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: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/26/2015 8:29 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/26/2015 Time: 8:29 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 BARNES-JEWISH HOSPITAL (260032) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	2,514,164	-552,543	42,073	57,273,869	1.00
2.00	Subprovider - IPF	0	153,104	773		804,884	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	-15,429	0		0	7.00
8.00	NURSING FACILITY	0				123,187	8.00
200.00	Total	0	2,651,839	-551,770	42,073	58,201,940	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:27 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: ONE BARNES-JEWISH HOSPITAL PLAZA	PO Box:			1.00
2.00	City: ST. LOUIS	State: MO	Zip Code: 63110-	County: ST. LOUIS CITY, MO	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		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	BARNES-JEWISH HOSPITAL	260032	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	BARNES-JEWISH HOSPITAL PSYCH UNIT	26S032	41180	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	BARNES-JEWISH EXTENDED CARE	265439	41180		10/10/1990	N	P	N	9.00
10.00	Hospital-Based NF	BARNES-JEWISH EXTENDED CARE	265439	41180		10/10/1990	N		O	10.00
11.00	Hospital-Based OLTC	BARNES-JEWISH EXTENDED CARE								11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2014	12/31/2014	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	26,710	16,302	10,747	6,736	6,045	964	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:27 am

		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	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:27 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
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
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA 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.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	12.58	500.58	0.024515	64.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
	1.00	2.00	3.00	4.00	5.00

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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	
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)	GERIATRICS	1408	0.18	0.02	0.900000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	129.79	0.000000	65.01
65.02		PEDIATRICS	2000	0.00	2.32	0.000000	65.02

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	60.91	503.90	0.107842	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	15.54	119.82	0.114805	67.00
67.01		PEDIATRICS	2000	0.00	3.17	0.000000	67.01
67.02		GERIATRICS	1408	0.28	0.60	0.318182	67.02

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00

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		1.00	2.00	3.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			0	76.00

			1.00	
	Long Term Care Hospital PPS			
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00
	TEFRA Providers			
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00

		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	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

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		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1	3,837,500	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
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.	Y		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.	08/26/1980		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.	09/16/1987		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.	03/08/1990		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.	02/02/1995		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.	08/26/1980		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	269026	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: BJC HEALTHCARE	Contractor's Name: WPS	Contractor's Number: 05301	141.00
142.00	Street: 4901 FOREST PARK AVENUE	PO Box: SUITE 120		142.00
143.00	City: ST. LOUIS	State: MO	Zip Code: 63108	143.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:27 am

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	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

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		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)	0.75	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2014	09/30/2014	170.00

		1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)	N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 8:27 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/24/2015	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	Y	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.	Y	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	03/31/2015	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: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 8:27 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	Y		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RACHELLE	SAULS	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0330	RLS5919@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 8:27 am

		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)	03/31/2015			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

VOLUNTARY CONTACT INFORMATION	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part V Date/Time Prepared: 5/26/2015 8:27 am

		1.00	
	Cost Report Preparer Contact Information		
1.00	First Name	RACHELLE	1.00
2.00	Last Name	SAULS	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTHCARE	4.00
5.00	Phone Number	(314)362-0330	5.00
6.00	E-mail Address	RLS5919@BJC.ORG	6.00
7.00	Department	COST REIMBURSEMENT	7.00
8.00	Mailing Address 1	4249 CLAYTON AVE, SUITE 314	8.00
9.00	Mailing Address 2	MAIL STOP 90-67-808	9.00
10.00	City	ST LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
	Officer or Administrator of Provider Contact Information		
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/26/2015 8:27 am

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I Date/Time Prepared: 5/26/2015 8:27 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	1,055	389,820	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)		1,055	389,820	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	49	13,197	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	15	5,475	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	36	13,140	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO ICU	35.01	20	7,300	0.00	0	12.01
12.02	CARDIO-THORACIC ICU	35.02	21	7,665	0.00	0	12.02
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		1,196	436,597	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	80	29,200		0	19.00
20.00	NURSING FACILITY	45.00	12	4,380		0	20.00
21.00	OTHER LONG TERM CARE	46.00	28	10,220			21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		1,362				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)		23	8,395			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: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I Date/Time Prepared: 5/26/2015 8:27 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	89,730	27,231	252,477			1.00
2.00	HMO and other (see instructions)	22,928	34,174				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)	89,730	27,231	252,477			7.00
8.00	INTENSIVE CARE UNIT	3,276	1,112	9,876			8.00
9.00	CORONARY CARE UNIT	1,968	337	4,721			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	5,043	1,453	11,205			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO ICU	1,959	632	6,420			12.01
12.02	CARDIO-THORACIC ICU	2,880	500	7,295			12.02
13.00	NURSERY		1,379	6,547			13.00
14.00	Total (see instructions)	104,856	32,644	298,541	692.19	8,239.19	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	4,239	3,938	13,019	9.47	85.86	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	11,457	0	20,731	0.00	56.26	19.00
20.00	NURSING FACILITY		2,841	3,863	0.00	4.78	20.00
21.00	OTHER LONG TERM CARE			7,444	0.00	11.15	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				701.66	8,397.24	27.00
28.00	Observation Bed Days		1,041	6,749			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)	18	686	1,359			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: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I Date/Time Prepared: 5/26/2015 8:27 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	16,792	6,487	52,887	1.00
2.00	HMO and other (see instructions)			3,824	6,176		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
12.01	NEURO ICU						12.01
12.02	CARDIO-THORACIC ICU						12.02
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	16,792	6,487	52,887	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	329	411	1,393	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						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				30	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part II Date/Time Prepared: 5/26/2015 8:27 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	480,670,798	181,498	480,852,296	17,351,842.45	27.71	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		231,433	0	231,433	2,086.00	110.95	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		3,079,383	0	3,079,383	31,996.00	96.24	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	39,889,503	0	39,889,503	1,459,343.54	27.33	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	2,550,395	0	2,550,395	115,799.23	22.02	9.00
10.00	Excluded area salaries (see instructions)		28,609,190	564,351	29,173,541	1,029,156.21	28.35	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		12,966,775	0	12,966,775	257,647.91	50.33	11.00
12.00	Contract labor: Top level management and other management and administrative services		59,073	0	59,073	2,558.25	23.09	12.00
13.00	Contract labor: Physician-Part A - Administrative		5,404,654	0	5,404,654	47,621.71	113.49	13.00
14.00	Home office salaries & wage-related costs		99,927,793	0	99,927,793	1,928,110.00	51.83	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		76,887,868	0	76,887,868	529,935.12	145.09	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		121,223,383	0	121,223,383			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		9,458,595	0	9,458,595			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		45,201	0	45,201			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		618,300	0	618,300			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		12,055,993	0	12,055,993			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	3,316,576	-163,052	3,153,524	103,495.65	30.47	26.00
27.00	Administrative & General	5.00	33,958,852	782,155	34,741,007	1,403,510.15	24.75	27.00
28.00	Administrative & General under contract (see inst.)		6,689,188	0	6,689,188	119,051.92	56.19	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	8,017,004	100	8,017,104	292,709.96	27.39	30.00
31.00	Laundry & Linen Service	8.00	33,579	0	33,579	2,204.12	15.23	31.00
32.00	Housekeeping	9.00	11,193,716	-106,994	11,086,722	879,371.96	12.61	32.00
33.00	Housekeeping under contract (see instructions)		1,250,370	0	1,250,370	88,799.26	14.08	33.00
34.00	Dietary	10.00	7,015,863	-2,022,155	4,993,708	345,001.17	14.47	34.00
35.00	Dietary under contract (see instructions)		56,949	0	56,949	2,110.30	26.99	35.00
36.00	Cafeteria	11.00	2,534,646	1,869,262	4,403,908	330,698.93	13.32	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	21,497,712	559,312	22,057,024	562,040.45	39.24	38.00
39.00	Central Services and Supply	14.00	3,621,374	100	3,621,474	202,417.50	17.89	39.00
40.00	Pharmacy	15.00	18,184,821	-165,861	18,018,960	475,139.27	37.92	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part II Date/Time Prepared: 5/26/2015 8:27 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	
41.00	Medical Records & Medical Records Library	16.00	6,306,079	200	6,306,279	293,220.32	21.51	41.00
42.00	Social Service	17.00	7,944,648	-120,419	7,824,229	251,145.87	31.15	42.00
43.00	Other General Service	18.00	4,715,332	86,865	4,802,197	138,913.47	34.57	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260032

