905	0.000000	0.000000	953 64.00
65.00 06500 RESPIRATORY THERAPY	0	4,460,334	0.000000	0.000000	26,603 65.00
65.01 03560 PULMONARY FUNCTION	0	895,742	0.000000	0.000000	0 65.01
66.00 06600 PHYSICAL THERAPY	0	6,826,464	0.000000	0.000000	69,019 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,177,595	0.000000	0.000000	29,663 67.00
68.00 06800 SPEECH PATHOLOGY	0	567,901	0.000000	0.000000	20,547 68.00
69.00 06900 ELECTROCARDIOLOGY	0	5,193,150	0.000000	0.000000	5,959 69.00
69.01 03140 RADIOLOGY	0	5,870,278	0.000000	0.000000	0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	889,914	0.000000	0.000000	719 70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	11,811,119	0.000000	0.000000	37,088 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	9,038,086	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	24,882,670	0.000000	0.000000	258,675 73.00
74.00 07400 RENAL DIALYSIS	0	458,479	0.000000	0.000000	10,920 74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	565,219	0.000000	0.000000	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,509,781	0.000000	0.000000	0 76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	8,263,811	0.000000	0.000000	239 90.00
91.00 09100 EMERGENCY	0	12,796,378	0.000000	0.000000	39,998 91.00
92.00 09200 OBSERVATION BEDS	0	1,671,939	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					95.00
200.00 Total (lines 50-199)	0	228,297,867			685,719 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	54.01
54.02	03630	ULTRASOUND	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,269	0	90.00
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Total (lines 50-199)	0	1,269	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:40 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.175155	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.341375	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.323375	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.062611	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.649995	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0.228282	0	0	0	0	54.01
54.02 03630 ULTRASOUND	0.211774	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.145180	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.107851	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084094	0	0	0	0	58.00
60.00 06000 LABORATORY	0.646064	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.502546	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.289772	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.201227	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0.111946	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.569167	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.459568	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.534484	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.056581	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0.307147	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.346444	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.370465	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.709704	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.214477	0	0	6,013	0	73.00
74.00 07400 RENAL DIALYSIS	0.671928	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.660272	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.248743	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.251606	1,269	0	0	319	90.00
91.00 09100 EMERGENCY	0.299031	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0.695460	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.529079		0	0		95.00
200.00	Subtotal (see instructions)		1,269	0	6,013	319 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		1,269	0	6,013	319 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:40 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	54.01
54.02 03630 ULTRASOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0	0	65.01
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
69.01 03140 CARDIOLOGY	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,290	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 8:40 am		
		Component CCN: 16T117		Title XVIII		Subprovider - IRF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	958,144	44,361,168	0.021599	47,082	1,017	50.00
51.00	05100	RECOVERY ROOM	202,184	9,566,232	0.021135	920	19	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,127	3,074,149	0.018908	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,153	6,505,673	0.004020	3,653	15	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	478,360	4,191,578	0.114124	45,032	5,139	54.00
54.01	03450	NUCLEAR MEDICINE	6,667	2,008,032	0.003320	0	0	54.01
54.02	03630	ULTRASOUND	78,538	2,513,043	0.031252	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	488,024	23,057,660	0.021165	4,779	101	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	360,313	11,305,937	0.031869	73,962	2,357	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,902	6,943,707	0.001138	43,115	49	58.00
60.00	06000	LABORATORY	71,797	11,977,633	0.005994	223,535	1,340	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	926	671,290	0.001379	6,616	9	63.00
64.00	06400	INTRAVENOUS THERAPY	35,347	4,242,905	0.008331	6,830	57	64.00
65.00	06500	RESPIRATORY THERAPY	40,731	4,460,334	0.009132	103,722	947	65.00
65.01	03560	PULMONARY FUNCTION	6,757	895,742	0.007543	0	0	65.01
66.00	06600	PHYSICAL THERAPY	120,206	6,826,464	0.017609	685,502	12,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,646	2,177,595	0.020962	697,612	14,623	67.00
68.00	06800	SPEECH PATHOLOGY	5,610	567,901	0.009878	243,734	2,408	68.00
69.00	06900	ELECTROCARDIOLOGY	7,578	5,193,150	0.001459	30,581	45	69.00
69.01	03140	CARDIOLOGY	344,458	5,870,278	0.058678	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	18,549	889,914	0.020844	5,752	120	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	40,447	11,811,119	0.003424	212,894	729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	35,457	9,038,086	0.003923	2,075	8	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,278	24,882,670	0.003226	450,504	1,453	73.00
74.00	07400	RENAL DIALYSIS	15,459	458,479	0.033718	17,472	589	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	21,645	565,219	0.038295	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	17,116	1,509,781	0.011337	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	137,357	8,263,811	0.016622	476	8	90.00
91.00	09100	EMERGENCY	186,829	12,796,378	0.014600	3,480	51	91.00
92.00	09200	OBSERVATION BEDS	0	1,671,939	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	3,896,605	228,297,867		2,909,328	43,155	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION	0	0	0	0	0	65.01
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
69.01	03140 RADIOLOGY	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
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	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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: 160117 Component CCN: 16T117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	44,361,168	0.000000	0.000000	47,082 50.00
51.00 05100 RECOVERY ROOM	0	9,566,232	0.000000	0.000000	920 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,074,149	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	6,505,673	0.000000	0.000000	3,653 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	4,191,578	0.000000	0.000000	45,032 54.00
