

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: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet S Parts I-III Date/Time Prepared: 2/2/2015 11:10 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/2/2015	Time: 11:10 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH PADUCAH (180104) for the cost reporting period beginning 09/01/2013 and ending 08/31/2014 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	1,536,016	178,264	980,898	627,772	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	1,536,016	178,264	980,898	627,772	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: 180104		Period: From 09/01/2013 To 08/31/2014		Worksheet S-2 Part I Date/Time Prepared: 2/2/2015 11:10 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2501 KENTUCKY AVENUE	PO Box:						1.00		
2.00	City: PADUCAH	State: KY	Zip Code: 42003-	County: MCCracken					2.00	
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	BAPTIST HEALTH PADUCAH	180104	99918	1	01/04/1966	N	P	T	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	BAPTIST HEALTH TCU	185416	99918		11/22/1995	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					09/01/2013	08/31/2014		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)									22.01
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.					2	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 col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	618	725	1,094	472	8,182	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0			25.00	
						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.					2				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.					2				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part I Date/Time Prepared: 2/2/2015 11:10 am		
		Beginning: 1.00	Ending: 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 1.00	Y/N 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)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 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 Worksheet L, Part III and L-1, Parts I through 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 Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part 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 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 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

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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		
61.20	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 Non-Provider Settings</u>						
63.00	Has your facility trained residents in non-provider 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 Site	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 non-provider 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 Site	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
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider 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

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	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.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. 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 respectively 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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively 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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
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
					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		Y	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		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		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)			N			106.00

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		V	XIX			
		1.00	2.00			
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 Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		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 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 hospital providers) based on the definition in CMS 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.	Y			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	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	2,434,000	481,272		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	
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		18H001	140.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part I Date/Time Prepared: 2/2/2015 11:10 am			
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: BAPTIST HEALTH	Contractor's Name: CIGNA		Contractor's Number: 15101		141.00	
142.00	Street: 2701 EASTPOINT PARKWAY	PO Box:				142.00	
143.00	City: LOUISVILLE	State: KY		Zip Code: 40223		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 they costs for inpatient services only? Enter "Y" for yes or "N" for no.					N	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 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	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	169.00
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2013	09/30/2014	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part II Date/Time Prepared: 2/2/2015 11:10 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)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00		2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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	01/08/2015	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: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-2
Part II
Date/Time Prepared:
2/2/2015 11:10 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		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
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.	BETH		WHEELER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-896-5036		BWHEELER@BHSI.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	01/08/2015	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.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/2/2015 11:10 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	239	87,235	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)		239	87,235	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		271	98,915	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,760		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				0	23.00
24.00 HOSPICE	116.00	0	0		0	24.00
24.10 HOSPICE (non-distinct part)	30.00				0	24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		295			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/2/2015 11:10 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)	20,376	388	43,228			1.00
2.00 HMO and other (see instructions)	0	10,224				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,376	388	43,228			7.00
8.00 INTENSIVE CARE UNIT	1,998	87	3,905			8.00
9.00 CORONARY CARE UNIT	1,903	39	3,390			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		104	6,931			13.00
14.00 Total (see instructions)	24,277	618	57,454	0.00	1,337.46	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	4,807	0	6,261	0.00	28.01	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE		0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,365.47	27.00
28.00 Observation Bed Days		0	3,784			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	249	536			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: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/2/2015 11:10 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,760	418	11,626	1.00
2.00 HMO and other (see instructions)			0	2,246		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,760	418	11,626	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 180104		Period: From 09/01/2013 To 08/31/2014		Worksheet S-3 Part II Date/Time Prepared: 2/2/2015 11:10 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	65,377,557	526,266	65,903,823	2,840,181.00	23.20	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	1,282,456	0	1,282,456	58,261.00	22.01	9.00
10.00	Excluded area salaries (see instructions)		573,925	809,072	1,382,997	106,073.00	13.04	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		537,476	0	537,476	8,074.00	66.57	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		400,422	0	400,422	2,976.00	134.55	13.00
14.00	Home office salaries & wage-related costs		17,636,220	0	17,636,220	273,795.00	64.41	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		19,270,920	0	19,270,920			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		812,256	0	812,256			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,231,977	-756,630	475,347	80,808.00	5.88	26.00
27.00	Administrative & General	5.00	5,057,352	473,824	5,531,176	251,676.00	21.98	27.00
28.00	Administrative & General under contract (see inst.)		197,235	0	197,235	839.00	235.08	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,591,427	0	1,591,427	73,944.00	21.52	30.00
31.00	Laundry & Linen Service	8.00	341,037	0	341,037	26,967.00	12.65	31.00
32.00	Housekeeping	9.00	1,474,473	0	1,474,473	116,875.00	12.62	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,758,879	-1,450,362	308,517	23,042.00	13.39	34.00
35.00	Dietary under contract (see instructions)		259,528	0	259,528	5,704.00	45.50	35.00
36.00	Cafeteria	11.00	0	1,450,362	1,450,362	108,325.00	13.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,640,156	0	1,640,156	54,802.00	29.93	38.00
39.00	Central Services and Supply	14.00	559,286	0	559,286	37,815.00	14.79	39.00
40.00	Pharmacy	15.00	3,349,070	0	3,349,070	80,178.00	41.77	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
2/2/2015 11:10 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 85,605	0	85,605	22,549.00	3.80	41.00
42.00	Social Service	17.00 1,557,817	0	1,557,817	57,995.00	26.86	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part III
Date/Time Prepared:
2/2/2015 11:10 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	65,834,320	526,266	66,360,586	2,846,724.00	23.31	1.00
2.00	Excluded area salaries (see instructions)	1,856,381	809,072	2,665,453	164,334.00	16.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	63,977,939	-282,806	63,695,133	2,682,390.00	23.75	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,574,118	0	18,574,118	284,845.00	65.21	4.00
5.00	Subtotal wage-related costs (see inst.)	19,270,920	0	19,270,920	0.00	30.25	5.00
6.00	Total (sum of lines 3 thru 5)	101,822,977	-282,806	101,540,171	2,967,235.00	34.22	6.00
7.00	Total overhead cost (see instructions)	19,103,842	-282,806	18,821,036	941,519.00	19.99	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 2/2/2015 11:10 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,074,903 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,474,016 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)			12,011,875 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			96,226 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)			127,899 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			533,676 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			4,560,400 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			61,683 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			142,498 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			20,083,176 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: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part V
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-7

Date/Time Prepared:
2/2/2015 11:10 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	8	0	8	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	86	0	86	12.00
13.00		RUB	61	0	61	13.00
14.00		RUA	267	0	267	14.00
15.00		RVC	79	0	79	15.00
16.00		RVB	246	0	246	16.00
17.00		RVA	1,920	0	1,920	17.00
18.00		RHC	28	0	28	18.00
19.00		RHB	97	0	97	19.00
20.00		RHA	1,168	0	1,168	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	26	0	26	22.00
23.00		RMA	206	0	206	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	19	0	19	32.00
33.00		HC2	8	0	8	33.00
34.00		HC1	45	0	45	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	181	0	181	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	3	0	3	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	22	0	22	42.00
43.00		LB2	14	0	14	43.00
44.00		LB1	20	0	20	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	26	0	26	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	87	0	87	52.00
53.00		CA2	3	0	3	53.00
54.00		CA1	141	0	141	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	4	0	4	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-7

Date/Time Prepared:
2/2/2015 11:10 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	35	0	35	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	7	0	7	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,807	0	4,807	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 99918 99918 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	11,282,456	149.78	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	98	0.00	N	205.00
206.00	OTHER	60,512	0.80	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	7,532,517			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet S-10 Date/Time Prepared: 2/2/2015 11:10 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)			0.185661	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			20,794,298	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			151,049,531	6.00
7.00	Medicaid cost (line 1 times line 6)			28,044,007	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)			7,249,709	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			7,249,709	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	16,285,503	2,023,992	18,309,495	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,023,583	375,776	3,399,359	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,023,583	375,776	3,399,359	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			6,348,945	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,213,010	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			5,135,935	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			953,543	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,352,902	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,602,611	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet A Date/Time Prepared: 2/2/2015 11:10 am			
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		15,737,262		15,737,262	-4,179,008	11,558,254	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0		0	4,179,008	4,179,008	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,231,977	19,995,136	21,227,113		-1,518,074	19,709,039	4.00
5.01	00540	NONPATIENT TELEPHONES	153,237	423	153,660		183,316	336,976	5.01
5.02	00550	DATA PROCESSING	562,595	87,424	650,019		0	650,019	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	80,005	177,725	257,730		0	257,730	5.03
5.04	00570	ADMINITTING	185,225	16,876	202,101		0	202,101	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,076,290	39,836,716	43,913,006		162,886	44,075,892	5.06
7.00	00700	OPERATION OF PLANT	1,591,427	6,857,049	8,448,476		0	8,448,476	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	341,037	243,470	584,507		0	584,507	8.00
9.00	00900	HOUSEKEEPING	1,474,473	338,633	1,813,106		0	1,813,106	9.00
10.00	01000	DIETARY	1,758,879	1,735,914	3,494,793		-2,881,788	613,005	10.00
11.00	01100	CAFETERIA	0	0	0		2,881,788	2,881,788	11.00
13.00	01300	NURSING ADMINISTRATION	1,640,156	299,038	1,939,194		0	1,939,194	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	559,286	32,908,326	33,467,612		-31,372,557	2,095,055	14.00
15.00	01500	PHARMACY	3,349,070	18,315,982	21,665,052		-17,990,727	3,674,325	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	85,605	4,925	90,530		0	90,530	16.00
17.00	01700	SOCIAL SERVICE	1,557,817	655,378	2,213,195		0	2,213,195	17.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	12,034,685	588,612	12,623,297		0	12,623,297	30.00
31.00	03100	INTENSIVE CARE UNIT	2,281,121	379,635	2,660,756		0	2,660,756	31.00
32.00	03200	CORONARY CARE UNIT	2,119,613	171,493	2,291,106		0	2,291,106	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0		0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0		0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0		0	0	42.00
43.00	04300	NURSERY	1,239,338	580,303	1,819,641		0	1,819,641	43.00
44.00	04400	SKILLED NURSING FACILITY	1,282,456	60,610	1,343,066		0	1,343,066	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,840,594	7,670,211	13,510,805		0	13,510,805	50.00
51.00	05100	RECOVERY ROOM	1,469,664	29,293	1,498,957		0	1,498,957	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,452,000	218,304	1,670,304		0	1,670,304	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,042,560	2,014,667	6,057,227		0	6,057,227	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,043,043	648,569	1,691,612		0	1,691,612	55.00
56.00	05600	RADIOISOTOPE	0	0	0		0	0	56.00
57.00	05700	CT SCAN	493,849	327,462	821,311		0	821,311	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	239,973	155,365	395,338		0	395,338	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,238,835	602,691	1,841,526		0	1,841,526	59.00
60.00	06000	LABORATORY	2,698,209	3,409,635	6,107,844		0	6,107,844	60.00
60.01	06001	PATHOLOGY	516,675	687,748	1,204,423		0	1,204,423	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,234,804	2,234,804		0	2,234,804	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,805,640	279,461	2,085,101		0	2,085,101	65.00
66.00	06600	PHYSICAL THERAPY	1,506,454	72,212	1,578,666		0	1,578,666	66.00
67.00	06700	OCCUPATIONAL THERAPY	394,996	24,733	419,729		0	419,729	67.00
68.00	06800	SPEECH PATHOLOGY	352,750	30,231	382,981		0	382,981	68.00
69.00	06900	ELECTROCARDIOLOGY	927,114	200,317	1,127,431		0	1,127,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	320,204	16,875	337,079		0	337,079	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		11,733,336	11,733,336	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		19,639,221	19,639,221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		17,990,727	17,990,727	73.00
74.00	07400	RENAL DIALYSIS	0	0	0		0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION	220,745	13,944	234,689		0	234,689	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0		0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	0	89.00
90.00	09000	CLINIC	0	0	0		0	0	90.00
91.00	09100	EMERGENCY	2,636,035	432,094	3,068,129		0	3,068,129	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0		0	0	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet A
Date/Time Prepared:
2/2/2015 11:10 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	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	1,074,517	1,074,517	0	1,074,517	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	64,803,632	159,134,063	223,937,695	-1,171,872	222,765,823	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,755	213,323	275,078	0	275,078	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	512,170	522,815	1,034,985	14,944	1,049,929	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	165,120	165,120	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	991,808	991,808	194.02
200.00		TOTAL (SUM OF LINES 118-199)	65,377,557	159,870,201	225,247,758	0	225,247,758	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet A
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-369,451	11,188,803	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-90,499	4,088,509	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,660	19,703,379	4.00
5.01	00540	NONPATIENT TELEPHONES	-88,702	248,274	5.01
5.02	00550	DATA PROCESSING	5,646,623	6,296,642	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	0	257,730	5.03
5.04	00570	ADMINITTING	1,073,670	1,275,771	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-10,571,387	33,504,505	5.06
7.00	00700	OPERATION OF PLANT	0	8,448,476	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	584,507	8.00
9.00	00900	HOUSEKEEPING	0	1,813,106	9.00
10.00	01000	DIETARY	-7,644	605,361	10.00
11.00	01100	CAFETERIA	-923,899	1,957,889	11.00
13.00	01300	NURSING ADMINISTRATION	-5,279	1,933,915	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-546	2,094,509	14.00
15.00	01500	PHARMACY	0	3,674,325	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-60,771	29,759	16.00
17.00	01700	SOCIAL SERVICE	0	2,213,195	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	12,623,297	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,660,756	31.00
32.00	03200	CORONARY CARE UNIT	0	2,291,106	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-103,858	1,715,783	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,343,066	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,900,158	10,610,647	50.00
51.00	05100	RECOVERY ROOM	0	1,498,957	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-5,526	1,664,778	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,057,227	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,691,612	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	821,311	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	395,338	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,841,526	59.00
60.00	06000	LABORATORY	-20,000	6,087,844	60.00
60.01	06001	PATHOLOGY	0	1,204,423	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,234,804	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-73,398	2,011,703	65.00
66.00	06600	PHYSICAL THERAPY	0	1,578,666	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	419,729	67.00
68.00	06800	SPEECH PATHOLOGY	0	382,981	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,127,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	337,079	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-655,241	11,078,095	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	19,639,221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,990,727	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	234,689	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-38,107	3,030,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet A
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
99.00	09900	CMHC	6.00	7.00	
99.10	09910	CORF	0	0	99.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	101.00
106.00	10600	HEART ACQUISITION	0	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	108.00
110.00	11000	INTESTINAL ACQUISITION	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	110.00
113.00	11300	INTEREST EXPENSE	-1,074,517	0	111.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	114.00
116.00	11600	HOSPICE	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,274,350	212,491,473	116.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	275,078	118.00
191.00	19100	RESEARCH	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-175,046	874,883	191.00
193.00	19300	NONPAID WORKERS	0	0	192.00
194.00	07950	NAUTILUS	0	0	193.00
194.01	07951	PR/MARKETING	0	165,120	194.00
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	991,808	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-10,449,396	214,798,362	194.02
					200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,990,727	1.00	
	TOTALS		0	17,990,727		
B - CHARGEABLE MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,372,557	1.00	
	TOTALS		0	31,372,557		
C - TELEPHONE EXPENSES						
1.00	NONPATIENT TELEPHONES	5.01	0	183,316	1.00	
	TOTALS		0	183,316		
D - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,179,008	1.00	
	TOTALS		0	4,179,008		
E - PR/MARKETING						
1.00	PR/MARKETING	194.01	37,498	127,622	1.00	
	TOTALS		37,498	127,622		
F - RECLASS OF PTO AND SICK						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	479,482	0	1.00	
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	14,013	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	31,840	0	3.00	
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	931	0	4.00	
	TOTALS		526,266	0		
G - RECLASS OF IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	19,639,221	1.00	
	TOTALS		0	19,639,221		
H - NON PATIENT RELATED DAY CARE COSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	756,630	235,178	1.00	
	TOTALS		756,630	235,178		
I - DIETARY/CAFE						
1.00	CAFETERIA	11.00	1,450,362	1,431,426	1.00	
	TOTALS		1,450,362	1,431,426		
500.00	Grand Total: Increases		2,770,756	75,159,055	500.00	