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

Worksheet S-3 Part III Date/Time Prepared: 5/26/2015 8:27 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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		445,698,419	181,498	445,879,917	16,070,464.39	27.75	1.00
2.00	Excluded area salaries (see instructions)		31,159,585	564,351	31,723,936	1,144,955.44	27.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)		414,538,834	-382,853	414,155,981	14,925,508.95	27.75	3.00
4.00	Subtotal other wages & related costs (see inst.)		118,358,295	0	118,358,295	2,235,937.87	52.93	4.00
5.00	Subtotal wage-related costs (see inst.)		121,268,584	0	121,268,584	0.00	29.28	5.00
6.00	Total (sum of lines 3 thru 5)		654,165,713	-382,853	653,782,860	17,161,446.82	38.10	6.00
7.00	Total overhead cost (see instructions)		136,336,709	719,513	137,056,222	5,489,830.30	24.97	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 8:27 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	5,134,159	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	40,161,528	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)	49,787,617	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,861,445	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	295,850	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)	882,816	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,450,611	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	34,766,473	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	778,099	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))	104,406	21.00
22.00	Day Care Cost and Allowances	1,303,941	22.00
23.00	Tuition Reimbursement	4,874,529	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	143,401,474	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

WAGE INDEX PENSION COST SCHEDULE	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/26/2015 8:27 am

			1.00	
	Step 1: Determine the 3-Year Averaging Period			
1.00	Wage Index fiscal year ending.		2018	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on line 1.	01/01/2014	12/31/2014	2.00
3.00	Midpoint of provider's cost reporting period shown on line 2. (adjust response to first of month)	07/01/2014		3.00
4.00	Date beginning the 3-year averaging period. (subtract 18 months from midpoint shown on line 3)	01/01/2013		4.00
5.00	Date ending the of the 3-year averaging period. (add 18 months to midpoint shown on line 3)	12/31/2015		5.00
	Step 2: Adjust Averaging Period for a New Plan(See Instructions) (Leave lines 6 through 8 blank if the provider has not elected to use an adjusted averaging period)			
6.00	Effective date of pension plan			6.00
7.00	First day of the provider cost reporting period containing the pension plan effective date.			7.00
8.00	Starting date of the adjusted averaging period. (date on line 7 if first of the month, otherwise to first of the month immediately preceding or following the date in line 7). If this date occurs after the period shown on line 2 (Step 1), stop here and see instructions. No cost is reportable for a period which is excluded from the averaging period.			8.00
	Step 3: Average Pension Contribution During the Averaging Period			
9.00	Beginning date of averaging period from line 4 or line 8.	01/01/2013		9.00
10.00	Ending date of averaging period from line 5	12/31/2015		10.00
		Deposit Date	Contributions	
		1.00	2.00	
11.00	Enter provider contributions made during the averaging period shown on lines 9 & 10. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			11.00
11.01		01/01/2013	122,115,532	11.01
11.02		01/01/2014	109,100,000	11.02
11.03		01/01/2015	129,073,000	11.03
			1.00	
12.00	Total number of months included in the averaging period		36	12.00
13.00	Total contributions made during averaging period		360,288,532	13.00
14.00	Average monthly contribution. (line 13 divided by line 12)		10,008,015	14.00
15.00	Number of months in provider cost reporting period shown on line 2.		12	15.00
16.00	Average pension contributions. (line 14 multiplied by line 15)		120,096,180	16.00
	Step 4: Total Pension Cost for Wage Index			
17.00	Annual prefunding installment from line 8 of pension prefunding worksheet, if applicable.		4,233,831	17.00
18.00	Reportable prefunding installment. (line 17 multiplied by line 15 divided by 12)		4,233,831	18.00
19.00	Total Pension Cost for Wage Index. (line 16 plus line 18)		124,330,011	19.00
		Prepared By	Date	
		1.00	2.00	
	Prepared By and Date Prepared			
100.00		CASSANDRA CUSICK	04/30/2015	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-7 Date/Time Prepared: 5/26/2015 8:27 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.			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.			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	3	0	3	3.00
4.00		RUL	19	0	19	4.00
5.00		RVX	14	0	14	5.00
6.00		RVL	34	0	34	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	1	0	1	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	563	0	563	12.00
13.00		RUB	1,436	0	1,436	13.00
14.00		RUA	1,438	0	1,438	14.00
15.00		RVC	444	0	444	15.00
16.00		RVB	1,853	0	1,853	16.00
17.00		RVA	2,340	0	2,340	17.00
18.00		RHC	98	0	98	18.00
19.00		RHB	276	0	276	19.00
20.00		RHA	536	0	536	20.00
21.00		RMC	11	0	11	21.00
22.00		RMB	21	0	21	22.00
23.00		RMA	103	0	103	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	114	0	114	27.00
28.00		ES1	1	0	1	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	24	0	24	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	91	0	91	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	91	0	91	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	11	0	11	39.00
40.00		LD1	147	0	147	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	86	0	86	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	143	0	143	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	11	0	11	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	71	0	71	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	176	0	176	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	155	0	155	52.00
53.00		CA2	30	0	30	53.00
54.00		CA1	780	0	780	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	17	0	17	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: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-7 Date/Time Prepared: 5/26/2015 8:27 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	38	0	38	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	51	0	51	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	76	0	76	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	54	0	54	78.00
199.00		AAA	100	0	100	199.00
200.00	TOTAL		11,457	0	11,457	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	
	SNF SERVICES			
201.00	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).	41180	41180	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	5,601,710	54.98	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	SUPPLIES	445,943	4.38	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	10,189,026			207.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-7 Date/Time Prepared: 5/26/2015 8:27 am