54.01 03450 NUCLEAR MEDICINE	0	2,008,032	0.000000	0.000000	0 54.01
54.02 03630 ULTRASOUND	0	2,513,043	0.000000	0.000000	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	23,057,660	0.000000	0.000000	4,779 55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	11,305,937	0.000000	0.000000	73,962 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,943,707	0.000000	0.000000	43,115 58.00
60.00 06000 LABORATORY	0	11,977,633	0.000000	0.000000	223,535 60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0 62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	671,290	0.000000	0.000000	6,616 63.00
64.00 06400 INTRAVENOUS THERAPY	0	4,242,905	0.000000	0.000000	6,830 64.00
65.00 06500 RESPIRATORY THERAPY	0	4,460,334	0.000000	0.000000	103,722 65.00
65.01 03560 PULMONARY FUNCTION	0	895,742	0.000000	0.000000	0 65.01
66.00 06600 PHYSICAL THERAPY	0	6,826,464	0.000000	0.000000	685,502 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,177,595	0.000000	0.000000	697,612 67.00
68.00 06800 SPEECH PATHOLOGY	0	567,901	0.000000	0.000000	243,734 68.00
69.00 06900 ELECTROCARDIOLOGY	0	5,193,150	0.000000	0.000000	30,581 69.00
69.01 03140 RADIOLOGY	0	5,870,278	0.000000	0.000000	0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	889,914	0.000000	0.000000	5,752 70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	11,811,119	0.000000	0.000000	212,894 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	9,038,086	0.000000	0.000000	2,075 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	24,882,670	0.000000	0.000000	450,504 73.00
74.00 07400 RENAL DIALYSIS	0	458,479	0.000000	0.000000	17,472 74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	565,219	0.000000	0.000000	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,509,781	0.000000	0.000000	0 76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	8,263,811	0.000000	0.000000	476 90.00
91.00 09100 EMERGENCY	0	12,796,378	0.000000	0.000000	3,480 91.00
92.00 09200 OBSERVATION BEDS	0	1,671,939	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					95.00
200.00 Total (lines 50-199)	0	228,297,867			2,909,328 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 8:40 am
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Cost Center Description		Title XIX			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	899,790	0	899,790	14,811	60.75	30.00
31.00	INTENSIVE CARE UNIT	186,573		186,573	2,033	91.77	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	83,041	0	83,041	2,586	32.11	40.00
41.00	SUBPROVIDER - IRF	100,393	0	100,393	2,522	39.81	41.00
43.00	NURSERY	38,200		38,200	1,801	21.21	43.00
200.00	Total (Lines 30-199)	1,307,997		1,307,997	23,753		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,961	119,131				30.00
31.00	INTENSIVE CARE UNIT	159	14,591				31.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	BURN INTENSIVE CARE UNIT	0	0				33.01
33.02	NURSING ADMINISTRATION	0	0				33.02
33.03	GEROPSYCH REVENUE	0	0				33.03
33.04	BURN INTENSIVE CARE UNIT	0	0				33.04
33.05	BURN INTENSIVE CARE UNIT	0	0				33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	133	5,295				41.00
43.00	NURSERY	692	14,677				43.00
200.00	Total (Lines 30-199)	2,945	153,694				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 8:40 am
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Cost Center Description		Capital	Total Charges	Ratio of Cost	Hospital	Capital Costs	
		Related Cost (from Wkst. B, Part II, col. 26)	(from Wkst. C, Part I, col. 8)	to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	(column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	958,144	44,361,168	0.021599	0	0	50.00
51.00	05100 RECOVERY ROOM	202,184	9,566,232	0.021135	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	58,127	3,074,149	0.018908	0	0	52.00
53.00	05300 ANESTHESIOLOGY	26,153	6,505,673	0.004020	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	478,360	4,191,578	0.114124	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	6,667	2,008,032	0.003320	0	0	54.01
54.02	03630 ULTRASOUND	78,538	2,513,043	0.031252	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	488,024	23,057,660	0.021165	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	360,313	11,305,937	0.031869	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	7,902	6,943,707	0.001138	0	0	58.00
60.00	06000 LABORATORY	71,797	11,977,633	0.005994	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	926	671,290	0.001379	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	35,347	4,242,905	0.008331	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	40,731	4,460,334	0.009132	0	0	65.00
65.01	03560 PULMONARY FUNCTION	6,757	895,742	0.007543	0	0	65.01
66.00	06600 PHYSICAL THERAPY	120,206	6,826,464	0.017609	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	45,646	2,177,595	0.020962	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	5,610	567,901	0.009878	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	7,578	5,193,150	0.001459	0	0	69.00
69.01	03140 RADIOLOGY	344,458	5,870,278	0.058678	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	18,549	889,914	0.020844	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	40,447	11,811,119	0.003424	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	35,457	9,038,086	0.003923	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	80,278	24,882,670	0.003226	0	0	73.00
74.00	07400 RENAL DIALYSIS	15,459	458,479	0.033718	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	21,645	565,219	0.038295	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	17,116	1,509,781	0.011337	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	137,357	8,263,811	0.016622	0	0	90.00
91.00	09100 EMERGENCY	186,829	12,796,378	0.014600	0	0	91.00
92.00	09200 OBSERVATION BEDS	93,314	1,671,939	0.055812	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	3,989,919	228,297,867		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/26/2015 8:40 am
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Cost Center Description	Title XIX					Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Hospital	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03302 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02 03301 NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03 03303 GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04 03304 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05 03305 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
200.00 Total (lines 30-199)	0	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	14,811	0.00	1,961	0	30.00
31.00 03100 INTENSIVE CARE UNIT	2,033	0.00	159	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
33.01 03302 BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.01
33.02 03301 NURSING ADMINISTRATION	0	0.00	0	0	33.02
33.03 03303 GEROPSYCH REVENUE	0	0.00	0	0	33.03
33.04 03304 BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.04
33.05 03305 BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.05
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	2,586	0.00	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	2,522	0.00	133	0	41.00
43.00 04300 NURSERY	1,801	0.00	692	0	43.00
200.00 Total (lines 30-199)	23,753		2,945	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160117