		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	17,990,727	0		1.00
	TOTALS		0	17,990,727			
B - CHARGEABLE MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	31,372,557	0		1.00
	TOTALS		0	31,372,557			
C - TELEPHONE EXPENSES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	183,316	0		1.00
	TOTALS		0	183,316			
D - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,179,008	9		1.00
	TOTALS		0	4,179,008			
E - PR/MARKETING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	37,498	127,622	0		1.00
	TOTALS		37,498	127,622			
F - RECLASS OF PTO AND SICK							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	479,482	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,013	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31,840	0		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	931	0		4.00
	TOTALS		0	526,266			
G - RECLASS OF IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	19,639,221	0		1.00
	TOTALS		0	19,639,221			
H - NON PATIENT RELATED DAY CARE COSTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	756,630	235,178	0		1.00
	TOTALS		756,630	235,178			
I - DIETARY/CAFE							
1.00	DIETARY	10.00	1,450,362	1,431,426	0		1.00
	TOTALS		1,450,362	1,431,426			
500.00	Grand Total: Decreases		2,244,490	75,685,321			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-7
Part I
Date/Time Prepared:
2/2/2015 11:10 am

	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	7,424,055	877,922	0	877,922	0	1.00
2.00	Land Improvements	6,665,350	0	0	0	0	2.00
3.00	Buildings and Fixtures	161,374,768	4,103,018	0	4,103,018	0	3.00
4.00	Building Improvements	39,749,552	1,552,633	0	1,552,633	11,726	4.00
5.00	Fixed Equipment	14,170,724	45,756	0	45,756	310,000	5.00
6.00	Movable Equipment	113,392,751	3,236,688	0	3,236,688	12,390,635	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	342,777,200	9,816,017	0	9,816,017	12,712,361	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	342,777,200	9,816,017	0	9,816,017	12,712,361	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,301,977	0				1.00
2.00	Land Improvements	6,665,350	0				2.00
3.00	Buildings and Fixtures	165,477,786	0				3.00
4.00	Building Improvements	41,290,459	0				4.00
5.00	Fixed Equipment	13,906,480	0				5.00
6.00	Movable Equipment	104,238,804	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	339,880,856	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	339,880,856	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-7
Part II
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	15,737,262	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,737,262	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	15,737,262				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	15,737,262				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-7
Part III
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	235,642,052	0	235,642,052	0.693308	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	104,238,804	0	104,238,804	0.306692	0	2.00
3.00	Total (sum of lines 1-2)	339,880,856	0	339,880,856	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	11,430,272	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,162,726	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,592,998	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 col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-241,469	0	0	0	11,188,803	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-74,217	0	0	0	4,088,509	2.00
3.00	Total (sum of lines 1-2)	-315,686	0	0	0	15,277,312	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8

Date/Time Prepared:
2/2/2015 11:10 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		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-241,469	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		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	-4,107,912			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,722,719			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-923,899	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-60,771	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)			UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.00 PATIENT PHONE - COST OFFSET	A	-28,741	NONPATIENT TELEPHONES	5.01	0	33.00
34.00 PATIENT PHONE - OPERATOR OFFSET	A	-18,508	NONPATIENT TELEPHONES	5.01	0	34.00
35.00 PATIENT PHONE - BENEFIT OFFSET	A	-5,660	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
36.00 LIFELINE EXPENSES	A	-192,928	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00 LIFELINE DEPRECIATION	A	-15,572	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	37.00
38.00 CABLE TV COSTS	A	-41,453	NONPATIENT TELEPHONES	5.01	0	38.00
39.00 CHANGE IN USEFUL LIFE	A	-31,945	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	39.00
41.00 INCIDENTAL PATIENT REVENUE	B	-4,699	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	41.00
42.00 EDUCATION CLASS	B	-4,302	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00 BASIC LIFE SUPPORT	B	-67,617	RESPIRATORY THERAPY	65.00	0	43.00
45.00 MEDICAL CALL	B	-13,560	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01 DISCOUNTS	B	-66,749	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.01
45.02 MISCELLANEOUS	B	-29,535	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.02
45.03 NET ASSETS RELEASED	B	-74,217	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	45.03
45.04 DIETARY REVENUE	B	-7,644	DIETARY	10.00	0	45.04
45.05 CONTRIBUTIONS	A	-427,424	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.05
45.06 INTERCOMPANY INTEREST	A	-1,074,517	INTEREST EXPENSE	113.00	0	45.06
45.07 PEDIATRIC OFFICE BUILDING	A	-9,468	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.07
45.08 BB PERSONAL USE OF COMPANY CAR - DEP	A	-710	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.08
45.09 BB PERSONAL USE OF COMPANY CAR - GAS	A	-66	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.09
45.10 CE REGISTRATION	B	-3,490	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.10
45.11 CPE TUITION	B	-2,910	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.11
45.12 MGMT FEE REVENUE	B	-175,046	PHYSICIANS' PRIVATE OFFICES	192.00	0	45.12
45.13 RESEARCH FUNDS	B	-8,750	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.13
45.14 PRODUCT SALES	B	-546	CENTRAL SERVICES & SUPPLY	14.00	0	45.14
45.15 RENTAL INCOME	B	-86,569	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.15
45.16		0		0.00	0	45.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,449,396				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: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8-1

Date/Time Prepared:
2/2/2015 11:10 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	5.04	ADMITTING	PATIENT ACCESS AND SCHEDULING	1,073,670	0
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	FINANCE AND MALP	22,865,553	31,658,023
3.00	5.02	DATA PROCESSING	IT	5,646,623	0
4.00	71.00	MEDICAL SUPPLIES CHARGED TO	SUPPLIES	-650,542	0
5.00	0			28,935,304	31,658,023

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

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

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

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

6.00	B	BAPTIST HC SYS	100.00	SUPPORT SERVICES	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8-1

Date/Time Prepared:
2/2/2015 11:10 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	1,073,670	0		1.00
2.00	-8,792,470	0		2.00
3.00	5,646,623	0		3.00
4.00	-650,542	0		4.00
5.00	-2,722,719			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.

	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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8-2