		Prior to 10/1	On/After 10/1	Transfer Total to Settlement Worksheet (Y/N)	
		1.00	2.00	3.00	
1.00	Wage Index Factor	0.9336	0.9366		1.00

		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	725.75	725.75	0	742.74	3.00
4.00		RUL	709.94	709.94	5	726.55	4.00
5.00		RVX	645.98	645.98	14	661.09	5.00
6.00		RVL	579.55	579.55	33	593.11	6.00
7.00		RHX	585.27	585.27	0	598.95	7.00
8.00		RHL	522.01	522.01	1	534.21	8.00
9.00		RMX	536.88	536.88	0	549.44	9.00
10.00		RML	492.59	492.59	0	504.12	10.00
11.00		RLX	471.49	471.49	0	482.53	11.00
12.00		RUC	550.20	550.20	356	563.08	12.00
13.00		RUB	550.20	550.20	1,086	563.08	13.00
14.00		RUA	460.06	460.06	1,042	470.82	14.00
15.00		RVC	472.01	472.01	413	483.05	15.00
16.00		RVB	408.75	408.75	1,451	418.31	16.00
17.00		RVA	407.17	407.17	1,696	416.70	17.00
18.00		RHC	411.30	411.30	84	420.92	18.00
19.00		RHB	370.18	370.18	212	378.83	19.00
20.00		RHA	325.90	325.90	413	333.51	20.00
21.00		RMC	361.33	361.33	11	369.78	21.00
22.00		RMB	339.19	339.19	21	347.12	22.00
23.00		RMA	279.09	279.09	80	285.62	23.00
24.00		RLB	351.30	351.30	0	359.52	24.00
25.00		RLA	226.36	226.36	0	231.65	25.00
26.00		ES3	662.59	662.59	0	678.09	26.00
27.00		ES2	518.67	518.67	68	530.81	27.00
28.00		ES1	463.32	463.32	1	474.16	28.00
29.00		HE2	447.51	447.51	0	457.97	29.00
30.00		HE1	371.59	371.59	0	380.29	30.00
31.00		HD2	419.03	419.03	0	428.84	31.00
32.00		HD1	349.45	349.45	3	357.63	32.00
33.00		HC2	395.31	395.31	0	404.56	33.00
34.00		HC1	330.47	330.47	66	338.20	34.00
35.00		HB2	390.57	390.57	0	399.70	35.00
36.00		HB1	327.30	327.30	76	334.96	36.00
37.00		LE2	406.39	406.39	0	415.89	37.00
38.00		LE1	339.96	339.96	0	347.91	38.00
39.00		LD2	390.57	390.57	11	399.70	39.00
40.00		LD1	327.30	327.30	135	334.96	40.00
41.00		LC2	343.12	343.12	0	351.15	41.00
42.00		LC1	289.35	289.35	70	296.12	42.00
43.00		LB2	325.72	325.72	0	333.35	43.00
44.00		LB1	276.69	276.69	91	283.17	44.00
45.00		CE2	362.10	362.10	0	370.57	45.00
46.00		CE1	333.64	333.64	11	341.44	46.00
47.00		CD2	343.12	343.12	0	351.15	47.00
48.00		CD1	314.66	314.66	71	322.02	48.00
49.00		CC2	300.42	300.42	0	307.45	49.00
50.00		CC1	278.28	278.28	152	284.79	50.00
51.00		CB2	278.28	278.28	0	284.79	51.00
52.00		CB1	257.72	257.72	115	263.75	52.00
53.00		CA2	235.58	235.58	16	241.09	53.00
54.00		CA1	219.76	219.76	639	224.90	54.00
55.00		SE3	0.00	0.00	0	0.00	55.00
56.00		SE2	0.00	0.00	0	0.00	56.00
57.00		SE1	0.00	0.00	0	0.00	57.00
58.00		SSC	0.00	0.00	0	0.00	58.00
59.00		SSB	0.00	0.00	0	0.00	59.00
60.00		SSA	0.00	0.00	0	0.00	60.00
61.00		IB2	0.00	0.00	0	0.00	61.00
62.00		IB1	0.00	0.00	0	0.00	62.00
63.00		IA2	0.00	0.00	0	0.00	63.00
64.00		IA1	0.00	0.00	0	0.00	64.00
65.00		BB2	249.82	249.82	0	255.65	65.00
66.00		BB1	238.74	238.74	17	244.32	66.00
67.00		BA2	207.17	207.17	0	211.96	67.00
68.00		BA1	197.62	197.62	0	202.24	68.00
69.00		PE2	333.64	333.64	0	341.44	69.00

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		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
70.00		PE1	317.81	317.81	0	325.25	70.00
71.00		PD2	314.66	314.66	0	322.02	71.00
72.00		PD1	298.84	298.84	38	305.83	72.00
73.00		PC2	270.37	270.37	0	276.70	73.00
74.00		PC1	257.72	257.72	51	263.75	74.00
75.00		PB2	229.25	229.25	0	234.62	75.00
76.00		PB1	219.76	219.76	43	224.90	76.00
77.00		PA2	189.71	189.71	0	194.15	77.00
78.00		PA1	181.81	181.81	37	186.06	78.00
199.00		AAA	181.81	181.81	75	186.06	199.00
200.00	TOTAL				8,704		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-7 | Date/Time Prepared: 5/26/2015 8:27 am

		Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total		
		6.00	7.00	8.00		
3.00		742.74	3	2,228		3.00
4.00		726.55	14	13,722		4.00
5.00		661.09	0	9,044		5.00
6.00		593.11	1	19,718		6.00
7.00		598.95	0	0		7.00
8.00		534.21	0	522		8.00
9.00		549.44	0	0		9.00
10.00		504.12	0	0		10.00
11.00		482.53	0	0		11.00
12.00		563.08	207	312,429		12.00
13.00		563.08	350	794,595		13.00
14.00		470.82	396	665,828		14.00
15.00		483.05	31	209,915		15.00
16.00		418.31	402	761,257		16.00
17.00		416.70	644	958,915		17.00
18.00		420.92	14	40,442		18.00
19.00		378.83	64	102,723		19.00
20.00		333.51	123	175,619		20.00
21.00		369.78	0	3,975		21.00
22.00		347.12	0	7,123		22.00
23.00		285.62	23	28,896		23.00
24.00		359.52	0	0		24.00
25.00		231.65	0	0		25.00
26.00		678.09	0	0		26.00
27.00		530.81	46	59,687		27.00
28.00		474.16	0	463		28.00
29.00		457.97	0	0		29.00
30.00		380.29	0	0		30.00
31.00		428.84	0	0		31.00
32.00		357.63	21	8,558		32.00
33.00		404.56	0	0		33.00
34.00		338.20	25	30,266		34.00
35.00		399.70	0	0		35.00
36.00		334.96	15	29,899		36.00
37.00		415.89	0	0		37.00
38.00		347.91	0	0		38.00
39.00		399.70	0	4,296		39.00
40.00		334.96	12	48,206		40.00
41.00		351.15	0	0		41.00
42.00		296.12	16	24,993		42.00
43.00		333.35	0	0		43.00
44.00		283.17	52	39,904		44.00
45.00		370.57	0	0		45.00
46.00		341.44	0	3,670		46.00
47.00		351.15	0	0		47.00
48.00		322.02	0	22,341		48.00
49.00		307.45	0	0		49.00
50.00		284.79	24	49,134		50.00
51.00		284.79	0	0		51.00
52.00		263.75	40	40,188		52.00
53.00		241.09	14	7,144		53.00
54.00		224.90	141	172,138		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		255.65	0	0		65.00
66.00		244.32	0	4,059		66.00
67.00		211.96	0	0		67.00
68.00		202.24	0	0		68.00
69.00		341.44	0	0		69.00
70.00		325.25	0	0		70.00
71.00		322.02	0	0		71.00
72.00		305.83	0	11,356		72.00
73.00		276.70	0	0		73.00
74.00		263.75	0	13,144		74.00
75.00		234.62	0	0		75.00