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description		Title XIX			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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
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	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
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: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	44,361,168	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	9,566,232	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,074,149	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,505,673	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,191,578	0.000000	0.000000	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	2,008,032	0.000000	0.000000	0	54.01
54.02	03630 ULTRASOUND	0	2,513,043	0.000000	0.000000	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	23,057,660	0.000000	0.000000	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	11,305,937	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,943,707	0.000000	0.000000	0	58.00
60.00	06000 LABORATORY	0	11,977,633	0.000000	0.000000	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	671,290	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	4,242,905	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,460,334	0.000000	0.000000	0	65.00
65.01	03560 PULMONARY FUNCTION	0	895,742	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	6,826,464	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,177,595	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	567,901	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,193,150	0.000000	0.000000	0	69.00
69.01	03140 RADIOLOGY	0	5,870,278	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	889,914	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	11,811,119	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	9,038,086	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	24,882,670	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0	458,479	0.000000	0.000000	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	565,219	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	1,509,781	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	8,263,811	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	12,796,378	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS	0	1,671,939	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	228,297,867			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
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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)	Hospital	PPS
Title XIX						
Hospital						
PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0		54.01
54.02	03630 ULTRASOUND	0	0	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
60.00	06000 LABORATORY	0	0	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
65.01	03560 PULMONARY FUNCTION	0	0	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140 CARDIOLOGY	0	0	0		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 8:40 am	
		Component CCN: 16S117		Title XIX		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	958,144	44,361,168	0.021599	0	0 50.00
51.00	05100	RECOVERY ROOM	202,184	9,566,232	0.021135	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,127	3,074,149	0.018908	0	0 52.00
53.00	05300	ANESTHESIOLOGY	26,153	6,505,673	0.004020	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	478,360	4,191,578	0.114124	0	0 54.00
54.01	03450	NUCLEAR MEDICINE	6,667	2,008,032	0.003320	0	0 54.01
54.02	03630	ULTRASOUND	78,538	2,513,043	0.031252	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	488,024	23,057,660	0.021165	0	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	360,313	11,305,937	0.031869	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,902	6,943,707	0.001138	0	0 58.00
60.00	06000	LABORATORY	71,797	11,977,633	0.005994	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	926	671,290	0.001379	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	35,347	4,242,905	0.008331	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	40,731	4,460,334	0.009132	0	0 65.00
65.01	03560	PULMONARY FUNCTION	6,757	895,742	0.007543	0	0 65.01
66.00	06600	PHYSICAL THERAPY	120,206	6,826,464	0.017609	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	45,646	2,177,595	0.020962	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	5,610	567,901	0.009878	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	7,578	5,193,150	0.001459	0	0 69.00
69.01	03140	CARDIOLOGY	344,458	5,870,278	0.058678	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	18,549	889,914	0.020844	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	40,447	11,811,119	0.003424	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	35,457	9,038,086	0.003923	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,278	24,882,670	0.003226	0	0 73.00
74.00	07400	RENAL DIALYSIS	15,459	458,479	0.033718	0	0 74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	21,645	565,219	0.038295	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	17,116	1,509,781	0.011337	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	137,357	8,263,811	0.016622	0	0 90.00
91.00	09100	EMERGENCY	186,829	12,796,378	0.014600	0	0 91.00
92.00	09200	OBSERVATION BEDS	0	1,671,939	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	3,896,605	228,297,867		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION	0	0	0	0	0	65.01
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
69.01	03140 RADIOLOGY	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
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	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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: 160117 Component CCN: 16S117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	44,361,168	0.000000	0.000000		50.00
51.00	05100 RECOVERY ROOM	0	9,566,232	0.000000	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,074,149	0.000000	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0	6,505,673	0.000000	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,191,578	0.000000	0.000000		54.00
54.01	03450 NUCLEAR MEDICINE	0	2,008,032	0.000000	0.000000		54.01
54.02	03630 ULTRASOUND	0	2,513,043	0.000000	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	23,057,660	0.000000	0.000000		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	11,305,937	0.000000	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,943,707	0.000000	0.000000		58.00
60.00	06000 LABORATORY	0	11,977,633	0.000000	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	671,290	0.000000	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0	4,242,905	0.000000	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0	4,460,334	0.000000	0.000000		65.00
65.01	03560 PULMONARY FUNCTION	0	895,742	0.000000	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0	6,826,464	0.000000	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,177,595	0.000000	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0	567,901	0.000000	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,193,150	0.000000	0.000000		69.00
69.01	03140 RADIOLOGY	0	5,870,278	0.000000	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	889,914	0.000000	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	11,811,119	0.000000	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	9,038,086	0.000000	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	24,882,670	0.000000	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0	458,479	0.000000	0.000000		74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0	565,219	0.000000	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,509,781	0.000000	0.000000		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	8,263,811	0.000000	0.000000		90.00
91.00	09100 EMERGENCY	0	12,796,378	0.000000	0.000000		91.00
92.00	09200 OBSERVATION BEDS	0	1,671,939	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	228,297,867				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:40 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2015 8:40 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,811	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,811	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)		13,275	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)		9,376	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,212,076	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)		11,212,076	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,212,076	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		757.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,097,726	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)		7,097,726	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,184,616	2,033	1,566.46	1,287	2,016,034	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,046,738	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,160,498	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)					687,700	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					546,429	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,234,129	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					20,926,369	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,536	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					757.01	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 8:40 am	
		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,162,767	89.00
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	899,790	11,212,076	0.080252	1,162,767	93,314	90.00
91.00	Nursing School cost	0	11,212,076	0.000000	1,162,767	0	91.00
92.00	Allied health cost	0	11,212,076	0.000000	1,162,767	0	92.00
93.00	All other Medical Education	0	11,212,076	0.000000	1,162,767	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 16S117		Date/Time Prepared: 5/26/2015 8:40 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,586	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,586	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)		2,586	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,915	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,247,808	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,247,808	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,247,808	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		869.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,664,556	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,664,556	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 16S117				Date/Time Prepared: 5/26/2015 8:40 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					255,280	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,919,836	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)					61,491	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,847	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					69,338	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,850,498	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:40 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	83,041	2,247,808	0.036943	0	0	90.00
91.00	Nursing School cost	0	2,247,808	0.000000	0	0	91.00
92.00	Allied health cost	0	2,247,808	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,247,808	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 16T117		Date/Time Prepared: 5/26/2015 8:40 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,522	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,522	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)		2,522	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,981	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,108,419	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,108,419	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,108,419	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		836.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,656,136	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,656,136	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 16T117				Date/Time Prepared: 5/26/2015 8:40 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,255,794	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,911,930	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)					78,864	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					43,155	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					122,019	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,789,911	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:40 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	100,393	2,108,419	0.047615	0	0	90.00
91.00	Nursing School cost	0	2,108,419	0.000000	0	0	91.00
92.00	Allied health cost	0	2,108,419	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,108,419	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/26/2015 8:40 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,811	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,811	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)		13,275	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,961	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)		1,801	15.00