Date/Time Prepared:
2/2/2015 11:10 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	60.00	DR. A	100,000	0	100,000	208,000	800	1.00
2.00	65.00	DR. B	15,000	0	15,000	159,800	120	2.00
3.00	91.00	DR. C	98,800	0	98,800	159,800	790	3.00
4.00	5.06	DR. D	1,079,294	972,840	106,454	159,800	652	4.00
5.00	50.00	DR. E	2,916,162	2,889,000	27,162	182,900	182	5.00
6.00	13.00	DR. F	18,800	0	18,800	159,800	176	6.00
7.00	52.00	DR. G	11,288	0	11,288	159,800	75	7.00
8.00	43.00	DR. H	117,917	95,000	22,917	159,800	183	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			4,357,261	3,956,840	400,421		2,978	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	60.00	DR. A	80,000	4,000	0	0	0	1.00
2.00	65.00	DR. B	9,219	461	0	0	0	2.00
3.00	91.00	DR. C	60,693	3,035	0	0	0	3.00
4.00	5.06	DR. D	50,091	2,505	0	0	0	4.00
5.00	50.00	DR. E	16,004	800	0	0	0	5.00
6.00	13.00	DR. F	13,521	676	0	0	0	6.00
7.00	52.00	DR. G	5,762	288	0	0	0	7.00
8.00	43.00	DR. H	14,059	703	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			249,349	12,468	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	60.00	DR. A	0	80,000	20,000	20,000	1.00
2.00	65.00	DR. B	0	9,219	5,781	5,781	2.00
3.00	91.00	DR. C	0	60,693	38,107	38,107	3.00
4.00	5.06	DR. D	0	50,091	56,363	1,029,203	4.00
5.00	50.00	DR. E	0	16,004	11,158	2,900,158	5.00
6.00	13.00	DR. F	0	13,521	5,279	5,279	6.00
7.00	52.00	DR. G	0	5,762	5,526	5,526	7.00
8.00	43.00	DR. H	0	14,059	8,858	103,858	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	249,349	151,072	4,107,912	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	11,188,803	11,188,803				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	4,088,509		4,088,509			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	19,703,379	244,706	8,090	19,956,175		4.00
5.01 00540 NONPATIENT TELEPHONES	248,274	952	0	41,149	290,375	5.01
5.02 00550 DATA PROCESSING	6,296,642	0	30,491	171,827	4,354	5.02
5.03 00561 PURCHASING RECEIVING AND STORES	257,730	48,225	860	24,435	4,354	5.03
5.04 00570 ADMITTING	1,275,771	31,909	1,104	56,571	6,363	5.04
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	33,504,505	139,684	61,494	1,393,655	19,425	5.06
7.00 00700 OPERATION OF PLANT	8,448,476	3,801,291	25,379	486,052	8,708	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	584,507	42,862	6,868	104,159	1,005	8.00
9.00 00900 HOUSEKEEPING	1,813,106	19,355	9,493	450,332	1,340	9.00
10.00 01000 DIETARY	605,361	68,389	16,481	94,227	4,354	10.00
11.00 01100 CAFETERIA	1,957,889	45,853	0	442,968	335	11.00
13.00 01300 NURSING ADMINISTRATION	1,933,915	32,347	88,358	500,935	8,038	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,094,509	104,051	202,178	144,149	1,675	14.00
15.00 01500 PHARMACY	3,674,325	41,005	78,368	1,022,870	7,033	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	29,759	25,527	9,826	26,145	7,703	16.00
17.00 01700 SOCIAL SERVICE	2,213,195	12,382	140	475,787	6,029	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,623,297	1,024,127	106,140	3,675,605	95,114	30.00
31.00 03100 INTENSIVE CARE UNIT	2,660,756	139,922	30,196	696,698	7,033	31.00
32.00 03200 CORONARY CARE UNIT	2,291,106	88,582	4,142	647,370	4,354	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,715,783	26,575	36,005	378,517	0	43.00
44.00 04400 SKILLED NURSING FACILITY	1,343,066	107,528	16,628	391,686	10,048	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	10,610,647	578,033	1,350,070	1,783,828	18,421	50.00
51.00 05100 RECOVERY ROOM	1,498,957	61,141	2,882	448,863	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,664,778	92,259	21,244	443,468	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,057,227	195,538	807,012	1,234,675	22,440	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,691,612	109,290	223,804	318,565	5,359	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	821,311	9,906	113,238	150,831	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	395,338	0	150,267	73,292	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,841,526	145,161	283,946	378,364	5,694	59.00
60.00 06000 LABORATORY	6,087,844	60,722	77,589	824,084	6,029	60.00
60.01 06001 PATHOLOGY	1,204,423	22,479	51,001	157,802	4,354	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,234,804	8,220	1,560	0	335	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,011,703	38,224	27,350	551,477	2,679	65.00
66.00 06600 PHYSICAL THERAPY	1,578,666	28,289	12,659	460,100	3,349	66.00
67.00 06700 OCCUPATIONAL THERAPY	419,729	0	643	120,639	0	67.00
68.00 06800 SPEECH PATHOLOGY	382,981	0	4,287	107,737	1,340	68.00
69.00 06900 ELECTROCARDIOLOGY	1,127,431	134,140	158,561	283,158	9,378	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	337,079	58,360	13,956	97,796	1,005	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,078,095	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	19,639,221	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	17,990,727	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	234,689	29,718	6,415	67,420	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	3,030,022	159,725	40,013	805,095	12,727	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	212,491,473	7,776,477	4,078,738	19,532,331	290,375	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	275,078	7,429	2,109	18,861	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	874,883	3,404,897	0	160,996	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NAUTILUS	0	0	0	0	0	194.00
194.01 07951 PR/MARKETING	165,120	0	7,662	12,898	0	194.01
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	991,808	0	0	231,089	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	214,798,362	11,188,803	4,088,509	19,956,175	290,375	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 180104		Period: From 09/01/2013 To 08/31/2014		Worksheet B Part I Date/Time Prepared: 2/2/2015 11:10 am	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	6,503,314					5.02
5.03	00561	PURCHASING RECEIVING AND STORES	88,374	423,978				5.03
5.04	00570	ADMINITTING	752,915	20	2,124,653			5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	227,867	694	0	35,347,324	35,347,324	5.06
7.00	00700	OPERATION OF PLANT	0	1,336	0	12,771,242	2,515,615	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	43	0	739,444	145,652	8.00
9.00	00900	HOUSEKEEPING	48,519	4,115	0	2,346,260	462,155	9.00
10.00	01000	DIETARY	18,195	2	0	807,009	158,961	10.00
11.00	01100	CAFETERIA	0	0	0	2,447,045	482,007	11.00
13.00	01300	NURSING ADMINISTRATION	0	6	0	2,563,599	504,965	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	80,577	17,308	0	2,644,447	520,890	14.00
15.00	01500	PHARMACY	162,020	0	0	4,985,621	982,043	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	390,753	8	0	489,721	96,463	16.00
17.00	01700	SOCIAL SERVICE	1,733	794	0	2,710,060	533,814	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,279,539	21,455	238,032	20,063,309	3,951,924	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,102	62,801	3,602,508	709,604	31.00
32.00	03200	CORONARY CARE UNIT	0	4,077	54,643	3,094,274	609,495	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	4,462	45,844	2,207,186	434,760	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,611	31,750	1,902,317	374,709	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	391,620	76,381	331,249	15,140,249	2,982,251	50.00
51.00	05100	RECOVERY ROOM	0	774	18,748	2,031,365	400,128	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,606	30,658	2,259,013	444,969	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	201,875	5,886	68,031	8,592,684	1,692,544	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	679	13,279	2,362,588	465,371	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	3,035	70,568	1,168,889	230,242	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11	15,971	634,879	125,055	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,199	131,269	2,795,159	550,576	59.00
60.00	06000	LABORATORY	991,179	121,879	104,977	8,274,303	1,629,831	60.00
60.01	06001	PATHOLOGY	0	17,551	11,059	1,468,669	289,291	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	96,650	36,255	2,377,824	468,372	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	143,825	11,048	61,752	2,848,058	560,996	65.00
66.00	06600	PHYSICAL THERAPY	123,031	446	29,341	2,235,881	440,413	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	38	9,639	550,688	108,472	67.00
68.00	06800	SPEECH PATHOLOGY	0	132	8,297	504,774	99,428	68.00
69.00	06900	ELECTROCARDIOLOGY	79,710	1,636	58,459	1,852,473	364,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,931	397	9,897	525,421	103,495	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	119,226	11,197,321	2,205,592	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	289,222	19,928,443	3,925,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	218,480	18,209,207	3,586,759	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	136	6	338,384	66,653	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	514,651	8,957	55,200	4,626,390	911,283	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,503,314	422,474	2,124,653	208,644,028	34,135,074	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2	0	303,479	59,778	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,502	0	4,442,278	875,018	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	185,680	36,574	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,222,897	240,880	194.02
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)	6,503,314	423,978	2,124,653	214,798,362	35,347,324	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part I Date/Time Prepared: 2/2/2015 11:10 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00561	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	15,286,857				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	94,659	979,755			8.00	
9.00	00900	HOUSEKEEPING	42,744	39,336	2,890,495		9.00	
10.00	01000	DIETARY	151,033	19,293	0	1,136,296	10.00	
11.00	01100	CAFETERIA	101,264	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	71,436	0	52,386	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	229,790	9,121	265,013	0	14.00	
15.00	01500	PHARMACY	90,557	0	52,386	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	56,375	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	27,346	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,261,715	503,285	961,446	931,960	731,471	30.00
31.00	03100	INTENSIVE CARE UNIT	309,009	55,799	150,996	42,978	132,013	31.00
32.00	03200	CORONARY CARE UNIT	195,628	57,049	120,180	43,223	118,982	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	58,688	13,016	61,631	0	63,570	43.00
44.00	04400	SKILLED NURSING FACILITY	237,468	92,710	123,262	115,431	79,405	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,276,548	119,104	363,623	905	326,000	50.00
51.00	05100	RECOVERY ROOM	135,026	0	61,631	0	68,880	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	203,748	7,938	89,365	0	72,861	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	431,834	10,721	172,567	0	208,811	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	241,359	0	89,365	0	38,234	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	21,877	0	0	0	17,812	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	8,713	58.00
59.00	05900	CARDIAC CATHETERIZATION	320,578	0	0	0	58,663	59.00
60.00	06000	LABORATORY	134,100	0	58,549	0	161,972	60.00
60.01	06001	PATHOLOGY	49,643	0	15,408	0	35,020	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,153	0	6,163	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	84,415	0	21,571	0	93,895	65.00
66.00	06600	PHYSICAL THERAPY	62,475	0	0	0	67,419	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	16,967	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	14,970	68.00
69.00	06900	ELECTROCARDIOLOGY	296,240	0	77,039	0	47,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	128,883	0	12,326	0	18,980	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	65,630	0	0	0	10,718	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	352,741	52,383	135,588	1,799	147,948	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,750,962	979,755	2,890,495	1,136,296	2,885,746	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,408	0	0	0	2,835	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,519,487	0	0	0	52,234	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	2,918	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	86,583	194.02
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)	15,286,857	979,755	2,890,495	1,136,296	3,030,316	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 180104		Period: From 09/01/2013 To 08/31/2014		Worksheet B Part I Date/Time Prepared: 2/2/2015 11:10 am	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	3,267,077				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,720,800			14.00
15.00	01500	PHARMACY	0	0	6,219,884		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	673,292	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,350,263
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,123,805	1,489,427	2,168,424	177,781	2,374,999
31.00	03100	INTENSIVE CARE UNIT	383,092	464,236	120,913	32,597	215,076
32.00	03200	CORONARY CARE UNIT	345,277	424,168	948,630	30,666	181,754
33.00	03300	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	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	184,474	84,281	640,570	29,281	274,299
44.00	04400	SKILLED NURSING FACILITY	230,429	493,251	9,780	13,441	304,135
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	49,740	181,813	120,071	0
51.00	05100	RECOVERY ROOM	0	22,106	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,382	92,463	2,914	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,908	989,527	57,387	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,763	326,286	4,169	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	9,672	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	40,068	0	0	0
60.00	06000	LABORATORY	0	0	0	50,723	0
60.01	06001	PATHOLOGY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	19,343	1,334	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	247,159	934	0
66.00	06600	PHYSICAL THERAPY	0	1,382	0	435	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	8,290	70,236	9,594	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,763	84,461	2,543	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	15,198	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	585,822	338,288	140,756	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,267,077	3,720,800	6,219,884	673,292	3,350,263	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,267,077	3,720,800	6,219,884	673,292	3,350,263	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