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		Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total		
		6.00	7.00	8.00		
76.00		224.90	33	16,872		76.00
77.00		194.15	0	0		77.00
78.00		186.06	17	9,890		78.00
199.00		186.06	25	18,288		199.00
200.00	TOTAL		2,753	4,721,447		200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/26/2015 8:27 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)	0.303562	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	122,397,743	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	77,314,404	5.00
6.00	Medicaid charges	627,781,973	6.00
7.00	Medicaid cost (line 1 times line 6)	190,570,751	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)	0	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	866,723	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	544,242	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	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	124,823,094	32,076,297	156,899,391	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	37,891,548	9,737,145	47,628,693	21.00
22.00	Partial payment by patients approved for charity care	6,709,453	681,119	7,390,572	22.00
23.00	Cost of charity care (line 21 minus line 22)	31,182,095	9,056,026	40,238,121	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	81,766,032	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	3,203,020	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	78,563,012	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	23,848,745	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	64,086,866	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	64,086,866	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/26/2015 8:27 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		16,498,584	16,498,584	189,972	16,688,556	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)		23,790,921	23,790,921	-11,931	23,778,990	1.03
1.04	00104	NEW CRC-B&F(GSON)		1,596,306	1,596,306	30,033	1,626,339	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)		1,296,073	1,296,073	0	1,296,073	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		19,722,554	19,722,554	37,572,905	57,295,459	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,316,576	12,821,850	16,138,426	-394,045	15,744,381	4.00
5.01	00540	NONPATIENT TELEPHONES	1,598,878	-331,390	1,267,488	-12,925	1,254,563	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	953,810	7,265,646	8,219,456	-3,727,989	4,491,467	5.03
5.04	00570	ADMITTING	9,964,903	6,760,000	16,724,903	-7,534	16,717,369	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	21,441,261	332,001,514	353,442,775	-76,994,077	276,448,698	5.06
7.00	00700	OPERATION OF PLANT	8,017,004	28,651,493	36,668,497	-48,004	36,620,493	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,579	2,704,250	2,737,829	-2,404	2,735,425	8.00
9.00	00900	HOUSEKEEPING	11,193,716	9,701,732	20,895,448	-194,177	20,701,271	9.00
10.00	01000	DIETARY	7,015,863	10,015,898	17,031,761	-7,507,197	9,524,564	10.00
11.00	01100	CAFETERIA	2,534,646	5,517,708	8,052,354	7,045,796	15,098,150	11.00
13.00	01300	NURSING ADMINISTRATION	21,497,712	20,944,554	42,442,266	-111,235	42,331,031	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,621,374	16,138,461	19,759,835	-13,399,293	6,360,542	14.00
15.00	01500	PHARMACY	18,184,821	109,906,027	128,090,848	29,087,112	157,177,960	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,306,079	14,990,089	21,296,168	-21,793	21,274,375	16.00
17.00	01700	SOCIAL SERVICE	7,944,648	4,245,950	12,190,598	-153,196	12,037,402	17.00
18.00	01852	EXTENDED CARE SERVICES	1,183,258	1,041,615	2,224,873	-1,924	2,222,949	18.00
18.01	01851	LAB ADMINISTRATION	3,532,074	5,738,665	9,270,739	-11,344	9,259,395	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	8,577,952	5,777,512	14,355,464	-255,096	14,100,368	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	39,889,503	16,567,418	56,456,921	71,146,952	127,603,873	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	210,544	210,544	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	118,681	43,860	162,541	88,430	250,971	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	100,669,865	48,581,771	149,251,636	-1,319,426	147,932,210	30.00
31.00	03100	INTENSIVE CARE UNIT	6,982,648	2,975,972	9,958,620	-53,608	9,905,012	31.00
32.00	03200	CORONARY CARE UNIT	3,427,005	1,122,986	4,549,991	-22,245	4,527,746	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,091,976	4,016,552	12,108,528	-125,748	11,982,780	34.00
35.01	02400	NEURO ICU	4,554,648	1,667,355	6,222,003	-53,229	6,168,774	35.01
35.02	02401	CARDIO-THORACIC ICU	6,129,260	2,402,607	8,531,867	-6,464	8,525,403	35.02
40.00	04000	SUBPROVIDER - IPF	4,893,156	3,200,349	8,093,505	-48,516	8,044,989	40.00
43.00	04300	NURSERY	938,157	437,615	1,375,772	-5,657	1,370,115	43.00
44.00	04400	SKILLED NURSING FACILITY	2,550,395	4,096,758	6,647,153	-35,680	6,611,473	44.00
45.00	04500	NURSING FACILITY	0	0	0	355,601	355,601	45.00
46.00	04600	OTHER LONG TERM CARE	609,737	575,601	1,185,338	-397,423	787,915	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,578,447	163,600,930	197,179,377	-130,984,994	66,194,383	50.00
51.00	05100	RECOVERY ROOM	9,245,596	5,846,361	15,091,957	687,006	15,778,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,742,668	2,751,665	7,494,333	-664,683	6,829,650	52.00
53.00	05300	ANESTHESIOLOGY	2,191,074	15,011,623	17,202,697	-4,045,603	13,157,094	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,747,630	26,124,217	39,871,847	-14,946,254	24,925,593	54.00
54.01	03630	ULTRASOUND	1,130,997	2,343,499	3,474,496	-771,030	2,703,466	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,057,078	31,093,706	39,150,784	-10,180,403	28,970,381	55.00
56.00	05600	RADIOISOTOPE	1,280,808	2,678,801	3,959,609	-1,914,975	2,044,634	56.00
57.00	05700	CT SCAN	2,721,595	3,171,027	5,892,622	-1,343,113	4,549,509	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,151,384	5,163,141	8,314,525	-2,369,234	5,945,291	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,008,095	23,098,821	27,106,916	-20,611,793	6,495,123	59.00
60.00	06000	LABORATORY	13,928,691	23,601,793	37,530,484	-927,175	36,603,309	60.00
60.01	06001	HLA LAB	866,920	1,584,431	2,451,351	-47,624	2,403,727	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,139,068	26,569,086	31,708,154	-199,690	31,508,464	63.00
65.00	06500	RESPIRATORY THERAPY	8,040,642	6,512,380	14,553,022	-837,944	13,715,078	65.00
66.00	06600	PHYSICAL THERAPY	4,289,484	1,525,752	5,815,236	-34,000	5,781,236	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,613,885	439,959	2,053,844	-20,615	2,033,229	67.00
68.00	06800	SPEECH PATHOLOGY	587,711	214,387	802,098	-43,392	758,706	68.00
69.00	06900	ELECTROCARDIOLOGY	2,817,741	3,208,682	6,026,423	-1,943,902	4,082,521	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	684,144	675,588	1,359,732	-70,323	1,289,409	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	78,852,333	78,852,333	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	98,223,924	98,223,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,217,884	2,103,395	4,321,279	-585,077	3,736,202	74.00
76.00	03330	ENDOSCOPY	3,483,899	4,893,308	8,377,207	-2,734,822	5,642,385	76.00
76.01	03950	OB/GYN IN VITRO	528,219	1,609,101	2,137,320	-268,405	1,868,915	76.01
76.02	03320	ELECTROSHOCK THERAPY	254,542	146,722	401,264	-11,558	389,706	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	496,800	496,800	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	338,340	338,340	0	338,340	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/26/2015 8:27 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	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,635,460	6,701,629	15,337,089	-1,073,813	14,263,276	90.00
90.01	04950	OUTPATIENT PSYCH	628,768	1,061,540	1,690,308	-798,061	892,247	90.01
91.00	09100	EMERGENCY	12,915,519	11,997,646	24,913,165	-608,069	24,305,096	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	805,154	8,414,101	9,219,255	422,743	9,641,998	105.00
106.00	10600	HEART ACQUISITION	495,479	1,790,419	2,285,898	5,072	2,290,970	106.00
107.00	10700	LIVER ACQUISITION	456,991	4,465,525	4,922,516	356,508	5,279,024	107.00
108.00	10800	LUNG ACQUISITION	359,613	3,864,384	4,223,997	233,186	4,457,183	108.00
109.00	10900	PANCREAS ACQUISITION	0	576,091	576,091	24,746	600,837	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	649,859	5,133,180	5,783,039	0	5,783,039	112.00
113.00	11300	INTEREST EXPENSE		17,311,705	17,311,705	0	17,311,705	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	469,028,230	1,158,107,791	1,627,136,021	22,070,951	1,649,206,972	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	279,419	279,419	191.00
191.01	19101	RESEARCH CTSA I/P	0	66,178	66,178	13,436	79,614	191.01
191.02	19102	RESEARCH CTSA O/P	0	20,425	20,425	23,200	43,625	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,482,026	12,108,641	19,590,667	-448,090	19,142,577	194.00
194.01	07951	RETAIL PHARMACY	3,296,132	23,098,985	26,395,117	-21,938,590	4,456,527	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	864,410	4,756,868	5,621,278	-326	5,620,952	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	480,670,798	1,198,158,888	1,678,829,686	0	1,678,829,686	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/26/2015 8:27 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	-537,007	16,151,549	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	-668,969	23,110,021	1.03
1.04	00104	NEW CRC-B&F(GSON)	0	1,626,339	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	1,296,073	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	752,368	58,047,827	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,209,479	42,953,860	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,254,563	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	7,918,655	12,410,122	5.03
5.04	00570	ADMITTING	0	16,717,369	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-24,089,243	252,359,455	5.06
7.00	00700	OPERATION OF PLANT	13,319,728	49,940,221	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,735,425	8.00
9.00	00900	HOUSEKEEPING	-1,238,788	19,462,483	9.00
10.00	01000	DIETARY	-110,843	9,413,721	10.00
11.00	01100	CAFETERIA	-11,048,280	4,049,870	11.00
13.00	01300	NURSING ADMINISTRATION	-2,265,520	40,065,511	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,360,542	14.00
15.00	01500	PHARMACY	-283,965	156,893,995	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,095,234	20,179,141	16.00
17.00	01700	SOCIAL SERVICE	0	12,037,402	17.00
18.00	01852	EXTENDED CARE SERVICES	-67,194	2,155,755	18.00
18.01	01851	LAB ADMINISTRATION	-1,562	9,257,833	18.01
18.02	01850	RESEARCH ADMINISTRATION	110,656	110,656	18.02
20.00	02000	NURSING SCHOOL	-19,247,225	-5,146,857	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-634,703	126,969,170	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	210,544	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	-2,429	248,542	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	-18,024,150	129,908,060	30.00
31.00	03100	INTENSIVE CARE UNIT	-750	9,904,262	31.00
32.00	03200	CORONARY CARE UNIT	0	4,527,746	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-447	11,982,333	34.00
35.01	02400	NEURO ICU	0	6,168,774	35.01
35.02	02401	CARDIO-THORACIC ICU	0	8,525,403	35.02
40.00	04000	SUBPROVIDER - IPF	-876,198	7,168,791	40.00
43.00	04300	NURSERY	0	1,370,115	43.00
44.00	04400	SKILLED NURSING FACILITY	-63	6,611,410	44.00
45.00	04500	NURSING FACILITY	0	355,601	45.00
46.00	04600	OTHER LONG TERM CARE	0	787,915	46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	-972,727	65,221,656	50.00
51.00	05100	RECOVERY ROOM	-910,532	14,868,431	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-13,539	6,816,111	52.00
53.00	05300	ANESTHESIOLOGY	-6,934,353	6,222,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-666,488	24,259,105	54.00
54.01	03630	ULTRASOUND	-257,715	2,445,751	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-10,105,469	18,864,912	55.00
56.00	05600	RADIOISOTOPE	-78,677	1,965,957	56.00
57.00	05700	CT SCAN	-735,409	3,814,100	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-298,523	5,646,768	58.00
59.00	05900	CARDIAC CATHETERIZATION	-83,359	6,411,764	59.00
60.00	06000	LABORATORY	-154,959	36,448,350	60.00
60.01	06001	HLA LAB	382,790	2,786,517	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-253,442	31,255,022	63.00
65.00	06500	RESPIRATORY THERAPY	-1,017	13,714,061	65.00
66.00	06600	PHYSICAL THERAPY	-8,244	5,772,992	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,033,229	67.00
68.00	06800	SPEECH PATHOLOGY	0	758,706	68.00
69.00	06900	ELECTROCARDIOLOGY	-25,699	4,056,822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-88,541	1,200,868	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-113	78,852,220	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	98,223,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-847	-847	73.00
74.00	07400	RENAL DIALYSIS	-600	3,735,602	74.00
76.00	03330	ENDOSCOPY	-1,200	5,641,185	76.00
76.01	03950	OB/GYN IN VITRO	-59,531	1,809,384	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	389,706	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	496,800	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	338,340	76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	-96,789	14,166,487	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
90.01	04950	OUTPATIENT PSYCH	-132,019	760,228		90.01
91.00	09100	EMERGENCY	-4,400,411	19,904,685		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	9,641,998		105.00
106.00	10600	HEART ACQUISITION	0	2,290,970		106.00
107.00	10700	LIVER ACQUISITION	0	5,279,024		107.00
108.00	10800	LUNG ACQUISITION	0	4,457,183		108.00
109.00	10900	PANCREAS ACQUISITION	0	600,837		109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	-98,966	5,684,073		112.00
113.00	11300	INTEREST EXPENSE	-17,311,705	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-74,189,768	1,575,017,204		118.00
		NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	0	279,419		191.00
191.01	19101	RESEARCH CTSA I/P	0	79,614		191.01
191.02	19102	RESEARCH CTSA O/P	0	43,625		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	19,142,577		194.00
194.01	07951	RETAIL PHARMACY	0	4,456,527		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,620,952		194.02
194.03	07953	GUEST MEALS	0	0		194.03
200.00		TOTAL (SUM OF LINES 118-199)	-74,189,768	1,604,639,918		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet Non-CMS W | Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	00103		1.03
1.04	NEW CRC-B&F(GSON)	00104		1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	00105		1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.03	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	ADMITTING	00570	ADMITTING	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00590		5.06
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	EXTENDED CARE SERVICES	01852		18.00
18.01	LAB ADMINISTRATION	01851		18.01
18.02	RESEARCH ADMINISTRATION	01850		18.02
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.01	PARAMED ED PRGM-PHARMACY	02301		23.01
23.02	PARAMED ED PRGM-PASTORAL ED	02302		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.01	NEURO ICU	02400		35.01
35.02	CARDIO-THORACIC ICU	02401		35.02
40.00	SUBPROVIDER - IPF	04000		40.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRASOUND	03630	ULTRA SOUND	54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	HLA LAB	06001		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ENDOSCOPY	03330	ENDOSCOPY	76.00
76.01	OB/GYN IN VITRO	03950		76.01
76.02	ELECTROSHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.02