16.00	Nursery days (title V or XIX only)		692	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,212,076	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)		11,212,076	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,212,076	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		757.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,484,497	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,484,497	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:40 am		
Cost Center Description			Title XIX		Hospital	PPS	
	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)	1,129,860	1,801	627.35	692	434,126	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,184,616	2,033	1,566.46	159	249,067	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,167,690	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)					148,399	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					148,399	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,019,291	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,536	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					757.01	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 8:40 am	
Cost Center Description		Title XIX		Hospital		PPS	
Cost Center Description		Cost		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,162,767	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	899,790	11,212,076	0.080252		1,162,767	93,314
91.00	Nursing School cost	0	11,212,076	0.000000		1,162,767	0
92.00	Allied health cost	0	11,212,076	0.000000		1,162,767	0
93.00	All other Medical Education	0	11,212,076	0.000000		1,162,767	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 16S117		Date/Time Prepared: 5/26/2015 8:40 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,586	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,586	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)		2,586	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)		0	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)		1,801	15.00
16.00	Nursery days (title V or XIX only)		692	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,247,808	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,247,808	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,247,808	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		869.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1		
		Component CCN: 16S117				Date/Time Prepared: 5/26/2015 8:40 am		
		Title XIX		Subprovider - IPF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01	
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02	
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03	
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04	
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	49.00	
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0	54.00	
55.00	Target amount per discharge					0.00	55.00	
56.00	Target amount (line 54 x line 55)					0	56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00	Bonus payment (see instructions)					0	58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00	Relief payment (see instructions)					0	62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00	Program routine service cost (line 9 x line 71)						72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00	Program capital-related costs (line 9 x line 76)						77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00	Inpatient routine service cost per diem limitation						81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00	Reasonable inpatient routine service costs (see instructions)						83.00	
84.00	Program inpatient ancillary services (see instructions)						84.00	
85.00	Utilization review - physician compensation (see instructions)						85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:40 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	83,041	2,247,808	0.036943	0	0	90.00
91.00	Nursing School cost	0	2,247,808	0.000000	0	0	91.00
92.00	Allied health cost	0	2,247,808	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,247,808	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 8:40 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		8,381,982	30.00
31.00	03100	INTENSIVE CARE UNIT		2,518,875	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	33.01
33.02	03301	NURSING ADMINISTRATION		0	33.02
33.03	03303	GEROPSYCH REVENUE		0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		6,460	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.175155	6,511,854	50.00
51.00	05100	RECOVERY ROOM	0.341375	985,346	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.323375	23,226	52.00
53.00	05300	ANESTHESIOLOGY	0.062611	761,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.649995	1,194,761	54.00
54.01	03450	NUCLEAR MEDICINE	0.228282	0	54.01
54.02	03630	ULTRASOUND	0.211774	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146261	57,761	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.107851	2,010,724	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084094	430,889	58.00
60.00	06000	LABORATORY	0.646064	3,636,066	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.502546	348,725	63.00
64.00	06400	INTRAVENOUS THERAPY	0.289772	718,090	64.00
65.00	06500	RESPIRATORY THERAPY	0.201227	2,153,859	65.00
65.01	03560	PULMONARY FUNCTION	0.111946	0	65.01
66.00	06600	PHYSICAL THERAPY	0.569167	968,771	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459568	380,005	67.00
68.00	06800	SPEECH PATHOLOGY	0.534484	181,059	68.00
69.00	06900	ELECTROCARDIOLOGY	0.056581	2,310,376	69.00
69.01	03140	CARDIOLOGY	0.307147	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.352080	34,512	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.370465	4,137,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.709704	3,205,070	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214477	7,635,617	73.00
74.00	07400	RENAL DIALYSIS	0.671928	153,930	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.662920	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.248743	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.251606	2,618	90.00
91.00	09100	EMERGENCY	0.350338	1,478,692	91.00
92.00	09200	OBSERVATION BEDS	0.695460	399,241	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		39,720,299	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		39,720,299	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 16S117		Date/Time Prepared: 5/26/2015 8:40 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	33.01
33.02	03301	NURSING ADMINISTRATION		0	33.02
33.03	03303	GEROPSYCH REVENUE		0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		3,421,812	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.175155	3,364	589 50.00
51.00	05100	RECOVERY ROOM	0.341375	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.323375	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.062611	280	18 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.649995	14,167	9,208 54.00
54.01	03450	NUCLEAR MEDICINE	0.228282	0	0 54.01
54.02	03630	ULTRASOUND	0.211774	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146261	0	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.107851	36,936	3,984 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084094	6,197	521 58.00
60.00	06000	LABORATORY	0.646064	123,339	79,685 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.502546	1,053	529 63.00
64.00	06400	INTRAVENOUS THERAPY	0.289772	953	276 64.00
65.00	06500	RESPIRATORY THERAPY	0.201227	26,603	5,353 65.00
65.01	03560	PULMONARY FUNCTION	0.111946	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.569167	69,019	39,283 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459568	29,663	13,632 67.00
68.00	06800	SPEECH PATHOLOGY	0.534484	20,547	10,982 68.00
69.00	06900	ELECTROCARDIOLOGY	0.056581	5,959	337 69.00
69.01	03140	CARDIOLOGY	0.307147	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.352080	719	253 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.370465	37,088	13,740 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.709704	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214477	258,675	55,480 73.00
74.00	07400	RENAL DIALYSIS	0.671928	10,920	7,337 74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.662920	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.248743	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.251606	239	60 90.00
91.00	09100	EMERGENCY	0.350338	39,998	14,013 91.00
92.00	09200	OBSERVATION BEDS	0.695460	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		685,719	255,280 200.00
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)		685,719	255,280 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 16T117		Date/Time Prepared: 5/26/2015 8:40 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	33.01
33.02	03301	NURSING ADMINISTRATION		0	33.02
33.03	03303	GEROPSYCH REVENUE		0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,194,590	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.175155	47,082	50.00
51.00	05100	RECOVERY ROOM	0.341375	920	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.323375	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062611	3,653	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.649995	45,032	54.00
54.01	03450	NUCLEAR MEDICINE	0.228282	0	54.01
54.02	03630	ULTRASOUND	0.211774	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146261	4,779	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.107851	73,962	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084094	43,115	58.00
60.00	06000	LABORATORY	0.646064	223,535	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.502546	6,616	63.00
64.00	06400	INTRAVENOUS THERAPY	0.289772	6,830	64.00
65.00	06500	RESPIRATORY THERAPY	0.201227	103,722	65.00
65.01	03560	PULMONARY FUNCTION	0.111946	0	65.01
66.00	06600	PHYSICAL THERAPY	0.569167	685,502	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459568	697,612	67.00
68.00	06800	SPEECH PATHOLOGY	0.534484	243,734	68.00
69.00	06900	ELECTROCARDIOLOGY	0.056581	30,581	69.00
69.01	03140	CARDIOLOGY	0.307147	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.352080	5,752	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.370465	212,894	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.709704	2,075	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214477	450,504	73.00
74.00	07400	RENAL DIALYSIS	0.671928	17,472	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.662920	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.248743	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.251606	476	90.00
91.00	09100	EMERGENCY	0.350338	3,480	91.00
92.00	09200	OBSERVATION BEDS	0.695460	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,909,328	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,909,328	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 8:40 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		11,797,262	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,258,488	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)		187,729	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		97.79	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.85	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.76	31.00
32.00	Sum of lines 30 and 31		19.61	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.50	33.00
34.00	Disproportionate share adjustment (see instructions)		220,766	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 8:40 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		621,061	575,178	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		464,519	144,976	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		609,495		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		17,073,740		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)		17,073,740		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,276,840		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)		18,350,580		59.00
60.00	Primary payer payments		18,915		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,331,665		61.00
62.00	Deductibles billed to program beneficiaries		2,054,464		62.00
63.00	Coinurance billed to program beneficiaries		19,152		63.00
64.00	Allowable bad debts (see instructions)		43,625		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		28,356		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,286,405		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		44,696		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 8:40 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		16,331,101		71.00
71.01	Sequestration adjustment (see instructions)		326,622		71.01
72.00	Interim payments		15,920,469		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)		84,010		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)		2,016,306		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 160117