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Part I
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00561				5.03
5.04	00570				5.04
5.06	00560				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	37,739,546	0	37,739,546	30.00
31.00	03100	6,218,821	0	6,218,821	31.00
32.00	03200	6,169,326	0	6,169,326	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	4,051,756	0	4,051,756	43.00
44.00	04400	3,976,338	0	3,976,338	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	20,560,304	0	20,560,304	50.00
51.00	05100	2,719,136	0	2,719,136	51.00
52.00	05200	3,174,653	0	3,174,653	52.00
53.00	05300	0	0	0	53.00
54.00	05400	12,162,983	0	12,162,983	54.00
55.00	05500	3,530,135	0	3,530,135	55.00
56.00	05600	0	0	0	56.00
57.00	05700	1,448,492	0	1,448,492	57.00
58.00	05800	768,647	0	768,647	58.00
59.00	05900	3,765,044	0	3,765,044	59.00
60.00	06000	10,309,478	0	10,309,478	60.00
60.01	06001	1,858,031	0	1,858,031	60.01
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	2,891,189	0	2,891,189	63.00
64.00	06400	0	0	0	64.00
65.00	06500	3,857,028	0	3,857,028	65.00
66.00	06600	2,808,005	0	2,808,005	66.00
67.00	06700	676,127	0	676,127	67.00
68.00	06800	619,172	0	619,172	68.00
69.00	06900	2,725,922	0	2,725,922	69.00
70.00	07000	878,872	0	878,872	70.00
71.00	07100	13,402,913	0	13,402,913	71.00
72.00	07200	23,853,848	0	23,853,848	72.00
73.00	07300	21,795,966	0	21,795,966	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
76.00	03950	0	0	0	76.00
76.97	07697	496,583	0	496,583	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
91.00	09100	7,292,998	0	7,292,998	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	0	0	0	94.00
95.00	09500	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	199,751,313	0	199,751,313	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	382,500	0	382,500	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,889,017	0	12,889,017	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	194.00
194.01	07951	PR/MARKETING	225,172	0	225,172	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	1,550,360	0	1,550,360	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	214,798,362	0	214,798,362	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 2/2/2015 11:10 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	244,706	8,090	252,796	4.00
5.01 00540	NONPATIENT TELEPHONES	0	952	0	952	5.01
5.02 00550	DATA PROCESSING	4,096,595	0	30,491	4,127,086	5.02
5.03 00561	PURCHASING RECEIVING AND STORES	0	48,225	860	49,085	5.03
5.04 00570	ADMITTING	0	31,909	1,104	33,013	5.04
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	1,116,451	139,684	61,494	1,317,629	5.06
7.00 00700	OPERATION OF PLANT	0	3,801,291	25,379	3,826,670	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	42,862	6,868	49,730	8.00
9.00 00900	HOUSEKEEPING	0	19,355	9,493	28,848	9.00
10.00 01000	DIETARY	0	68,389	16,481	84,870	10.00
11.00 01100	CAFETERIA	0	45,853	0	45,853	11.00
13.00 01300	NURSING ADMINISTRATION	0	32,347	88,358	120,705	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	104,051	202,178	306,229	14.00
15.00 01500	PHARMACY	0	41,005	78,368	119,373	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	25,527	9,826	35,353	16.00
17.00 01700	SOCIAL SERVICE	0	12,382	140	12,522	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,024,127	106,140	1,130,267	30.00
31.00 03100	INTENSIVE CARE UNIT	0	139,922	30,196	170,118	31.00
32.00 03200	CORONARY CARE UNIT	0	88,582	4,142	92,724	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	26,575	36,005	62,580	43.00
44.00 04400	SKILLED NURSING FACILITY	0	107,528	16,628	124,156	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	578,033	1,350,070	1,928,103	50.00
51.00 05100	RECOVERY ROOM	0	61,141	2,882	64,023	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	92,259	21,244	113,503	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	195,538	807,012	1,002,550	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	109,290	223,804	333,094	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	9,906	113,238	123,144	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	150,267	150,267	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	145,161	283,946	429,107	59.00
60.00 06000	LABORATORY	0	60,722	77,589	138,311	60.00
60.01 06001	PATHOLOGY	0	22,479	51,001	73,480	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	8,220	1,560	9,780	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	38,224	27,350	65,574	65.00
66.00 06600	PHYSICAL THERAPY	0	28,289	12,659	40,948	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	643	643	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	4,287	4,287	68.00
69.00 06900	ELECTROCARDIOLOGY	0	134,140	158,561	292,701	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	58,360	13,956	72,316	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	29,718	6,415	36,133	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	159,725	40,013	199,738	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,213,046	7,776,477	4,078,738	17,068,261	247,428	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,429	2,109	9,538	239	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	3,404,897	0	3,404,897	2,039	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NAUTILUS	0	0	0	0	0	194.00
194.01 07951 PR/MARKETING	0	0	7,662	7,662	163	194.01
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	2,927	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	5,213,046	11,188,803	4,088,509	20,490,358	252,796	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 180104		Period: From 09/01/2013 To 08/31/2014		Worksheet B Part II Date/Time Prepared: 2/2/2015 11:10 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	1,473					5.01
5.02	00550	DATA PROCESSING	22	4,129,285				5.02
5.03	00561	PURCHASING RECEIVING AND STORES	22	56,113	105,530			5.03
5.04	00570	ADMINITTING	32	478,064	5	511,831		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	99	144,685	173	0	1,480,241	5.06
7.00	00700	OPERATION OF PLANT	44	0	332	0	105,350	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5	0	11	0	6,100	8.00
9.00	00900	HOUSEKEEPING	7	30,807	1,024	0	19,354	9.00
10.00	01000	DIETARY	22	11,553	1	0	6,657	10.00
11.00	01100	CAFETERIA	2	0	0	0	20,186	11.00
13.00	01300	NURSING ADMINISTRATION	41	0	2	0	21,147	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8	51,162	4,308	0	21,814	14.00
15.00	01500	PHARMACY	36	102,875	0	0	41,126	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	39	248,109	2	0	4,040	16.00
17.00	01700	SOCIAL SERVICE	31	1,100	198	0	22,355	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	480	1,447,395	5,340	57,320	165,450	30.00
31.00	03100	INTENSIVE CARE UNIT	36	0	1,270	15,123	29,717	31.00
32.00	03200	CORONARY CARE UNIT	22	0	1,015	13,158	25,525	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	1,111	11,040	18,207	43.00
44.00	04400	SKILLED NURSING FACILITY	51	0	401	7,646	15,692	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93	248,659	19,012	79,967	124,892	50.00
51.00	05100	RECOVERY ROOM	0	0	193	4,515	16,757	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,644	7,383	18,635	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114	128,181	1,465	16,382	70,881	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	27	0	169	3,198	19,489	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	755	16,993	9,642	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3	3,846	5,237	58.00
59.00	05900	CARDIAC CATHETERIZATION	29	0	2,290	31,610	23,057	59.00
60.00	06000	LABORATORY	31	629,350	30,332	25,279	68,255	60.00
60.01	06001	PATHOLOGY	22	0	4,369	2,663	12,115	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2	0	24,057	8,731	19,615	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14	91,322	2,750	14,870	23,494	65.00
66.00	06600	PHYSICAL THERAPY	17	78,119	111	7,066	18,444	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	10	2,321	4,543	67.00
68.00	06800	SPEECH PATHOLOGY	7	0	33	1,998	4,164	68.00
69.00	06900	ELECTROCARDIOLOGY	48	50,612	407	14,077	15,281	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5	4,401	99	2,383	4,334	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	28,710	92,367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	69,647	164,390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	52,612	150,208	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	34	1	2,791	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	65	326,778	2,230	13,292	38,163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,473	4,129,285	105,156	511,831	1,429,474	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,503	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	374	0	36,644	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	1,532	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	10,088	194.02
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)	1,473	4,129,285	105,530	511,831	1,480,241	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 2/2/2015 11:10 am			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	3,938,553				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,388	81,553			8.00
9.00	00900	HOUSEKEEPING	11,013	3,274	100,032		9.00
10.00	01000	DIETARY	38,913	1,606	0	144,816	10.00
11.00	01100	CAFETERIA	26,090	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	18,405	0	1,813	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	59,204	759	9,171	0	14.00
15.00	01500	PHARMACY	23,331	0	1,813	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,525	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,045	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	582,715	41,893	33,272	118,775	30.00
31.00	03100	INTENSIVE CARE UNIT	79,614	4,645	5,226	5,477	31.00
32.00	03200	CORONARY CARE UNIT	50,402	4,749	4,159	5,509	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	15,121	1,083	2,133	0	43.00
44.00	04400	SKILLED NURSING FACILITY	61,182	7,717	4,266	14,711	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	328,894	9,914	12,584	115	50.00
51.00	05100	RECOVERY ROOM	34,788	0	2,133	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,494	661	3,093	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,259	892	5,972	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	62,184	0	3,093	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	5,636	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	82,595	0	0	0	59.00
60.00	06000	LABORATORY	34,550	0	2,026	0	60.00
60.01	06001	PATHOLOGY	12,790	0	533	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,677	0	213	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	21,749	0	747	0	65.00
66.00	06600	PHYSICAL THERAPY	16,096	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	76,324	0	2,666	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,206	0	427	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,909	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	90,881	4,360	4,692	229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,996,980	81,553	100,032	144,816	93,079	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,227	0	0	0	91	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,937,346	0	0	0	1,685	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	94	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	2,793	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,938,553	81,553	100,032	144,816	97,742	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 2/2/2015 11:10 am		
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		13.00	14.00	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00561					5.03
5.04	00570					5.04
5.06	00560					5.06
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300	170,868				13.00
14.00	01400	0	456,143			14.00
15.00	01500	0	0	305,037		15.00
16.00	01600	0	0	0	303,390	16.00
17.00	01700	0	0	0	0	51,828
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	111,075	182,593	106,343	80,108	36,741
31.00	03100	20,036	56,912	5,930	14,689	3,327
32.00	03200	18,058	52,000	46,523	13,818	2,812
33.00	03300	0	0	0	0	0
34.00	03400	0	0	0	0	0
40.00	04000	0	0	0	0	0
41.00	04100	0	0	0	0	0
42.00	04200	0	0	0	0	0
43.00	04300	9,648	10,332	31,415	13,194	4,243
44.00	04400	12,051	60,469	480	6,057	4,705
45.00	04500	0	0	0	0	0
46.00	04600	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	6,098	8,917	54,105	0
51.00	05100	0	2,710	0	0	0
52.00	05200	0	169	4,535	1,313	0
53.00	05300	0	0	0	0	0
54.00	05400	0	847	48,529	25,859	0
55.00	05500	0	339	16,002	1,879	0
56.00	05600	0	0	0	0	0
57.00	05700	0	1,186	0	0	0
58.00	05800	0	0	0	0	0
59.00	05900	0	4,912	0	0	0
60.00	06000	0	0	0	22,856	0
60.01	06001	0	0	0	0	0
61.00	06100	0	0	0	0	0
62.00	06200	0	0	0	0	0
63.00	06300	0	2,371	65	0	0
64.00	06400	0	0	0	0	0
65.00	06500	0	0	12,121	421	0
66.00	06600	0	169	0	196	0
67.00	06700	0	0	0	0	0
68.00	06800	0	0	0	0	0
69.00	06900	0	1,016	3,445	4,323	0
70.00	07000	0	339	4,142	1,146	0
71.00	07100	0	0	0	0	0
72.00	07200	0	0	0	0	0
73.00	07300	0	0	0	0	0
74.00	07400	0	0	0	0	0
75.00	07500	0	0	0	0	0
76.00	03950	0	0	0	0	0
76.97	07697	0	1,863	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	0
89.00	08900	0	0	0	0	0
90.00	09000	0	0	0	0	0
91.00	09100	0	71,818	16,590	63,426	0
92.00	09200	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	0	0	0	0	0
95.00	09500	0	0	0	0	0
96.00	09600	0	0	0	0	0
97.00	09700	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	170,868	456,143	305,037	303,390	51,828	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	170,868	456,143	305,037	303,390	51,828	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 2/2/2015 11:10 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00561				5.03
5.04	00570				5.04
5.06	00560				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	4,169,916	0	4,169,916	30.00
31.00	03100	425,204	0	425,204	31.00
32.00	03200	342,513	0	342,513	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	186,952	0	186,952	43.00
44.00	04400	327,107	0	327,107	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,854,465	0	2,854,465	50.00
51.00	05100	133,027	0	133,027	51.00
52.00	05200	211,398	0	211,398	52.00
53.00	05300	0	0	0	53.00
54.00	05400	1,435,307	0	1,435,307	54.00
55.00	05500	444,743	0	444,743	55.00
56.00	05600	0	0	0	56.00
57.00	05700	159,842	0	159,842	57.00
58.00	05800	160,562	0	160,562	58.00
59.00	05900	580,285	0	580,285	59.00
60.00	06000	966,653	0	966,653	60.00
60.01	06001	109,101	0	109,101	60.01
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	69,511	0	69,511	63.00
64.00	06400	0	0	0	64.00
65.00	06500	243,077	0	243,077	65.00
66.00	06600	169,169	0	169,169	66.00
67.00	06700	9,592	0	9,592	67.00
68.00	06800	12,337	0	12,337	68.00
69.00	06900	466,008	0	466,008	69.00
70.00	07000	124,649	0	124,649	70.00
71.00	07100	121,077	0	121,077	71.00
72.00	07200	234,037	0	234,037	72.00
73.00	07300	202,820	0	202,820	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
76.00	03950	0	0	0	76.00
76.97	07697	58,931	0	58,931	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
91.00	09100	847,233	0	847,233	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	0	0	0	94.00
95.00	09500	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,065,516	0	15,065,516	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,598	0	16,598	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,382,985	0	5,382,985	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	194.00
194.01	07951	PR/MARKETING	9,451	0	9,451	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	15,808	0	15,808	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,490,358	0	20,490,358	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,174,679				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		8,265,563			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	25,691	16,355	65,340,386		4.00
5.01	00540	NONPATIENT TELEPHONES	100	0	134,729	867	5.01
5.02	00550	DATA PROCESSING	0	61,642	562,595	13	7,506 5.02
5.03	00561	PURCHASING RECEIVING AND STORES	5,063	1,738	80,005	13	102 5.03
5.04	00570	ADMINISTRATIVE	3,350	2,231	185,225	19	869 5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	14,665	124,319	4,563,093	58	263 5.06
7.00	00700	OPERATION OF PLANT	399,086	51,308	1,591,427	26	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,500	13,885	341,037	3	0 8.00
9.00	00900	HOUSEKEEPING	2,032	19,191	1,474,473	4	56 9.00
10.00	01000	DIETARY	7,180	33,319	308,517	13	21 10.00
11.00	01100	CAFETERIA	4,814	0	1,450,362	1	0 11.00
13.00	01300	NURSING ADMINISTRATION	3,396	178,630	1,640,156	24	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,924	408,734	471,972	5	93 14.00
15.00	01500	PHARMACY	4,305	158,434	3,349,070	21	187 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,680	19,864	85,605	23	451 16.00
17.00	01700	SOCIAL SERVICE	1,300	284	1,557,817	18	2 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	107,520	214,579	12,034,685	284	2,631 30.00
31.00	03100	INTENSIVE CARE UNIT	14,690	61,045	2,281,121	21	0 31.00
32.00	03200	CORONARY CARE UNIT	9,300	8,373	2,119,613	13	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	2,790	72,789	1,239,338	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	11,289	33,617	1,282,456	30	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,686	2,729,385	5,840,594	55	452 50.00
51.00	05100	RECOVERY ROOM	6,419	5,826	1,469,664	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,686	42,948	1,452,000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529	1,631,500	4,042,560	67	233 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,474	452,455	1,043,043	16	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	1,040	228,928	493,849	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	303,788	239,973	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	15,240	574,042	1,238,835	17	0 59.00
60.00	06000	LABORATORY	6,375	156,859	2,698,209	18	1,144 60.00
60.01	06001	PATHOLOGY	2,360	103,107	516,675	13	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	863	3,153	0	1	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	4,013	55,293	1,805,640	8	166 65.00
66.00	06600	PHYSICAL THERAPY	2,970	25,593	1,506,454	10	142 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,299	394,996	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	8,667	352,750	4	0 68.00
69.00	06900	ELECTROCARDIOLOGY	14,083	320,555	927,114	28	92 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,127	28,215	320,204	3	8 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	3,120	12,968	220,745	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	16,769	80,892	2,636,035	38	594 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
99.00	09900	CMHC	0	0	0	0	99.00	
99.10	09910	CORF	0	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	816,429	8,245,810	63,952,636	867	7,506	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	780	4,264	61,755	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	357,470	0	527,133	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	15,489	42,232	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	756,630	0	0	194.02
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)	11,188,803	4,088,509	19,956,175	290,375	6,503,314	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.524988	0.494644	0.305419	334.919262	866.415401	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			252,796	1,473	4,129,285	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.003869	1.698962	550.131228	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES	7,873,853					5.03
5.04	00570	ADMITTING	363	504,054,386				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	12,894	0	-35,347,324	179,451,038		5.06
7.00	00700	OPERATION OF PLANT	24,805	0	0	12,771,242	726,724	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	791	0	0	739,444	4,500	8.00
9.00	00900	HOUSEKEEPING	76,418	0	0	2,346,260	2,032	9.00
10.00	01000	DIETARY	38	0	0	807,009	7,180	10.00
11.00	01100	CAFETERIA	0	0	0	2,447,045	4,814	11.00
13.00	01300	NURSING ADMINISTRATION	112	0	0	2,563,599	3,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	321,442	0	0	2,644,447	10,924	14.00
15.00	01500	PHARMACY	0	0	0	4,985,621	4,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	141	0	0	489,721	2,680	16.00
17.00	01700	SOCIAL SERVICE	14,748	0	0	2,710,060	1,300	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	398,444	56,472,499	0	20,063,309	107,520	30.00
31.00	03100	INTENSIVE CARE UNIT	94,756	14,899,479	0	3,602,508	14,690	31.00
32.00	03200	CORONARY CARE UNIT	75,723	12,963,881	0	3,094,274	9,300	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	82,869	10,876,493	0	2,207,186	2,790	43.00
44.00	04400	SKILLED NURSING FACILITY	29,913	7,532,517	0	1,902,317	11,289	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,418,509	78,572,830	0	15,140,249	60,686	50.00
51.00	05100	RECOVERY ROOM	14,371	4,447,912	0	2,031,365	6,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,674	7,273,642	0	2,259,013	9,686	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109,315	16,140,220	0	8,592,684	20,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,613	3,150,476	0	2,362,588	11,474	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	56,367	16,742,009	0	1,168,889	1,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	197	3,789,143	0	634,879	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	170,838	31,143,338	0	2,795,159	15,240	59.00
60.00	06000	LABORATORY	2,263,466	24,905,691	0	8,274,303	6,375	60.00
60.01	06001	PATHOLOGY	325,952	2,623,835	0	1,468,669	2,360	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,794,933	8,601,495	0	2,377,824	863	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	205,173	14,650,553	0	2,848,058	4,013	65.00
66.00	06600	PHYSICAL THERAPY	8,281	6,961,113	0	2,235,881	2,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	709	2,286,719	0	550,688	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,460	1,968,333	0	504,774	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,375	13,869,192	0	1,852,473	14,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,367	2,348,078	0	525,421	6,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,286,072	0	11,197,321	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	68,617,309	0	19,928,443	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,834,043	0	18,209,207	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,524	1,460	0	338,384	3,120	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	166,344	13,096,054	0	4,626,390	16,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1

Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description			PURCHASING RECEIVING AND STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,845,925	504,054,386	-35,347,324	173,296,704	368,474	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28	0	0	303,479	780	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,900	0	0	4,442,278	357,470	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	185,680	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,222,897	0	194.02
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)	423,978	2,124,653		35,347,324	15,286,857	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.053846	0.004215		0.196975	21.035300	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	105,530	511,831		1,480,241	3,938,553	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.013403	0.001015		0.008249	5.419599	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00561 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMITTING						5.04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE	1,563,850					8.00
9.00	00900 HOUSEKEEPING	62,787	938				9.00
10.00	01000 DIETARY	30,795	0	185,735			10.00
11.00	01100 CAFETERIA	0	0	0	2,223,388		11.00
13.00	01300 NURSING ADMINISTRATION	0	17	0	54,802	826,040	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	14,558	86	0	37,815	0	14.00
15.00	01500 PHARMACY	0	17	0	80,178	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	22,549	0	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	57,995	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	803,325	312	152,335	536,691	536,978	30.00
31.00	03100 INTENSIVE CARE UNIT	89,064	49	7,025	96,860	96,860	31.00
32.00	03200 CORONARY CARE UNIT	91,060	39	7,065	87,299	87,299	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	20,776	20	0	46,642	46,642	43.00
44.00	04400 SKILLED NURSING FACILITY	147,981	40	18,868	58,261	58,261	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	190,109	118	148	239,191	0	50.00
51.00	05100 RECOVERY ROOM	0	20	0	50,538	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,671	29	0	53,459	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,112	56	0	153,208	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	29	0	28,053	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	13,069	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,393	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	43,042	0	59.00
60.00	06000 LABORATORY	0	19	0	118,841	0	60.00
60.01	06001 PATHOLOGY	0	5	0	25,695	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	7	0	68,892	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	49,466	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	12,449	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	10,984	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	25	0	34,601	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4	0	13,926	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	7,864	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	83,612	44	294	108,552	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1

Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,563,850	938	185,735	2,117,315	826,040	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,080	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	38,325	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	2,141	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	63,527	0	194.02
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)	979,755	2,890,495	1,136,296	3,030,316	3,267,077	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.626502	3,081.551173	6.117835	1.362927	3.955108	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	81,553	100,032	144,816	97,742	170,868	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.052149	106.643923	0.779691	0.043961	0.206852	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00561					5.03
5.04	00570					5.04
5.06	00560					5.06
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	2,693				14.00
15.00	01500	0	13,992			15.00
16.00	01600	0	0	41,826		16.00
17.00	01700	0	0	0	67,262	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	1,078	4,878	11,044	47,682	30.00
31.00	03100	336	272	2,025	4,318	31.00
32.00	03200	307	2,134	1,905	3,649	32.00
33.00	03300	0	0	0	0	33.00
34.00	03400	0	0	0	0	34.00
40.00	04000	0	0	0	0	40.00
41.00	04100	0	0	0	0	41.00
42.00	04200	0	0	0	0	42.00
43.00	04300	61	1,441	1,819	5,507	43.00
44.00	04400	357	22	835	6,106	44.00
45.00	04500	0	0	0	0	45.00
46.00	04600	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	36	409	7,459	0	50.00
51.00	05100	16	0	0	0	51.00
52.00	05200	1	208	181	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	5	2,226	3,565	0	54.00
55.00	05500	2	734	259	0	55.00
56.00	05600	0	0	0	0	56.00
57.00	05700	7	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	29	0	0	0	59.00
60.00	06000	0	0	3,151	0	60.00
60.01	06001	0	0	0	0	60.01
61.00	06100	0	0	0	0	61.00
62.00	06200	0	0	0	0	62.00
63.00	06300	14	3	0	0	63.00
64.00	06400	0	0	0	0	64.00
65.00	06500	0	556	58	0	65.00
66.00	06600	1	0	27	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	6	158	596	0	69.00
70.00	07000	2	190	158	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	0	0	73.00
74.00	07400	0	0	0	0	74.00
75.00	07500	0	0	0	0	75.00
76.00	03950	0	0	0	0	76.00
76.97	07697	11	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
90.00	09000	0	0	0	0	90.00
91.00	09100	424	761	8,744	0	91.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	0	0	0	0	94.00
95.00	09500	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1

Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
			14.00	15.00	16.00	17.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,693	13,992	41,826	67,262		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0	0		194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.02
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)	3,720,800	6,219,884	673,292	3,350,263		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,381.656146	444.531447	16.097451	49.809149		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	456,143	305,037	303,390	51,828		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	169.380988	21.800815	7.253622	0.770539		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part I Date/Time Prepared: 2/2/2015 11:10 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		37,739,546	0	37,739,546
31.00	03100 INTENSIVE CARE UNIT		6,218,821	0	6,218,821
32.00	03200 CORONARY CARE UNIT		6,169,326	0	6,169,326
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - IPF		0	0	0
41.00	04100 SUBPROVIDER - IRF		0	0	0
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		4,051,756	8,858	4,060,614
44.00	04400 SKILLED NURSING FACILITY		3,976,338	0	3,976,338
45.00	04500 NURSING FACILITY		0	0	0
46.00	04600 OTHER LONG TERM CARE		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		20,560,304	11,158	20,571,462
51.00	05100 RECOVERY ROOM		2,719,136	0	2,719,136
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,174,653	5,526	3,180,179
53.00	05300 ANESTHESIOLOGY		0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		12,162,983	0	12,162,983
55.00	05500 RADIOLOGY-THERAPEUTIC		3,530,135	0	3,530,135
56.00	05600 RADIOISOTOPE		0	0	0
57.00	05700 CT SCAN		1,448,492	0	1,448,492
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		768,647	0	768,647
59.00	05900 CARDIAC CATHETERIZATION		3,765,044	0	3,765,044
60.00	06000 LABORATORY		10,309,478	20,000	10,329,478
60.01	06001 PATHOLOGY		1,858,031	0	1,858,031
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,891,189	0	2,891,189
64.00	06400 INTRAVENOUS THERAPY		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	3,857,028	5,781	3,862,809
66.00	06600 PHYSICAL THERAPY	0	2,808,005	0	2,808,005
67.00	06700 OCCUPATIONAL THERAPY	0	676,127	0	676,127
68.00	06800 SPEECH PATHOLOGY	0	619,172	0	619,172
69.00	06900 ELECTROCARDIOLOGY		2,725,922	0	2,725,922
70.00	07000 ELECTROENCEPHALOGRAPHY		878,872	0	878,872
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,402,913	0	13,402,913
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		23,853,848	0	23,853,848
73.00	07300 DRUGS CHARGED TO PATIENTS		21,795,966	0	21,795,966
74.00	07400 RENAL DIALYSIS		0	0	0
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0
76.97	07697 CARDIAC REHABILITATION		496,583	0	496,583
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		0	0	0
91.00	09100 EMERGENCY		7,292,998	38,107	7,331,105
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,037,644	0	3,037,644
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0
95.00	09500 AMBULANCE SERVICES		0	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0
99.00	09900 CMHC		0	0	0
99.10	09910 CORF		0	0	0
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0
101.00	10100 HOME HEALTH AGENCY		0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION		0	0	0
106.00	10600 HEART ACQUISITION		0	0	0
107.00	10700 LIVER ACQUISITION		0	0	0
108.00	10800 LUNG ACQUISITION		0	0	0
109.00	10900 PANCREAS ACQUISITION		0	0	0
110.00	11000 INTESTINAL ACQUISITION		0	0	0
111.00	11100 ISLET ACQUISITION		0	0	0
113.00	11300 INTEREST EXPENSE		0	0	0
114.00	11400 UTILIZATION REVIEW-SNF		0	0	0
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0
116.00	11600 HOSPICE		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
200.00	Subtotal (see instructions)	202,788,957	0	202,788,957	89,430	202,878,387	200.00
201.00	Less Observation Beds	3,037,644		3,037,644		3,037,644	201.00
202.00	Total (see instructions)	199,751,313	0	199,751,313	89,430	199,840,743	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180104		Period: From 09/01/2013 To 08/31/2014		Worksheet C Part I Date/Time Prepared: 2/2/2015 11:10 am		
			Title XVIIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	56,472,499		56,472,499				30.00
31.00	03100	INTENSIVE CARE UNIT	14,899,479		14,899,479				31.00
32.00	03200	CORONARY CARE UNIT	12,963,881		12,963,881				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	10,876,493		10,876,493				43.00
44.00	04400	SKILLED NURSING FACILITY	7,532,517		7,532,517				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	78,572,830	78,283,777	156,856,607	0.131077	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,447,912	5,062,794	9,510,706	0.285903	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,273,642	1,522,736	8,796,378	0.360905	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,140,220	83,629,408	99,769,628	0.121911	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,150,476	54,154,423	57,304,899	0.061603	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	16,742,009	32,165,296	48,907,305	0.029617	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,789,143	6,775,856	10,564,999	0.072754	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	31,143,338	30,073,239	61,216,577	0.061504	0.000000		59.00
60.00	06000	LABORATORY	24,905,691	23,771,623	48,677,314	0.211792	0.000000		60.00
60.01	06001	PATHOLOGY	2,623,835	5,467,176	8,091,011	0.229641	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,601,495	1,957,059	10,558,554	0.273824	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	14,650,553	1,848,806	16,499,359	0.233768	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	6,961,113	2,983,601	9,944,714	0.282362	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,286,719	478,865	2,765,584	0.244479	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,968,333	1,092,731	3,061,064	0.202273	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	13,869,192	29,799,016	43,668,208	0.062423	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,348,078	5,440,293	7,788,371	0.112844	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,286,072	24,369,150	52,655,222	0.254541	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	68,617,309	29,476,564	98,093,873	0.243174	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,834,043	94,595,423	146,429,466	0.148850	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	1,460	599,642	601,102	0.826121	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	13,096,054	45,686,472	58,782,526	0.124067	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	664,937	11,940,109	12,605,046	0.240986	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	504,719,323	571,174,059	1,075,893,382				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	504,719,323	571,174,059	1,075,893,382			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part I Date/Time Prepared: 2/2/2015 11:10 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.131148		50.00
51.00	05100 RECOVERY ROOM	0.285903		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.361533		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121911		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.061603		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.029617		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072754		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.061504		59.00
60.00	06000 LABORATORY	0.212203		60.00
60.01	06001 PATHOLOGY	0.229641		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.273824		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.234119		65.00
66.00	06600 PHYSICAL THERAPY	0.282362		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.244479		67.00
68.00	06800 SPEECH PATHOLOGY	0.202273		68.00
69.00	06900 ELECTROCARDIOLOGY	0.062423		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.112844		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254541		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.243174		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.148850		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.826121		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.124716		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.240986		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
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: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
2/2/2015 11:10 am