COST CENTERS USED IN COST REPORT	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet Non-CMS W Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
76.03	CORNEAL TISSUE ACQUISITION	03951		76.03
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
90.01	OUTPATIENT PSYCH	04950		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	08600		112.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
191.00	RESEARCH	19100		191.00
191.01	RESEARCH CTSA I/P	19101		191.01
191.02	RESEARCH CTSA O/P	19102		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	RETAIL PHARMACY	07951		194.01
194.02	MARKETING/COMMUNITY RELATIONS	07952		194.02
194.03	GUEST MEALS	07953		194.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS COST OF DRUGS SOLD					
1.00	PHARMACY	15.00	0	29,592,066		1.00
2.00	SOCIAL SERVICE	17.00	0	7		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	TOTALS		0	29,592,073		
	B - RECLASS COST OF MEDICAL SUPPLIES CHA					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	78,852,333		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	TOTALS		0	78,852,333		
	C - RECLASS COST OF IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	98,223,924		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00		0.00	0	0	9.00
	TOTALS		0	98,223,924	
	D - RECLASS EQUIPMENT DEPRECIATION				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	37,025,714	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
	TOTALS		0	37,025,714	
	E - RECLASS FINANCE ACCRUALS				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,181,370	1.00
	TOTALS		0	1,181,370	

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	F - RECLASS WASH U AFFILIATION AGREEMENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	71,148,779		1.00
	TOTALS		0	71,148,779		
	G - RECLASS COST OF INTERPRETERS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	836,756	683,439		1.00
	TOTALS		836,756	683,439		
	H - RECLASS GAMMA KNIFE COSTS					
1.00	CT SCAN	57.00	0	25,578		1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,460		2.00
	TOTALS		0	34,038		
	I - RECLASS PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM-PHARMACY	23.01	172,000	38,544		1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	72,898	16,067		2.00
	TOTALS		244,898	54,611		
	J - RECLASS FINANCE ACCRUALS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,465,880		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	2,465,880		
	K - RECLASS NURSING FACILITY COSTS					
1.00	NURSING FACILITY	45.00	182,921	172,680		1.00
	TOTALS		182,921	172,680		
	L - RECLASS DIETARY COSTS TO CAFETERIA					
1.00	CAFETERIA	11.00	1,869,062	5,202,203		1.00
	TOTALS		1,869,062	5,202,203		
	M - RECLASS PRETRANSPLANT RELATED DIETIC					
1.00	KIDNEY ACQUISITION	105.00	1,831	486		1.00
2.00	HEART ACQUISITION	106.00	14,186	3,764		2.00
3.00	LIVER ACQUISITION	107.00	96,333	25,557		3.00
4.00	LUNG ACQUISITION	108.00	41,043	10,889		4.00
	TOTALS		153,393	40,696		
	N - RECLASS TRANSPLANT SALARIES AND BENE					
1.00	NURSING ADMINISTRATION	13.00	565,183	132,569		1.00
2.00	KIDNEY ACQUISITION	105.00	288,339	69,332		2.00
3.00	LIVER ACQUISITION	107.00	163,166	39,776		3.00
4.00	LUNG ACQUISITION	108.00	119,402	31,816		4.00
5.00	PANCREAS ACQUISITION	109.00	19,692	4,723		5.00
	TOTALS		1,155,782	278,216		
	O - RECLASS PRETRANSPLANT RELATED SOCIAL					
1.00	KIDNEY ACQUISITION	105.00	49,877	12,878		1.00
2.00	HEART ACQUISITION	106.00	20,997	5,421		2.00
3.00	LIVER ACQUISITION	107.00	25,176	6,500		3.00
4.00	LUNG ACQUISITION	108.00	24,106	6,224		4.00
5.00	PANCREAS ACQUISITION	109.00	263	68		5.00
	TOTALS		120,419	31,091		
	P - RECLASS SALARIES PORTION OF RESEARCH					
1.00	RESEARCH ADMINISTRATION	18.02	86,865	0		1.00
	TOTALS		86,865	0		
	Q - RECLASS BARNARD BUILDING RENTAL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,570		1.00
2.00	HOUSEKEEPING	9.00	0	1,960		2.00
3.00	LABORATORY	60.00	0	39,918		3.00
4.00	RESEARCH CTSA I/P	191.01	0	30,238		4.00
5.00	RESEARCH CTSA O/P	191.02	0	27,367		5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,176		6.00
	TOTALS		0	104,229		
	R - RECLASS NONREIMBURSABLE PARKING					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	167,122	1,028,608		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		167,122	1,028,608		
	S - RECLASS CORNEAL TISSUE ACQUISITION C					
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	496,800		1.00
	TOTALS		0	496,800		