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2015 8:40 am

		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	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,797,262	0	11,797,262	0	11,797,262	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,258,488	0	0	4,258,488	4,258,488	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	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	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	187,729	0	133,997	53,732	187,729	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
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	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
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	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	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	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0550	0.0550	0.0550	0.0550		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	220,766	0	162,212	58,554	220,766	11.00
11.01	Uncompensated care payments	36.00	609,495	0	464,519	144,976	609,495	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	17,073,740	0	12,557,990	4,515,750	17,073,740	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,073,740	0	12,557,990	4,515,750	17,073,740	15.00
16.00	Payment for inpatient program capital	50.00	1,276,840	0	937,054	339,786	1,276,840	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost	55.00	0	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	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 160117

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2015 8:40 am

		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	13,495,044	4,855,536	18,350,580	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	1,267,634	0	930,869	336,766	1,267,635	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	9,206	0	6,187	3,020	9,207	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	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,276,840	0	937,054	339,786	1,276,840	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: 160117

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2015 8:40 am

		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	11,797,262	11,797,262		11,797,262	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,258,488		4,258,488	4,258,488	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	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	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	187,729	133,997	53,732	187,729	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	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	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	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	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	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0550	0.0550	0.0550		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	220,766	162,212	58,554	220,766	11.00	
11.01	Uncompensated care payments	36.00	609,495	464,519	144,976	609,495	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	17,073,740	12,557,990	4,515,750	17,073,740	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	17,073,740	12,557,990	4,515,750	17,073,740	15.00	
16.00	Payment for inpatient program capital	50.00	1,276,840	937,054	339,786	1,276,840	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	
19.00	SUBTOTAL			13,495,044	4,855,536	18,350,580	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 160117

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2015 8:40 am

		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	1,267,634	930,868	336,766	1,267,634	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	9,206	6,186	3,020	9,206	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	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,276,840	937,054	339,786	1,276,840	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	44,696	36,716	7,980	44,696	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	0	0	0	0	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	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 8:40 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		37,971	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,214,519	2.00
3.00	PPS payments		13,343,386	3.00
4.00	Outlier payment (see instructions)		18,089	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)		37,971	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		97,034	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)		97,034	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		97,034	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		59,063	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)		37,971	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)		13,361,475	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,930	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,010,296	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)		10,382,220	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)		10,382,220	30.00
31.00	Primary payer payments		4,354	31.00
32.00	Subtotal (line 30 minus line 31)		10,377,866	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		17,547	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		11,406	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		10,389,272	37.00
38.00	MSP-LCC reconciliation amount from PS&R		284	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)		10,388,988	40.00
40.01	Sequestration adjustment (see instructions)		207,780	40.01
41.00	Interim payments		10,174,588	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		6,620	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 8:40 am
		Component CCN: 16S117	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,290	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		319	2.00
3.00	PPS payments		923	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,290	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		6,013	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)		6,013	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		6,013	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,723	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)		1,290	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)		923	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		2,213	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)		2,213	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,213	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,213	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,213	40.00
40.01	Sequestration adjustment (see instructions)		44	40.01
41.00	Interim payments		2,163	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		6	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160117

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 8:40 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		15,920,469		10,174,588	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		15,920,469		10,174,588	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		84,010		6,620	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		16,004,479		10,181,208	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160117
Component CCN: 16S117

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 8:40 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,425,383		2,163	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,425,383		2,163	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		6	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,425,383		2,169	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160117
Component CCN: 16T117

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 8:40 am
PPS

Title XVIII

Subprovider -
IRF

		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		2,492,230		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,492,230		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		47,084		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,539,314		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 160117

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

Worksheet E-1
Part II
Date/Time Prepared:
5/26/2015 8:40 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			5,048 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			10,663 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			419 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			15,308 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			261,151,483 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			391,220 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)			1,511,516 8.00
9.00	Sequestration adjustment amount (see instructions)			30,230 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,481,286 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,260,150 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)			221,136 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/26/2015 8:40 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,510,142 1.00
2.00	Net IPF PPS Outlier Payments			88,330 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			7.084932 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,598,472 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,598,472 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,598,472 18.00
19.00	Deductibles			110,560 19.00
20.00	Subtotal (line 18 minus line 19)			1,487,912 20.00
21.00	Coinsurance			33,440 21.00
22.00	Subtotal (line 20 minus line 21)			1,454,472 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,454,472 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,454,472 31.00
31.01	Sequestration adjustment (see instructions)			29,089 31.01
32.00	Interim payments			1,425,383 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			0 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			88,330 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/26/2015 8:40 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,455,721 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0522 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			81,776 3.00
4.00	Outlier Payments			113,768 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.909589 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,651,265 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,651,265 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,651,265 19.00
20.00	Deductibles			40,064 20.00
21.00	Subtotal (line 19 minus line 20)			2,611,201 21.00
22.00	Coinsurance			20,064 22.00
23.00	Subtotal (line 21 minus line 22)			2,591,137 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,591,137 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,591,137 32.00
32.01	Sequestration adjustment (see instructions)			51,823 32.01
33.00	Interim payments			2,492,230 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			47,084 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			163,372 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			113,768 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet G Date/Time Prepared: 5/26/2015 8:40 am		
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	14,986,863	0	0	0	1.00
2.00	Temporary investments	4,129,513	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	38,210,957	0	0	0	4.00
5.00	Other receivable	3,143,672	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-22,563,988	0	0	0	6.00
7.00	Inventory	2,430,330	0	0	0	7.00
8.00	Prepaid expenses	483,477	0	0	0	8.00
9.00	Other current assets	1,474,816	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)	42,295,640	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,051,017	0	0	0	12.00
13.00	Land improvements	6,810,129	0	0	0	13.00
14.00	Accumulated depreciation	-5,270,387	0	0	0	14.00
15.00	Buildings	66,582,416	0	0	0	15.00
16.00	Accumulated depreciation	-41,417,195	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	44,915,774	0	0	0	23.00
24.00	Accumulated depreciation	-33,878,027	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	9,800,220	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	51,593,947	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	79,140,361	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	6,887,467	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	86,027,828	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	179,917,415	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,895,524	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,087,047	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,629,521	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,612,092	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	13,305,298	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	13,305,298	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	27,917,390	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	152,000,025				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)	152,000,025	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	179,917,415	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160117