		Title XIX		Hospital		Tefra		
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	37,739,546		37,739,546	0	37,739,546	30.00
31.00	03100	INTENSIVE CARE UNIT	6,218,821		6,218,821	0	6,218,821	31.00
32.00	03200	CORONARY CARE UNIT	6,169,326		6,169,326	0	6,169,326	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,051,756		4,051,756	8,858	4,060,614	43.00
44.00	04400	SKILLED NURSING FACILITY	3,976,338		3,976,338	0	3,976,338	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,560,304		20,560,304	11,158	20,571,462	50.00
51.00	05100	RECOVERY ROOM	2,719,136		2,719,136	0	2,719,136	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,174,653		3,174,653	5,526	3,180,179	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,162,983		12,162,983	0	12,162,983	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,530,135		3,530,135	0	3,530,135	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,448,492		1,448,492	0	1,448,492	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	768,647		768,647	0	768,647	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,765,044		3,765,044	0	3,765,044	59.00
60.00	06000	LABORATORY	10,309,478		10,309,478	20,000	10,329,478	60.00
60.01	06001	PATHOLOGY	1,858,031		1,858,031	0	1,858,031	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,891,189		2,891,189	0	2,891,189	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,857,028	0	3,857,028	5,781	3,862,809	65.00
66.00	06600	PHYSICAL THERAPY	2,808,005	0	2,808,005	0	2,808,005	66.00
67.00	06700	OCCUPATIONAL THERAPY	676,127	0	676,127	0	676,127	67.00
68.00	06800	SPEECH PATHOLOGY	619,172	0	619,172	0	619,172	68.00
69.00	06900	ELECTROCARDIOLOGY	2,725,922		2,725,922	0	2,725,922	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	878,872		878,872	0	878,872	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,402,913		13,402,913	0	13,402,913	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,853,848		23,853,848	0	23,853,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,795,966		21,795,966	0	21,795,966	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	496,583		496,583	0	496,583	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	7,292,998		7,292,998	38,107	7,331,105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,037,644		3,037,644	0	3,037,644	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
200.00	Subtotal (see instructions)	202,788,957	0	202,788,957	89,430	202,878,387	200.00
201.00	Less Observation Beds	3,037,644		3,037,644		3,037,644	201.00
202.00	Total (see instructions)	199,751,313	0	199,751,313	89,430	199,840,743	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
2/2/2015 11:10 am

			Title XIX			Hospital		Tefra	
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	56,472,499		56,472,499				30.00
31.00	03100	INTENSIVE CARE UNIT	14,899,479		14,899,479				31.00
32.00	03200	CORONARY CARE UNIT	12,963,881		12,963,881				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I PF	0		0				40.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	10,876,493		10,876,493				43.00
44.00	04400	SKILLED NURSING FACILITY	7,532,517		7,532,517				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	78,572,830	78,283,777	156,856,607	0.131077	0.131077		50.00
51.00	05100	RECOVERY ROOM	4,447,912	5,062,794	9,510,706	0.285903	0.285903		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,273,642	1,522,736	8,796,378	0.360905	0.360905		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,140,220	83,629,408	99,769,628	0.121911	0.121911		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,150,476	54,154,423	57,304,899	0.061603	0.061603		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	16,742,009	32,165,296	48,907,305	0.029617	0.029617		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,789,143	6,775,856	10,564,999	0.072754	0.072754		58.00
59.00	05900	CARDIAC CATHETERIZATION	31,143,338	30,073,239	61,216,577	0.061504	0.061504		59.00
60.00	06000	LABORATORY	24,905,691	23,771,623	48,677,314	0.211792	0.211792		60.00
60.01	06001	PATHOLOGY	2,623,835	5,467,176	8,091,011	0.229641	0.229641		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,601,495	1,957,059	10,558,554	0.273824	0.273824		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	14,650,553	1,848,806	16,499,359	0.233768	0.233768		65.00
66.00	06600	PHYSICAL THERAPY	6,961,113	2,983,601	9,944,714	0.282362	0.282362		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,286,719	478,865	2,765,584	0.244479	0.244479		67.00
68.00	06800	SPEECH PATHOLOGY	1,968,333	1,092,731	3,061,064	0.202273	0.202273		68.00
69.00	06900	ELECTROCARDIOLOGY	13,869,192	29,799,016	43,668,208	0.062423	0.062423		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,348,078	5,440,293	7,788,371	0.112844	0.112844		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,286,072	24,369,150	52,655,222	0.254541	0.254541		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	68,617,309	29,476,564	98,093,873	0.243174	0.243174		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,834,043	94,595,423	146,429,466	0.148850	0.148850		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	1,460	599,642	601,102	0.826121	0.826121		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	13,096,054	45,686,472	58,782,526	0.124067	0.124067		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	664,937	11,940,109	12,605,046	0.240986	0.240986		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000		99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000		101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	504,719,323	571,174,059	1,075,893,382				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Title XIX			Hospital		Tefra	
		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
Cost Center Description		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	504,719,323	571,174,059	1,075,893,382			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part I Date/Time Prepared: 2/2/2015 11:10 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Tefra
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 PATHOLOGY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
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: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part II Date/Time Prepared: 2/2/2015 11:10 am
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Cost Center Description		Title XIX			Hospital	Tefra
		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	20,560,304	2,854,465	17,705,839	0	0
51.00	05100 RECOVERY ROOM	2,719,136	133,027	2,586,109	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,174,653	211,398	2,963,255	0	0
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,162,983	1,435,307	10,727,676	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	3,530,135	444,743	3,085,392	0	0
56.00	05600 RADIO SOTOPE	0	0	0	0	0
57.00	05700 CT SCAN	1,448,492	159,842	1,288,650	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	768,647	160,562	608,085	0	0
59.00	05900 CARDIAC CATHETERIZATION	3,765,044	580,285	3,184,759	0	0
60.00	06000 LABORATORY	10,309,478	966,653	9,342,825	0	0
60.01	06001 PATHOLOGY	1,858,031	109,101	1,748,930	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,891,189	69,511	2,821,678	0	0
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	3,857,028	243,077	3,613,951	0	0
66.00	06600 PHYSICAL THERAPY	2,808,005	169,169	2,638,836	0	0
67.00	06700 OCCUPATIONAL THERAPY	676,127	9,592	666,535	0	0
68.00	06800 SPEECH PATHOLOGY	619,172	12,337	606,835	0	0
69.00	06900 ELECTROCARDIOLOGY	2,725,922	466,008	2,259,914	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	878,872	124,649	754,223	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,402,913	121,077	13,281,836	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	23,853,848	234,037	23,619,811	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	21,795,966	202,820	21,593,146	0	0
74.00	07400 RENAL DIALYSIS	0	0	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697 CARDIAC REHABILITATION	496,583	58,931	437,652	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000 CLINIC	0	0	0	0	0
91.00	09100 EMERGENCY	7,292,998	847,233	6,445,765	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,037,644	335,635	2,702,009	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
99.00	09900 CMHC	0	0	0	0	0
99.10	09910 CORF	0	0	0	0	0
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600 HEART ACQUISITION	0	0	0	0	0
107.00	10700 LIVER ACQUISITION	0	0	0	0	0
108.00	10800 LUNG ACQUISITION	0	0	0	0	0
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100 ISLET ACQUISITION	0	0	0	0	0
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600 HOSPICE	0	0	0	0	0
200.00	Subtotal (sum of lines 50 thru 199)	144,633,170	9,949,459	134,683,711	0	0
201.00	Less Observation Beds	3,037,644	335,635	2,702,009	0	0
202.00	Total (line 200 minus line 201)	141,595,526	9,613,824	131,981,702	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part II Date/Time Prepared: 2/2/2015 11:10 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	Tefra
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	20,560,304	156,856,607	0.131077		50.00
51.00	05100 RECOVERY ROOM	2,719,136	9,510,706	0.285903		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,174,653	8,796,378	0.360905		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,162,983	99,769,628	0.121911		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,530,135	57,304,899	0.061603		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	1,448,492	48,907,305	0.029617		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	768,647	10,564,999	0.072754		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,765,044	61,216,577	0.061504		59.00
60.00	06000 LABORATORY	10,309,478	48,677,314	0.211792		60.00
60.01	06001 PATHOLOGY	1,858,031	8,091,011	0.229641		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,891,189	10,558,554	0.273824		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	3,857,028	16,499,359	0.233768		65.00
66.00	06600 PHYSICAL THERAPY	2,808,005	9,944,714	0.282362		66.00
67.00	06700 OCCUPATIONAL THERAPY	676,127	2,765,584	0.244479		67.00
68.00	06800 SPEECH PATHOLOGY	619,172	3,061,064	0.202273		68.00
69.00	06900 ELECTROCARDIOLOGY	2,725,922	43,668,208	0.062423		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	878,872	7,788,371	0.112844		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,402,913	52,655,222	0.254541		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	23,853,848	98,093,873	0.243174		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,795,966	146,429,466	0.148850		73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	496,583	601,102	0.826121		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
91.00	09100 EMERGENCY	7,292,998	58,782,526	0.124067		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,037,644	12,605,046	0.240986		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
99.00	09900 CMHC	0	0	0.000000		99.00
99.10	09910 CORF	0	0	0.000000		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0.000000		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	144,633,170	973,148,513			200.00
201.00	Less Observation Beds	3,037,644	0			201.00
202.00	Total (line 200 minus line 201)	141,595,526	973,148,513			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part I Date/Time Prepared: 2/2/2015 11:10 am
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Cost Center Description		Title XVIII			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	4,169,916	0	4,169,916	47,012	88.70	30.00	
31.00	INTENSIVE CARE UNIT	425,204		425,204	3,905	108.89	31.00	
32.00	CORONARY CARE UNIT	342,513		342,513	3,390	101.04	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	186,952		186,952	6,931	26.97	43.00	
44.00	SKILLED NURSING FACILITY	327,107		327,107	6,261	52.25	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30-199)	5,451,692		5,451,692	67,499		200.00	
Cost Center Description		Inpatient Program						
		days	Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	20,376	1,807,351				30.00	
31.00	INTENSIVE CARE UNIT	1,998	217,562				31.00	
32.00	CORONARY CARE UNIT	1,903	192,279				32.00	
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00	
40.00	SUBPROVIDER - IPF	0	0				40.00	
41.00	SUBPROVIDER - IRF	0	0				41.00	
42.00	SUBPROVIDER	0	0				42.00	
43.00	NURSERY	0	0				43.00	
44.00	SKILLED NURSING FACILITY	4,807	251,166				44.00	
45.00	NURSING FACILITY	0	0				45.00	
200.00	Total (lines 30-199)	29,084	2,468,358				200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 180104		Period: From 09/01/2013 To 08/31/2014		Worksheet D Part II Date/Time Prepared: 2/2/2015 11:10 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS 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	2,854,465	156,856,607	0.018198	33,262,540	605,312	50.00
51.00	05100	RECOVERY ROOM	133,027	9,510,706	0.013987	1,957,765	27,383	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	211,398	8,796,378	0.024032	21,943	527	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,435,307	99,769,628	0.014386	8,072,612	116,133	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	444,743	57,304,899	0.007761	1,365,269	10,596	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	159,842	48,907,305	0.003268	8,458,680	27,643	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	160,562	10,564,999	0.015198	2,015,478	30,631	58.00
59.00	05900	CARDIAC CATHETERIZATION	580,285	61,216,577	0.009479	15,318,585	145,205	59.00
60.00	06000	LABORATORY	966,653	48,677,314	0.019858	10,768,268	213,836	60.00
60.01	06001	PATHOLOGY	109,101	8,091,011	0.013484	1,219,276	16,441	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	69,511	10,558,554	0.006583	3,529,472	23,235	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	243,077	16,499,359	0.014733	7,715,618	113,674	65.00
66.00	06600	PHYSICAL THERAPY	169,169	9,944,714	0.017011	2,700,156	45,932	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,592	2,765,584	0.003468	578,302	2,006	67.00
68.00	06800	SPEECH PATHOLOGY	12,337	3,061,064	0.004030	1,044,842	4,211	68.00
69.00	06900	ELECTROCARDIOLOGY	466,008	43,668,208	0.010672	7,419,557	79,182	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,649	7,788,371	0.016005	1,228,652	19,665	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	121,077	52,655,222	0.002299	12,379,000	28,459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	234,037	98,093,873	0.002386	30,740,859	73,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	202,820	146,429,466	0.001385	23,123,817	32,026	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	58,931	601,102	0.098038	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	847,233	58,782,526	0.014413	6,939,082	100,013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	335,635	12,605,046	0.026627	86,574	2,305	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	9,949,459	973,148,513		179,946,347	1,717,763	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part III Date/Time Prepared: 2/2/2015 11:10 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)	PPS	
			1.00	2.00	3.00	4.00	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
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	47,012	0.00	20,376	0
31.00	03100	INTENSIVE CARE UNIT	3,905	0.00	1,998	0
32.00	03200	CORONARY CARE UNIT	3,390	0.00	1,903	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0
42.00	04200	SUBPROVIDER	0	0.00	0	0
43.00	04300	NURSERY	6,931	0.00	0	0
44.00	04400	SKILLED NURSING FACILITY	6,261	0.00	4,807	0