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	T - RECLASS EXTENDED RECOVERY NURSING SE				
1.00	RECOVERY ROOM	51.00	0	899,645	1.00
	TOTALS		0	899,645	
	U - RECLASS PHYSICIAN SUITE CLEANING COS				
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	108,194	31,832	1.00
	TOTALS		108,194	31,832	
	V - RECLASS PROPERTY INSURANCE				
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,572,916	1.00
	TOTALS		0	1,572,916	
	W - RECLASS RECRUITING BONUSES AND RELOC				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,070	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	100	0	2.00
3.00	ADMITTING	5.04	700	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	17,497	0	4.00
5.00	OPERATION OF PLANT	7.00	100	0	5.00
6.00	HOUSEKEEPING	9.00	1,200	0	6.00
7.00	DIETARY	10.00	300	0	7.00
8.00	CAFETERIA	11.00	200	0	8.00
9.00	NURSING ADMINISTRATION	13.00	1,700	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	100	0	10.00
11.00	PHARMACY	15.00	6,139	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	200	0	12.00
13.00	NURSING SCHOOL	20.00	5,372	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	24,363	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	3,800	0	15.00
16.00	CORONARY CARE UNIT	32.00	200	0	16.00
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	6,000	0	17.00
18.00	CARDIO-THORACIC ICU	35.02	3,200	0	18.00
19.00	SUBPROVIDER - IPF	40.00	100	0	19.00
20.00	NURSERY	43.00	500	0	20.00
21.00	OPERATING ROOM	50.00	1,500	0	21.00
22.00	RECOVERY ROOM	51.00	100	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	600	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	500	0	24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	100	0	25.00
26.00	LABORATORY	60.00	1,200	0	26.00
27.00	BLOOD STORING, PROCESSING & TRANS.	63.00	500	0	27.00
28.00	PHYSICAL THERAPY	66.00	500	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	500	0	29.00
30.00	ENDOSCOPY	76.00	500	0	30.00
31.00	EMERGENCY	91.00	4,400	0	31.00
32.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	8,392	0	32.00
	TOTALS		94,633	0	
	X - RECLASS FEDERAL AND FOUNDATION RESEA				
1.00	RESEARCH	191.00	196,637	82,782	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		196,637	82,782	
	Y - RECLASS ASBESTOS ABATEMENT PAYMENTS				
1.00	OPERATION OF PLANT	7.00	0	262,765	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	262,765	
500.00	Grand Total: Increases		5,216,682	329,466,624	500.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS COST OF DRUGS SOLD						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,384	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	29,579	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	475	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	241	0		4.00
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	370	0		5.00
6.00	NEURO ICU	35.01	0	595	0		6.00
7.00	CARDIO-THORACIC ICU	35.02	0	156	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	441	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	2,113	0		9.00
10.00	OTHER LONG TERM CARE	46.00	0	1,106	0		10.00
11.00	OPERATING ROOM	50.00	0	33,446	0		11.00
12.00	RECOVERY ROOM	51.00	0	115,453	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	1,276,895	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	227,634	0		14.00
15.00	ULTRASOUND	54.01	0	5,400	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,677,929	0		16.00
17.00	RADIOISOTOPE	56.00	0	1,687,592	0		17.00
18.00	CT SCAN	57.00	0	9,160	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	45,929	0		19.00
20.00	LABORATORY	60.00	0	5,999	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	72,085	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	2,327	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,197,996	0		23.00
24.00	RENAL DIALYSIS	74.00	0	28,201	0		24.00
25.00	ENDOSCOPY	76.00	0	107	0		25.00
26.00	OB/GYN IN VITRO	76.01	0	10,835	0		26.00
27.00	CLINIC	90.00	0	438,687	0		27.00
28.00	OUTPATIENT PSYCH	90.01	0	743,589	0		28.00
29.00	EMERGENCY	91.00	0	23,477	0		29.00
30.00	RESEARCH CTSA I/P	191.01	0	13,492	0		30.00
31.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	20,971	0		31.00
32.00	RETAIL PHARMACY	194.01	0	21,918,409	0		32.00
	TOTALS		0	29,592,073			
	B - RECLASS COST OF MEDICAL SUPPLIES CHA						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	1,276,385	0		1.00
2.00	DIETARY	10.00	0	81,896	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,287,994	0		3.00
4.00	PHARMACY	15.00	0	218,546	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	16,845	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	42,810	0		6.00
7.00	NEURO ICU	35.01	0	23,734	0		7.00
8.00	OPERATING ROOM	50.00	0	44,883,561	0		8.00
9.00	RECOVERY ROOM	51.00	0	53,208	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	581,586	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	2,035,955	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,083,387	0		12.00
13.00	ULTRASOUND	54.01	0	115,079	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	229,330	0		14.00
15.00	CT SCAN	57.00	0	61,657	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,662	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	5,827,796	0		17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	46	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	299,447	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	24,668	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	20,615	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	32,573	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	261,018	0		23.00
24.00	RENAL DIALYSIS	74.00	0	386,411	0		24.00
25.00	ENDOSCOPY	76.00	0	1,900,075	0		25.00
26.00	CLINIC	90.00	0	38,194	0		26.00
27.00	EMERGENCY	91.00	0	56,855	0		27.00
	TOTALS		0	78,852,333			
	C - RECLASS COST OF IMPLANTABLE DEVICES						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	10,500	0		1.00
2.00	OPERATING ROOM	50.00	0	79,106,562	0		2.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,275	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,761,584	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,030,944	0		5.00
6.00	CT SCAN	57.00	0	147,311	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	13,457,195	0		7.00
8.00	ENDOSCOPY	76.00	0	509,130	0		8.00
9.00	CLINIC	90.00	0	198,423	0		9.00
	TOTALS		0	98,223,924			
	D - RECLASS EQUIPMENT DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	50,982	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	12,925	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	39	0		3.00
4.00	ADMITTING	5.04	0	7,534	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,987,378	0		5.00
6.00	OPERATION OF PLANT	7.00	0	250,938	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	2,404	0		7.00
8.00	HOUSEKEEPING	9.00	0	56,111	0		8.00
9.00	DIETARY	10.00	0	156,907	0		9.00
10.00	CAFETERIA	11.00	0	25,469	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	791,192	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	111,299	0		12.00
13.00	PHARMACY	15.00	0	75,864	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	21,793	0		14.00
15.00	SOCIAL SERVICE	17.00	0	1,693	0		15.00
16.00	EXTENDED CARE SERVICES	18.00	0	1,924	0		16.00
17.00	LAB ADMINISTRATION	18.01	0	11,344	0		17.00
18.00	NURSING SCHOOL	20.00	0	223,551	0		18.00
19.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	443	0		19.00
20.00	PARAMED ED PRGM-PASTORAL ED	23.02	0	535	0		20.00
21.00	ADULTS & PEDIATRICS	30.00	0	390,202	0		21.00
22.00	INTENSIVE CARE UNIT	31.00	0	36,288	0		22.00
23.00	CORONARY CARE UNIT	32.00	0	22,004	0		23.00
24.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	82,568	0		24.00
25.00	NEURO ICU	35.01	0	28,900	0		25.00
26.00	CARDIO-THORACIC ICU	35.02	0	6,308	0		26.00
27.00	SUBPROVIDER - IPF	40.00	0	48,075	0		27.00
28.00	NURSERY	43.00	0	5,657	0		28.00
29.00	SKILLED NURSING FACILITY	44.00	0	33,567	0		29.00
30.00	OTHER LONG TERM CARE	46.00	0	40,716	0		30.00
31.00	OPERATING ROOM	50.00	0	5,069,720	0		31.00
32.00	RECOVERY ROOM	51.00	0	43,978	0		32.00
33.00	DELIVERY ROOM & LABOR ROOM	52.00	0	80,822	0		33.00
34.00	ANESTHESIOLOGY	53.00	0	732,753	0		34.00
35.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,873,149	0		35.00
36.00	ULTRASOUND	54.01	0	650,551	0		36.00
37.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,026,792	0		37.00
38.00	RADIOISOTOPE	56.00	0	227,383	0		38.00
39.00	CT SCAN	57.00	0	1,150,563	0		39.00
40.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,319,103	0		40.00
41.00	CARDIAC CATHETERIZATION	59.00	0	1,326,802	0		41.00
42.00	LABORATORY	60.00	0	961,094	0		42.00
43.00	HLA LAB	60.01	0	47,624	0		43.00
44.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	127,559	0		44.00
45.00	RESPIRATORY THERAPY	65.00	0	501,701	0		45.00
46.00	PHYSICAL THERAPY	66.00	0	6,332	0		46.00
47.00	SPEECH PATHOLOGY	68.00	0	10,819	0		47.00
48.00	ELECTROCARDIOLOGY	69.00	0	484,888	0		48.00
49.00	ELECTROENCEPHALOGRAPHY	70.00	0	70,323	0		49.00
50.00	RENAL DIALYSIS	74.00	0	170,465	0		50.00
51.00	ENDOSCOPY	76.00	0	325,510	0		51.00
52.00	OB/GYN IN VITRO	76.01	0	257,570	0		52.00
53.00	ELECTROSHOCK THERAPY	76.02	0	11,558	0		53.00
54.00	CLINIC	90.00	0	398,509	0		54.00
55.00	OUTPATIENT PSYCH	90.01	0	54,472	0		55.00
56.00	EMERGENCY	91.00	0	527,737	0		56.00
57.00	HEART ACQUISITION	106.00	0	203	0		57.00
58.00	LUNG ACQUISITION	108.00	0	294	0		58.00
59.00	RESEARCH CTSA I/P	191.01	0	3,310	0		59.00
60.00	RESEARCH CTSA O/P	191.02	0	4,167	0		60.00