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

Worksheet G-1

Date/Time Prepared:
5/26/2015 8:40 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		137,343,030		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,511,122			2.00
3.00	Total (sum of line 1 and line 2)		150,854,152		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	UNRESTRICTED FUND BALANCE	1,504,445		0		5.00
6.00	NET ASSETS REL RESTR - CAP	947,117		0		6.00
7.00	TEMP RESTR NA-CURRENT YR	3,626,858		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		6,078,420		0	10.00
11.00	Subtotal (line 3 plus line 10)		156,932,572		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	FUND BALANCE	2,043,104		0		13.00
14.00	NET ASSETS RELEASE - OPERATION	174,920		0		14.00
15.00	TSFR TO UNRESTRICT CA	947,117		0		15.00
16.00	FHF TEMP RESTR NA-CURRENT YR	1,767,406		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		4,932,547		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		152,000,025		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	UNRESTRICTED FUND BALANCE		0			5.00
6.00	NET ASSETS REL RESTR - CAP		0			6.00
7.00	TEMP RESTR NA-CURRENT YR		0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	FUND BALANCE		0			13.00
14.00	NET ASSETS RELEASE - OPERATION		0			14.00
15.00	TSFR TO UNRESTRICT CA		0			15.00
16.00	FHF TEMP RESTR NA-CURRENT YR		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: 160117

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2015 8:40 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	16,359,211		16,359,211	1.00
2.00	SUBPROVIDER - IPF	4,624,943		4,624,943	2.00
3.00	SUBPROVIDER - IRF	4,082,014		4,082,014	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)	25,066,168		25,066,168	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,177,449		4,177,449	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
13.02	NURSING ADMINISTRATION	0		0	13.02
13.03	GEROPSYCH REVENUE	0		0	13.03
13.04	BURN INTENSIVE CARE UNIT	0		0	13.04
13.05	BURN INTENSIVE CARE UNIT	0		0	13.05
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,177,449		4,177,449	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	29,243,617		29,243,617	17.00
18.00	Ancillary services	76,751,840	155,049,422	231,801,262	18.00
19.00	Outpatient services	0	2,371,600	2,371,600	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		3,011,658	3,011,658	22.00
23.00	AMBULANCE SERVICES	13,059	38,278	51,337	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIANS	0	15,717,094	15,717,094	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	106,008,516	176,188,052	282,196,568	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		82,543,815		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		82,543,815		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 160117

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

Worksheet G-3

Date/Time Prepared:
5/26/2015 8:40 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	282,196,568	1.00
2.00	Less contractual allowances and discounts on patients' accounts	178,458,456	2.00
3.00	Net patient revenues (line 1 minus line 2)	103,738,112	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	82,543,815	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,194,297	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,666,974	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	743,823	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	552,664	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	64,969	21.00
22.00	Rental of hospital space	379,423	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	GRANTS	62,137	24.01
24.02	MEANINGFUL USE	1,355,958	24.02
24.03	MISCELLANEOUS	633,488	24.03
25.00	Total other income (sum of lines 6-24)	9,459,436	25.00
26.00	Total (line 5 plus line 25)	30,653,733	26.00
27.00	FINLEY TRI-STATES NET	17,142,611	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	17,142,611	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,511,122	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 160117

Period: From 01/01/2014

Worksheet H

HHA CCN: 167002

To 12/31/2014

Date/Time Prepared: 5/26/2015 8:40 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	356,069	76,628	0	2,589	319,828	755,114	5.00
HHA REIMBURSABLE SERVICES							
6.00	822,837	165,527	36,392	0	77,267	1,102,023	6.00
7.00	325,896	60,297	23,813	0	2,631	412,637	7.00
8.00	124,149	22,209	5,505	0	0	151,863	8.00
9.00	11,770	2,019	679	0	891	15,359	9.00
10.00	6,149	8,647	0	0	0	14,796	10.00
11.00	79,561	36,062	7,332	0	5,478	128,433	11.00
12.00	0	0	0	0	2,378	2,378	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,726,431	371,389	73,721	2,589	408,473	2,582,603	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	755,114	-360,701	394,413			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,102,023	0	1,102,023			6.00
7.00	0	412,637	0	412,637			7.00
8.00	0	151,863	0	151,863			8.00
9.00	0	15,359	0	15,359			9.00
10.00	0	14,796	0	14,796			10.00
11.00	0	128,433	0	128,433			11.00
12.00	0	2,378	0	2,378			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	0	2,582,603	-360,701	2,221,902			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 160117	Period: From 01/01/2014	Worksheet H-1
		HHA CCN: 167002	To 12/31/2014	Part I
				Date/Time Prepared: 5/26/2015 8:40 am
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	394,413	0	0	0	394,413	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,102,023	0	0	0	1,102,023	6.00
7.00	Physical Therapy	412,637	0	0	0	412,637	7.00
8.00	Occupational Therapy	151,863	0	0	0	151,863	8.00
9.00	Speech Pathology	15,359	0	0	0	15,359	9.00
10.00	Medical Social Services	14,796	0	0	0	14,796	10.00
11.00	Home Health Aide	128,433	0	0	0	128,433	11.00
12.00	Supplies (see instructions)	2,378	0	0	0	2,378	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,221,902	0	0	0	2,221,902	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	394,413					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	237,842	1,339,865				6.00
7.00	Physical Therapy	89,056	501,693				7.00
8.00	Occupational Therapy	32,775	184,638				8.00
9.00	Speech Pathology	3,315	18,674				9.00
10.00	Medical Social Services	3,193	17,989				10.00
11.00	Home Health Aide	27,719	156,152				11.00
12.00	Supplies (see instructions)	513	2,891				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		2,221,902				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 160117

Period:

Worksheet H-1

HHA CCN: 167002

From 01/01/2014
To 12/31/2014

Part II
Date/Time Prepared:
5/26/2015 8:40 am

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-394,413	1,827,489
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,102,023
7.00	Physical Therapy	0	0	0	0	0	412,637
8.00	Occupational Therapy	0	0	0	0	0	151,863
9.00	Speech Pathology	0	0	0	0	0	15,359
10.00	Medical Social Services	0	0	0	0	0	14,796
11.00	Home Health Aide	0	0	0	0	0	128,433
12.00	Supplies (see instructions)	0	0	0	0	0	2,378
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-394,413	1,827,489
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		394,413
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.215822