45.00	04500	NURSING FACILITY	0	0.00	0	0
200.00		Total (lines 30-199)	67,499		29,084	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet D
Part IV
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 2/2/2015 11:10 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part 1, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	156,856,607	0.000000	0.000000	33,262,540	50.00
51.00	05100	RECOVERY ROOM	0	9,510,706	0.000000	0.000000	1,957,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,796,378	0.000000	0.000000	21,943	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	99,769,628	0.000000	0.000000	8,072,612	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	57,304,899	0.000000	0.000000	1,365,269	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	48,907,305	0.000000	0.000000	8,458,680	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,564,999	0.000000	0.000000	2,015,478	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,216,577	0.000000	0.000000	15,318,585	59.00
60.00	06000	LABORATORY	0	48,677,314	0.000000	0.000000	10,768,268	60.00
60.01	06001	PATHOLOGY	0	8,091,011	0.000000	0.000000	1,219,276	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,558,554	0.000000	0.000000	3,529,472	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,499,359	0.000000	0.000000	7,715,618	65.00
66.00	06600	PHYSICAL THERAPY	0	9,944,714	0.000000	0.000000	2,700,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,765,584	0.000000	0.000000	578,302	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,061,064	0.000000	0.000000	1,044,842	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,668,208	0.000000	0.000000	7,419,557	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,788,371	0.000000	0.000000	1,228,652	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,655,222	0.000000	0.000000	12,379,000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	98,093,873	0.000000	0.000000	30,740,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	146,429,466	0.000000	0.000000	23,123,817	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	601,102	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	58,782,526	0.000000	0.000000	6,939,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,605,046	0.000000	0.000000	86,574	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	973,148,513			179,946,347	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 2/2/2015 11:10 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 XVIII						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	22,971,409	0		50.00
51.00	05100 RECOVERY ROOM	0	2,762,620	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,350	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	18,932,405	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	20,307,368	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	16,600,829	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,471,370	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13,783,203	0		59.00
60.00	06000 LABORATORY	0	3,118,990	0		60.00
60.01	06001 PATHOLOGY	0	1,916,337	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,329,420	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	627,066	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,459,230	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,204,026	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,045,138	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	12,909,143	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	43,413,440	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	239,521	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	10,320,435	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,121,136	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	197,540,436	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 2/2/2015 11:10 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	0.131077	22,971,409	0	0	3,011,023	50.00
51.00	05100 RECOVERY ROOM	0.285903	2,762,620	0	0	789,841	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.360905	7,350	0	0	2,653	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121911	18,932,405	0	0	2,308,068	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.061603	20,307,368	0	0	1,250,995	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.029617	16,600,829	0	0	491,667	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072754	4,471,370	0	0	325,310	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.061504	13,783,203	0	0	847,722	59.00
60.00	06000 LABORATORY	0.211792	3,118,990	8,157	0	660,577	60.00
60.01	06001 PATHOLOGY	0.229641	1,916,337	0	0	440,070	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.273824	1,329,420	0	0	364,027	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.233768	627,066	0	0	146,588	65.00
66.00	06600 PHYSICAL THERAPY	0.282362	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.244479	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.202273	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.062423	12,459,230	0	0	777,743	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.112844	1,204,026	0	0	135,867	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254541	6,045,138	0	0	1,538,735	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.243174	12,909,143	0	0	3,139,168	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.148850	43,413,440	0	121,525	6,462,091	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.826121	239,521	0	0	197,873	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.124067	10,320,435	0	0	1,280,425	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.240986	4,121,136	0	0	993,136	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		197,540,436	8,157	121,525	25,163,579	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		197,540,436	8,157	121,525	25,163,579	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 2/2/2015 11:10 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	1,728	0		60.00
60.01 06001 PATHOLOGY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	18,089		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	1,728	18,089		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,728	18,089		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 2/2/2015 11:10 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 PATHOLOGY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
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: 180104 Component CCN: 185416	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 2/2/2015 11:10 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	156,856,607	0.000000	0.000000	19,265	50.00
51.00	05100 RECOVERY ROOM	0	9,510,706	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,796,378	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	99,769,628	0.000000	0.000000	213,076	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	57,304,899	0.000000	0.000000	33,985	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	48,907,305	0.000000	0.000000	8,882	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	10,564,999	0.000000	0.000000	2,132	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	61,216,577	0.000000	0.000000	12,839	59.00
60.00	06000 LABORATORY	0	48,677,314	0.000000	0.000000	489,967	60.00
60.01	06001 PATHOLOGY	0	8,091,011	0.000000	0.000000	585	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	10,558,554	0.000000	0.000000	97,310	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,499,359	0.000000	0.000000	531,654	65.00
66.00	06600 PHYSICAL THERAPY	0	9,944,714	0.000000	0.000000	1,784,811	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,765,584	0.000000	0.000000	963,067	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,061,064	0.000000	0.000000	151,332	68.00
69.00	06900 ELECTROCARDIOLOGY	0	43,668,208	0.000000	0.000000	90,552	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,788,371	0.000000	0.000000	12,563	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,655,222	0.000000	0.000000	180,896	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	98,093,873	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	146,429,466	0.000000	0.000000	1,151,372	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	601,102	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	58,782,526	0.000000	0.000000	2,492	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,605,046	0.000000	0.000000	1,010	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	0	973,148,513			5,747,790	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 2/2/2015 11:10 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 PATHOLOGY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
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
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part I Date/Time Prepared: 2/2/2015 11:10 am
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Cost Center Description		Title XIX			Hospital	Tefra	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,169,916	0	4,169,916	47,012	88.70	30.00
31.00	INTENSIVE CARE UNIT	425,204		425,204	3,905	108.89	31.00
32.00	CORONARY CARE UNIT	342,513		342,513	3,390	101.04	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	186,952		186,952	6,931	26.97	43.00
44.00	SKILLED NURSING FACILITY	327,107		327,107	6,261	52.25	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	5,451,692		5,451,692	67,499		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	388	34,416				30.00
31.00	INTENSIVE CARE UNIT	87	9,473				31.00
32.00	CORONARY CARE UNIT	39	3,941				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	104	2,805				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	618	50,635				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part II Date/Time Prepared: 2/2/2015 11:10 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	2,854,465	156,856,607	0.018198	407,916	7,423	50.00
51.00	05100 RECOVERY ROOM	133,027	9,510,706	0.013987	26,891	376	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	211,398	8,796,378	0.024032	39,992	961	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,435,307	99,769,628	0.014386	170,842	2,458	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	444,743	57,304,899	0.007761	124,338	965	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	159,842	48,907,305	0.003268	118,009	386	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	160,562	10,564,999	0.015198	27,838	423	58.00
59.00	05900 CARDIAC CATHETERIZATION	580,285	61,216,577	0.009479	252,790	2,396	59.00
60.00	06000 LABORATORY	966,653	48,677,314	0.019858	267,947	5,321	60.00
60.01	06001 PATHOLOGY	109,101	8,091,011	0.013484	11,700	158	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	69,511	10,558,554	0.006583	150,488	991	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	243,077	16,499,359	0.014733	171,521	2,527	65.00
66.00	06600 PHYSICAL THERAPY	169,169	9,944,714	0.017011	49,437	841	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,592	2,765,584	0.003468	9,353	32	67.00
68.00	06800 SPEECH PATHOLOGY	12,337	3,061,064	0.004030	27,913	112	68.00
69.00	06900 ELECTROCARDIOLOGY	466,008	43,668,208	0.010672	122,399	1,306	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	124,649	7,788,371	0.016005	10,691	171	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	121,077	52,655,222	0.002299	375,222	863	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	234,037	98,093,873	0.002386	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	202,820	146,429,466	0.001385	1,225,033	1,697	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	58,931	601,102	0.098038	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	847,233	58,782,526	0.014413	110,397	1,591	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	335,635	12,605,046	0.026627	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	9,949,459	973,148,513		3,700,717	30,998	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part III Date/Time Prepared: 2/2/2015 11:10 am
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Cost Center Description	Title XIX				Hospital	Tefra	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	6.00	7.00	8.00	9.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,012	0.00	388	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,905	0.00	87	0	31.00
32.00	03200	CORONARY CARE UNIT	3,390	0.00	39	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	6,931	0.00	104	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,261	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	67,499		618	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet D
Part IV
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		Title XIX			Hospital	Tefra	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
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: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 2/2/2015 11:10 am
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Cost Center Description	Title XIX			Hospital		Tefra		
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part 1, 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	156,856,607	0.000000	0.000000	407,916	50.00
51.00	05100	RECOVERY ROOM	0	9,510,706	0.000000	0.000000	26,891	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,796,378	0.000000	0.000000	39,992	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	99,769,628	0.000000	0.000000	170,842	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	57,304,899	0.000000	0.000000	124,338	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	48,907,305	0.000000	0.000000	118,009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,564,999	0.000000	0.000000	27,838	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,216,577	0.000000	0.000000	252,790	59.00
60.00	06000	LABORATORY	0	48,677,314	0.000000	0.000000	267,947	60.00
60.01	06001	PATHOLOGY	0	8,091,011	0.000000	0.000000	11,700	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,558,554	0.000000	0.000000	150,488	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,499,359	0.000000	0.000000	171,521	65.00
66.00	06600	PHYSICAL THERAPY	0	9,944,714	0.000000	0.000000	49,437	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,765,584	0.000000	0.000000	9,353	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,061,064	0.000000	0.000000	27,913	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,668,208	0.000000	0.000000	122,399	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,788,371	0.000000	0.000000	10,691	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,655,222	0.000000	0.000000	375,222	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	98,093,873	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	146,429,466	0.000000	0.000000	1,225,033	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	601,102	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	58,782,526	0.000000	0.000000	110,397	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,605,046	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	973,148,513			3,700,717	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 2/2/2015 11:10 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	Tefra
		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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 PATHOLOGY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
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
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 2/2/2015 11:10 am
		Title XIX	Hospital	Tefra