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160117

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 167002

To 12/31/2014

Part I
Date/Time Prepared: 5/26/2015 8:40 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	55,265	0	97,412	152,677	26,296	1.00
2.00 Skilled Nursing Care	1,339,865	0	0	0	1,339,865	230,767	2.00
3.00 Physical Therapy	501,693	0	0	0	501,693	86,407	3.00
4.00 Occupational Therapy	184,638	0	0	0	184,638	31,800	4.00
5.00 Speech Pathology	18,674	0	0	0	18,674	3,216	5.00
6.00 Medical Social Services	17,989	0	0	0	17,989	3,098	6.00
7.00 Home Health Aide	156,152	0	0	0	156,152	26,894	7.00
8.00 Supplies (see instructions)	2,891	0	0	0	2,891	498	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,221,902	55,265	0	97,412	2,374,579	408,976	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	Subtotal	OTHER ADMINISTRATION AND GENERAL	
	5.02	5.03	5A.03	5.04	5A.04	5.05	
1.00 Administrative and General	202,306	0	381,279	835	382,114	2,039	1.00
2.00 Skilled Nursing Care	0	0	1,570,632	3,438	1,574,070	8,397	2.00
3.00 Physical Therapy	0	0	588,100	1,287	589,387	3,144	3.00
4.00 Occupational Therapy	0	0	216,438	474	216,912	1,157	4.00
5.00 Speech Pathology	0	0	21,890	48	21,938	117	5.00
6.00 Medical Social Services	0	0	21,087	46	21,133	113	6.00
7.00 Home Health Aide	0	0	183,046	401	183,447	979	7.00
8.00 Supplies (see instructions)	0	0	3,389	7	3,396	18	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	202,306	0	2,985,861	6,536	2,992,397	15,964	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000		0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160117

Period:

Worksheet H-2

HHA CCN: 167002

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 8:40 am

Home Health
Agency I

PPS

Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	6.01	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	7,618	69,274	0	40,549	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	7,618	69,274	0	40,549	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	11.01	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	75,875	0	0	7,500	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	75,875	0	0	7,500	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160117

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

Worksheet H-2 Part I

HHA CCN: 167002

Date/Time Prepared: 5/26/2015 8:40 am

Home Health Agency I

PPS

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
	16.00	17.00	19.00	20.00	21.00	22.00		
1.00 Administrative and General	15,347	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	15,347	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00
Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	23.00	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	600,316	0	600,316				1.00
2.00 Skilled Nursing Care	0	1,582,467	0	1,582,467	362,007	1,944,474		2.00
3.00 Physical Therapy	0	592,531	0	592,531	135,548	728,079		3.00
4.00 Occupational Therapy	0	218,069	0	218,069	49,886	267,955		4.00
5.00 Speech Pathology	0	22,055	0	22,055	5,045	27,100		5.00
6.00 Medical Social Services	0	21,246	0	21,246	4,860	26,106		6.00
7.00 Home Health Aide	0	184,426	0	184,426	42,189	226,615		7.00
8.00 Supplies (see instructions)	0	3,414	0	3,414	781	4,195		8.00
9.00 Drugs	0	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	0	3,224,524	0	3,224,524	600,316	3,224,524		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.228761			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 160117
HHA CCN: 167002

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

Worksheet H-2
Part II
Date/Time Prepared:
5/26/2015 8:40 am
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	REHAB ADMINISTRATION (DOLLAR VALUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	5,016	0	1,726,431	0	152,677	2,582,605	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,339,865	0	2.00
3.00 Physical Therapy	0	0	0	0	501,693	0	3.00
4.00 Occupational Therapy	0	0	0	0	184,638	0	4.00
5.00 Speech Pathology	0	0	0	0	18,674	0	5.00
6.00 Medical Social Services	0	0	0	0	17,989	0	6.00
7.00 Home Health Aide	0	0	0	0	156,152	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	2,891	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	5,016	0	1,726,431	0	2,374,579	2,582,605	20.00
21.00 Total cost to be allocated	55,265	0	97,412	0	408,976	202,306	21.00
22.00 Unit cost multiplier	11.017743	0.000000	0.056424	0	0.172231	0.078334	22.00
Cost Center Description	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATION AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	5.03	5A.04	5.04	5A.05	5.05	6.00	
1.00 Administrative and General	0	0	381,279	0	382,114	0	1.00
2.00 Skilled Nursing Care	0	0	1,570,632	0	1,574,070	0	2.00
3.00 Physical Therapy	0	0	588,100	0	589,387	0	3.00
4.00 Occupational Therapy	0	0	216,438	0	216,912	0	4.00
5.00 Speech Pathology	0	0	21,890	0	21,938	0	5.00
6.00 Medical Social Services	0	0	21,087	0	21,133	0	6.00
7.00 Home Health Aide	0	0	183,046	0	183,447	0	7.00
8.00 Supplies (see instructions)	0	0	3,389	0	3,396	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	2,985,861	0	2,992,397	0	20.00
21.00 Total cost to be allocated	0	0	6,536	0	15,964	0	21.00
22.00 Unit cost multiplier	0.000000	0	0.002189	0	0.005335	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 160117
HHA CCN: 167002

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

Worksheet H-2
Part II
Date/Time Prepared:
5/26/2015 8:40 am
PPS

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		6.01	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	5,016	5,016	0	5,016	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	5,016	5,016	0	5,016	0	0	20.00
21.00	Total cost to be allocated	7,618	69,274	0	40,549	0	0	21.00
22.00	Unit cost multiplier	1.518740	13.810606	0.000000	8.083931	0.000000	0.000000	22.00
Cost Center Description		EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.01	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	56,979	0	0	45,173	0	3,011,658	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	56,979	0	0	45,173	0	3,011,658	20.00
21.00	Total cost to be allocated	75,875	0	0	7,500	0	15,347	21.00
22.00	Unit cost multiplier	1.331631	0.000000	0.000000	0.166028	0.000000	0.005096	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 160117
HHA CCN: 167002

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

Worksheet H-2
Part II
Date/Time Prepared:
5/26/2015 8:40 am
PPS

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
				17.00	19.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 160117	Period:	Worksheet H-3		
				HHA CCN: 167002	From 01/01/2014	Part I		
					To 12/31/2014	Date/Time Prepared: 5/26/2015 8:40 am		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,944,474		1,944,474	10,510	185.01	1.00
2.00	Physical Therapy	3.00	728,079	0	728,079	3,558	204.63	2.00
3.00	Occupational Therapy	4.00	267,955	0	267,955	918	291.89	3.00
4.00	Speech Pathology	5.00	27,100	0	27,100	124	218.55	4.00
5.00	Medical Social Services	6.00	26,106		26,106	115	227.01	5.00
6.00	Home Health Aide	7.00	226,615		226,615	3,170	71.49	6.00
7.00	Total (sum of lines 1-6)		3,220,329	0	3,220,329	18,395		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care	16300	3,764	7			8.00	
8.01	Skilled Nursing Care	20220	0	2,635			8.01	
8.02	Skilled Nursing Care	31540	0	0			8.02	
8.03	Skilled Nursing Care	99914	0	250			8.03	
8.04	Skilled Nursing Care	99916	0	412			8.04	
8.05	Skilled Nursing Care	99928	0	0			8.05	
8.06	Skilled Nursing Care	99952	0	0			8.06	
9.00	Physical Therapy	16300	1,206	0			9.00	
9.01	Physical Therapy	20220	0	1,082			9.01	
9.02	Physical Therapy	31540	0	0			9.02	
9.03	Physical Therapy	99914	0	89			9.03	
9.04	Physical Therapy	99916	0	136			9.04	
9.05	Physical Therapy	99928	0	0			9.05	
9.06	Physical Therapy	99952	0	0			9.06	
10.00	Occupational Therapy	16300	206	0			10.00	
10.01	Occupational Therapy	20220	0	495			10.01	
10.02	Occupational Therapy	31540	0	0			10.02	
10.03	Occupational Therapy	99914	0	18			10.03	
10.04	Occupational Therapy	99916	0	41			10.04	
10.05	Occupational Therapy	99928	0	0			10.05	
10.06	Occupational Therapy	99952	0	0			10.06	
11.00	Speech Pathology	16300	53	0			11.00	
11.01	Speech Pathology	20220	0	8			11.01	
11.02	Speech Pathology	31540	0	0			11.02	
11.03	Speech Pathology	99914	0	3			11.03	
11.04	Speech Pathology	99916	0	7			11.04	
11.05	Speech Pathology	99928	0	0			11.05	
11.06	Speech Pathology	99952	0	0			11.06	
12.00	Medical Social Services	16300	30	0			12.00	
12.01	Medical Social Services	20220	0	51			12.01	
12.02	Medical Social Services	31540	0	0			12.02	
12.03	Medical Social Services	99914	0	0			12.03	
12.04	Medical Social Services	99916	0	4			12.04	
12.05	Medical Social Services	99928	0	0			12.05	
12.06	Medical Social Services	99952	0	0			12.06	
13.00	Home Health Aide	16300	250	0			13.00	
13.01	Home Health Aide	20220	0	476			13.01	
13.02	Home Health Aide	31540	0	0			13.02	
13.03	Home Health Aide	99914	0	4			13.03	
13.04	Home Health Aide	99916	0	5			13.04	
13.05	Home Health Aide	99928	0	0			13.05	
13.06	Home Health Aide	99952	0	0			13.06	
14.00	Total (sum of lines 8-13)		5,509	5,723			14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/26/2015 8:40 am
				Title XVIII	Home Health Agency I	PPS
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (From HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	4,195	0	4,195	0
16.00	Cost of Drugs	9.00	0	0	0	0.000000
Program Visits						
Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00		8.00	9.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	3,764	3,304		696,378	611,273
2.00	Physical Therapy	1,206	1,307		246,784	267,451
3.00	Occupational Therapy	206	554		60,129	161,707
4.00	Speech Pathology	53	18		11,583	3,934
5.00	Medical Social Services	30	55		6,810	12,486
6.00	Home Health Aide	250	485		17,873	34,673
7.00	Total (sum of lines 1-6)	5,509	5,723		1,039,557	1,091,524
Cost Center Description						
	6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					
8.01	Skilled Nursing Care					
8.02	Skilled Nursing Care					
8.03	Skilled Nursing Care					
8.04	Skilled Nursing Care					
8.05	Skilled Nursing Care					
8.06	Skilled Nursing Care					
9.00	Physical Therapy					
9.01	Physical Therapy					
9.02	Physical Therapy					
9.03	Physical Therapy					
9.04	Physical Therapy					
9.05	Physical Therapy					
9.06	Physical Therapy					
10.00	Occupational Therapy					
10.01	Occupational Therapy					
10.02	Occupational Therapy					
10.03	Occupational Therapy					
10.04	Occupational Therapy					
10.05	Occupational Therapy					
10.06	Occupational Therapy					
11.00	Speech Pathology					
11.01	Speech Pathology					
11.02	Speech Pathology					
11.03	Speech Pathology					
11.04	Speech Pathology					
11.05	Speech Pathology					
11.06	Speech Pathology					
12.00	Medical Social Services					
12.01	Medical Social Services					
12.02	Medical Social Services					
12.03	Medical Social Services					
12.04	Medical Social Services					
12.05	Medical Social Services					
12.06	Medical Social Services					
13.00	Home Health Aide					
13.01	Home Health Aide					
13.02	Home Health Aide					
13.03	Home Health Aide					
13.04	Home Health Aide					
13.05	Home Health Aide					
13.06	Home Health Aide					
14.00	Total (sum of lines 8-13)					

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/26/2015 8:40 am
				HHA CCN: 167002	Title XVII I	Home Health Agency I PPS
Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs		0	0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)				
		12.00				
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	1,307,651				1.00
2.00	Physical Therapy	514,235				2.00
3.00	Occupational Therapy	221,836				3.00
4.00	Speech Pathology	15,517				4.00
5.00	Medical Social Services	19,296				5.00
6.00	Home Health Aide	52,546				6.00
7.00	Total (sum of lines 1-6)	2,131,081				7.00
Cost Center Description						
		12.00				
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
8.04	Skilled Nursing Care					8.04
8.05	Skilled Nursing Care					8.05
8.06	Skilled Nursing Care					8.06
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
9.04	Physical Therapy					9.04
9.05	Physical Therapy					9.05
9.06	Physical Therapy					9.06
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
10.04	Occupational Therapy					10.04
10.05	Occupational Therapy					10.05
10.06	Occupational Therapy					10.06
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
11.04	Speech Pathology					11.04
11.05	Speech Pathology					11.05
11.06	Speech Pathology					11.06
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
12.04	Medical Social Services					12.04
12.05	Medical Social Services					12.05
12.06	Medical Social Services					12.06
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
13.04	Home Health Aide					13.04
13.05	Home Health Aide					13.05
13.06	Home Health Aide					13.06
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 5/26/2015 8:40 am
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.569167	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.459568	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.534484	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.370465	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.214477	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/26/2015 8:40 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,811,189
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	6,436
13.00	Total PPS Reimbursement - LUPA Episodes		0	28,156
14.00	Total PPS Reimbursement - PEP Episodes		0	22,150
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	429
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,868,360
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,868,360
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,868,360
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,868,360
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,868,360
31.01	Sequestration adjustment (see instructions)		0	37,367
32.00	Interim payments (see instructions)		0	1,830,993
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 160117

Period: From 01/01/2014

Worksheet H-5

HHA CCN: 167002

To 12/31/2014

Date/Time Prepared: 5/26/2015 8:40 am

Home Health Agency I

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		0		1,830,993	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,830,993	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,830,993	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 160117	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 8:40 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,267,634	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		9,206	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)		43.08	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,276,840	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00