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	0.131077	0	0	354,624	0 50.00
51.00	05100 RECOVERY ROOM	0.285903	0	0	23,138	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.360905	0	0	690	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121911	0	0	340,107	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.061603	0	0	1,240,262	0 55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00	05700 CT SCAN	0.029617	0	0	223,371	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072754	0	0	16,658	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.061504	0	0	37,961	0 59.00
60.00	06000 LABORATORY	0.211792	0	0	173,274	0 60.00
60.01	06001 PATHOLOGY	0.229641	0	0	7,874	0 60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0 61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.273824	0	0	27,274	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.233768	0	0	14,306	0 65.00
66.00	06600 PHYSICAL THERAPY	0.282362	0	0	39,170	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.244479	0	0	14,899	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.202273	0	0	5,114	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.062423	0	0	99,468	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.112844	0	0	22,089	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254541	0	0	285,047	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.243174	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.148850	0	0	1,089,979	0 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.826121	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
91.00	09100 EMERGENCY	0.124067	0	0	453,039	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.240986	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
200.00	Subtotal (see instructions)		0	0	4,468,344	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	0	4,468,344	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 2/2/2015 11:10 am
		Title XIX	Hospital	Tefra

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	46,483		50.00
51.00 05100 RECOVERY ROOM	0	6,615		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	249		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	41,463		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	76,404		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	6,616		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,212		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	2,335		59.00
60.00 06000 LABORATORY	0	36,698		60.00
60.01 06001 PATHOLOGY	0	1,808		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	7,468		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	3,344		65.00
66.00 06600 PHYSICAL THERAPY	0	11,060		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,642		67.00
68.00 06800 SPEECH PATHOLOGY	0	1,034		68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,209		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,493		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	72,556		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	162,243		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	56,207		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	0	546,139	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	546,139	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1 Date/Time Prepared: 2/2/2015 11:10 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,012	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,012	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.		20,013	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		23,215	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)		20,376	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)		37,739,546	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)		37,739,546	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		52,872,958	28.00
29.00	Private room charges (excluding swing-bed charges)		24,124,746	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		28,748,212	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.713778	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,205.45	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,238.35	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)		37,739,546	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)		802.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,357,038	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)		16,357,038	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 2/2/2015 11:10 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	6,218,821	3,905	1,592.53	1,998	3,181,875		43.00
44.00 CORONARY CARE UNIT	6,169,326	3,390	1,819.86	1,903	3,463,194		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,346,959		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					52,349,066		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,217,192		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,717,763		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,934,955		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,414,111		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,784		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					802.76		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,037,644		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1 Date/Time Prepared: 2/2/2015 11:10 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,169,916	37,739,546	0.110492	3,037,644	335,635	90.00
91.00	Nursing School cost	0	37,739,546	0.000000	3,037,644	0	91.00
92.00	Allied health cost	0	37,739,546	0.000000	3,037,644	0	92.00
93.00	All other Medical Education	0	37,739,546	0.000000	3,037,644	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1 Date/Time Prepared: 2/2/2015 11:10 am
		Title XVIII	Skilled Nursing Facility	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)		6,261	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,261	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)		6,261	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,807	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)		3,976,338	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)		3,976,338	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)		3,976,338	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104 Component CCN: 185416		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1 Date/Time Prepared: 2/2/2015 11:10 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
42.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					3,976,338	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					635.10	71.00
72.00	Program routine service cost (line 9 x line 71)					3,052,926	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					3,052,926	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					3,052,926	83.00
84.00	Program inpatient ancillary services (see instructions)					1,281,711	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					4,334,637	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104 Component CCN: 185416		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1 Date/Time Prepared: 2/2/2015 11:10 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1 Date/Time Prepared: 2/2/2015 11:10 am
Cost Center Description		Title XIX	Hospital	Tefra
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,012	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,012	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.		20,013	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		23,215	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)		388	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)		6,931	15.00
16.00	Nursery days (title V or XIX only)		104	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)		37,739,546	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)		37,739,546	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		52,872,958	28.00
29.00	Private room charges (excluding swing-bed charges)		24,124,746	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		28,748,212	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.713778	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,205.45	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,238.35	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)		37,739,546	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)		802.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		311,471	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)		311,471	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1	
Date/Time Prepared: 2/2/2015 11:10 am		Title XIX		Hospital		Tefra	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	4,051,756	6,931	584.58	104	60,796		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,218,821	3,905	1,592.53	87	138,550		43.00
44.00 CORONARY CARE UNIT	6,169,326	3,390	1,819.86	39	70,975		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					588,175		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,169,967		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50,635		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					30,998		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					81,633		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,088,334		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					418		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)					-1,088,334		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)					81,633		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,784		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					802.76		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,037,644		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1 Date/Time Prepared: 2/2/2015 11:10 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,169,916	37,739,546	0.110492	3,037,644	335,635	90.00
91.00	Nursing School cost	0	37,739,546	0.000000	3,037,644	0	91.00
92.00	Allied health cost	0	37,739,546	0.000000	3,037,644	0	92.00
93.00	All other Medical Education	0	37,739,546	0.000000	3,037,644	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D-3 Date/Time Prepared: 2/2/2015 11:10 am	
Cost Center Description		Ratio of Cost To Charges	Hospital	PPS	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		25,113,789	30.00
31.00	03100	INTENSIVE CARE UNIT		7,604,177	31.00
32.00	03200	CORONARY CARE UNIT		7,232,728	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.131148	33,262,540	50.00
51.00	05100	RECOVERY ROOM	0.285903	1,957,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.361533	21,943	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121911	8,072,612	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.061603	1,365,269	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.029617	8,458,680	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072754	2,015,478	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.061504	15,318,585	59.00
60.00	06000	LABORATORY	0.212203	10,768,268	60.00
60.01	06001	PATHOLOGY	0.229641	1,219,276	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.273824	3,529,472	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.234119	7,715,618	65.00
66.00	06600	PHYSICAL THERAPY	0.282362	2,700,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.244479	578,302	67.00
68.00	06800	SPEECH PATHOLOGY	0.202273	1,044,842	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062423	7,419,557	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112844	1,228,652	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254541	12,379,000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.243174	30,740,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148850	23,123,817	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.826121	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.124716	6,939,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.240986	86,574	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		179,946,347	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)		179,946,347	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D-3	
		Component CCN: 185416		Date/Time Prepared: 2/2/2015 11:10 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.131077	19,265	50.00
51.00	05100	RECOVERY ROOM	0.285903	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360905	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121911	213,076	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.061603	33,985	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.029617	8,882	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072754	2,132	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.061504	12,839	59.00
60.00	06000	LABORATORY	0.211792	489,967	60.00
60.01	06001	PATHOLOGY	0.229641	585	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.273824	97,310	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.233768	531,654	65.00
66.00	06600	PHYSICAL THERAPY	0.282362	1,784,811	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.244479	963,067	67.00
68.00	06800	SPEECH PATHOLOGY	0.202273	151,332	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062423	90,552	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112844	12,563	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254541	180,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.243174	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148850	1,151,372	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.826121	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.124067	2,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.240986	1,010	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		5,747,790	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)		5,747,790	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet D-3 Date/Time Prepared: 2/2/2015 11:10 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		490,057	30.00
31.00	03100	INTENSIVE CARE UNIT		306,215	31.00
32.00	03200	CORONARY CARE UNIT		179,046	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		220,453	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.131077	407,916	53,468 50.00
51.00	05100	RECOVERY ROOM	0.285903	26,891	7,688 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360905	39,992	14,433 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121911	170,842	20,828 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.061603	124,338	7,660 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.029617	118,009	3,495 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072754	27,838	2,025 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.061504	252,790	15,548 59.00
60.00	06000	LABORATORY	0.211792	267,947	56,749 60.00
60.01	06001	PATHOLOGY	0.229641	11,700	2,687 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.273824	150,488	41,207 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.233768	171,521	40,096 65.00
66.00	06600	PHYSICAL THERAPY	0.282362	49,437	13,959 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.244479	9,353	2,287 67.00
68.00	06800	SPEECH PATHOLOGY	0.202273	27,913	5,646 68.00
69.00	06900	ELECTROCARDIOLOGY	0.062423	122,399	7,641 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112844	10,691	1,206 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254541	375,222	95,509 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.243174	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148850	1,225,033	182,346 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.826121	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.124067	110,397	13,697 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.240986	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		3,700,717	588,175 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,700,717	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part A Date/Time Prepared: 2/2/2015 11:10 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
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, 2013 (see instructions)		3,108,428		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		36,108,575		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		5,487,684		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)		260.63		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) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 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
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
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.70		30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.13		31.00
32.00	Sum of lines 30 and 31		25.83		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part A Date/Time Prepared: 2/2/2015 11:10 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		10.52	1.01	
34.00	Disproportionate share adjustment (see instructions)		1,276,663		
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143
35.01	Factor 3 (see instructions)				0.000358498
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				3,243,111
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				2,976,553
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,976,553		
Additional payment for high percentage of ESRD beneficiary discharges					
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		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		48,957,903		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		48,957,903		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,634,525		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		
53.00	Nursing and Allied Health Managed Care payment		0		
54.00	Special add-on payments for new technologies		73,544		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		
59.00	Total (sum of amounts on lines 49 through 58)		52,665,972		
60.00	Primary payer payments		67,630		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		52,598,342		
62.00	Deductibles billed to program beneficiaries		4,221,024		
63.00	Coinurance billed to program beneficiaries		88,632		
64.00	Allowable bad debts (see instructions)		1,216,815		
65.00	Adjusted reimbursable bad debts (see instructions)		790,930		

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet E
Part A
Date/Time Prepared:
2/2/2015 11:10 am

		Title XVIII		Hospital	PPS
		Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		860,533		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		49,079,616		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (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	MSP PASS THROUGH RECONCILIATION		72,807		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		15,195		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-130,017		70.94
70.95	Recovery of accelerated depreciation		0		70.95
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
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		49,037,601		71.00
71.01	Sequestration adjustment (see instructions)		980,752		71.01
72.00	Interim payments		46,520,833		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		1,536,016		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part B Date/Time Prepared: 2/2/2015 11:10 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,817	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,163,579	2.00
3.00	PPS payments		23,593,792	3.00
4.00	Outlier payment (see instructions)		186,924	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.833	5.00
6.00	Line 2 times line 5		20,961,261	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 Worksheet D, Part IV, column 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)		19,817	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		129,682	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		129,682	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)		129,682	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		109,865	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)		19,817	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)		23,780,716	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,628	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,012,559	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		18,786,346	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		18,786,346	30.00
31.00	Primary payer payments		7,190	31.00
32.00	Subtotal (line 30 minus line 31)		18,779,156	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		649,354	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		422,080	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		453,748	36.00
37.00	Subtotal (see instructions)		19,201,236	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-67	38.00
39.00	OTHER		-248	39.00
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)		19,201,055	40.00
40.01	Sequestration adjustment (see instructions)		384,021	40.01
41.00	Interim payments		18,638,770	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		178,264	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: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
2/2/2015 11:10 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		46,357,659		18,602,819	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	03/28/2014	58,695	03/28/2014	35,951	3.01	
3.02		03/28/2014	8,235		0	3.02	
3.03		08/18/2014	95,140		0	3.03	
3.04		08/18/2014	1,104		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)		163,174		35,951	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)		46,520,833		18,638,770	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		1,536,016		178,264	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		48,056,849		18,817,034	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: 180104
Component CCN: 185416

Period:
From 09/01/2013
To 08/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
2/2/2015 11:10 am

Title XVIII

Skilled Nursing
Facility

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		1,522,947		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)		1,522,947		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,522,947		0	7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet E-1
Part II
Date/Time Prepared:
2/2/2015 11:10 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, Part I column 15 line 14			11,626 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			24,277 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			50,523 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,075,893,382 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			18,309,495 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,000,916 8.00
9.00	Sequestration adjustment amount (see instructions)			20,018 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			980,898 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 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)			980,898 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2013 To 08/31/2014	Worksheet E-3 Part VI Date/Time Prepared: 2/2/2015 11:10 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,634,896	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,634,896	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		80,868	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,554,028	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,554,028	15.00
15.01	Sequestration adjustment (see instructions)		31,081	15.01
16.00	Interim payments		1,522,947	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 2/2/2015 11:10 am	
		Title XIX	Hospital	Tefra	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		81,633		1.00
2.00	Medical and other services			546,139	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		81,633	546,139	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		81,633	546,139	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		3,700,717	4,468,344	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		3,700,717	4,468,344	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		3,700,717	4,468,344	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		3,619,084	3,922,205	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		81,633	546,139	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		81,633	546,139	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		81,633	546,139	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		81,633	546,139	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		81,633	546,139	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		81,633	546,139	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		81,633	546,139	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet G

Date/Time Prepared:
2/2/2015 11:10 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	4,693,502	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	225,224,207	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-171,976,115	0	0	0	6.00
7.00	Inventory	5,901,589	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,199,291	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)	66,042,474	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,301,977	0	0	0	12.00
13.00	Land improvements	6,665,350	0	0	0	13.00
14.00	Accumulated depreciation	-5,961,192	0	0	0	14.00
15.00	Buildings	165,466,059	0	0	0	15.00
16.00	Accumulated depreciation	-79,599,604	0	0	0	16.00
17.00	Leasehold improvements	41,302,185	0	0	0	17.00
18.00	Accumulated depreciation	-27,277,770	0	0	0	18.00
19.00	Fixed equipment	13,906,481	0	0	0	19.00
20.00	Accumulated depreciation	-12,739,370	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	111,599,355	0	0	0	23.00
24.00	Accumulated depreciation	-91,641,701	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	63,089	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	130,084,859	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,035	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	-784,110	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-778,075	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	195,349,258	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,862,091	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,156,830	0	0	0	38.00
39.00	Payroll taxes payable	34,850	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	2,526,574	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,580,345	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	21,330,915	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	21,330,915	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	42,911,260	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	152,437,998				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)	152,437,998	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	195,349,258	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet G-1

Date/Time Prepared:
2/2/2015 11:10 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		145,875,744		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		22,620,381			2.00
3.00	Total (sum of line 1 and line 2)		168,496,125		0	3.00
4.00	RESTRICTED FUND	101,692		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		101,692		0	10.00
11.00	Subtotal (line 3 plus line 10)		168,597,817		0	11.00
12.00	TRANSFER TO PARENT	16,159,703		0		12.00
13.00	TO BALANCE	116		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		16,159,819		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		152,437,998		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	RESTRICTED FUND		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFER TO PARENT		0			12.00
13.00	TO BALANCE		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/2/2015 11:10 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	53,524,233		53,524,233	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	7,532,517		7,532,517	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	61,056,750		61,056,750	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,967,080		14,967,080	11.00
12.00	CORONARY CARE UNIT	13,047,140		13,047,140	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	28,014,220		28,014,220	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	89,070,970		89,070,970	17.00
18.00	Ancillary services	404,771,861	513,547,478	918,319,339	18.00
19.00	Outpatient services	0	57,626,581	57,626,581	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY	10,876,493	0	10,876,493	27.00
27.01	FOOD SERVICE	0	7,644	7,644	27.01
27.02	PATIENT INCIDENTALS	217	363	580	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	504,719,541	571,182,066	1,075,901,607	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		225,247,758		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)		225,247,758		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 180104

Period:
From 09/01/2013
To 08/31/2014

Worksheet G-3

Date/Time Prepared:
2/2/2015 11:10 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,075,901,607	1.00
2.00	Less contractual allowances and discounts on patients' accounts	835,042,586	2.00
3.00	Net patient revenues (line 1 minus line 2)	240,859,021	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	225,247,758	4.00
5.00	Net income from service to patients (line 3 minus line 4)	15,611,263	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	434,342	6.00
7.00	Income from investments	223,005	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	923,899	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	60,771	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	315,209	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,889,383	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	3,162,509	24.00
25.00	Total other income (sum of lines 6-24)	7,009,118	25.00
26.00	Total (line 5 plus line 25)	22,620,381	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	22,620,381	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 180104	Period: From 09/01/2013 To 08/31/2014	Worksheet L Parts I-III Date/Time Prepared: 2/2/2015 11:10 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,088,790	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		545,735	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)		138.42	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)		3,634,525	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