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
61.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	54,846	0		61.00
62.00	RETAIL PHARMACY	194.01	0	20,181	0		62.00
63.00	MARKETING/COMMUNITY RELATIONS	194.02	0	326	0		63.00
	TOTALS		0	37,025,714			
	E - RECLASS FINANCE ACCRUALS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,181,370	0		1.00
	TOTALS		0	1,181,370			
	F - RECLASS WASH U AFFILIATION AGREEMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	71,148,779	0		1.00
	TOTALS		0	71,148,779			
	G - RECLASS COST OF INTERPRETERS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	836,756	683,439	0		1.00
	TOTALS		836,756	683,439			
	H - RECLASS GAMMA KNIFE COSTS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	34,038	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	34,038			
	I - RECLASS PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	172,000	38,544	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	72,898	16,067	0		2.00
	TOTALS		244,898	54,611			
	J - RECLASS FINANCE ACCRUALS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,815	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	2,441,065	0		2.00
	TOTALS		0	2,465,880			
	K - RECLASS NURSING FACILITY COSTS						
1.00	OTHER LONG TERM CARE	46.00	182,921	172,680	0		1.00
	TOTALS		182,921	172,680			
	L - RECLASS DIETARY COSTS TO CAFETERIA						
1.00	DIETARY	10.00	1,869,062	5,202,203	0		1.00
	TOTALS		1,869,062	5,202,203			
	M - RECLASS PRETRANSPLANT RELATED DIETIC						
1.00	DIETARY	10.00	153,393	40,696	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		153,393	40,696			
	N - RECLASS TRANSPLANT SALARIES AND BENE						
1.00	OPERATING ROOM	50.00	1,120,347	274,558	0		1.00
2.00	HEART ACQUISITION	106.00	35,435	3,658	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		1,155,782	278,216			
	O - RECLASS PRETRANSPLANT RELATED SOCIAL						
1.00	SOCIAL SERVICE	17.00	120,419	31,091	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		120,419	31,091			
	P - RECLASS SALARIES PORTION OF RESEARCH						
1.00	RESEARCH ADMINISTRATION	18.02	0	86,865	0		1.00
	TOTALS		0	86,865			
	Q - RECLASS BARNARD BUILDING RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	104,229	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	104,229			
	R - RECLASS NONREIMBURSABLE PARKING						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	370,718	9		1.00
2.00	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	440,481	9		2.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,452	9		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	167,122	151,126	0		4.00
5.00	OPERATION OF PLANT	7.00	0	59,831	0		5.00
	TOTALS		167,122	1,028,608			
	S - RECLASS CORNEAL TISSUE ACQUISITION C						
1.00	OPERATING ROOM	50.00	0	496,800	0		1.00
	TOTALS		0	496,800			
	T - RECLASS EXTENDED RECOVERY NURSING SE						
1.00	ADULTS & PEDIATRICS	30.00	0	899,645	0		1.00
	TOTALS		0	899,645			
	U - RECLASS PHYSICIAN SUITE CLEANING COS						
1.00	HOUSEKEEPING	9.00	108,194	31,832	0		1.00
	TOTALS		108,194	31,832			
	V - RECLASS PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,572,916	0		1.00
	TOTALS		0	1,572,916			
	W - RECLASS RECRUITING BONUSES AND RELOC						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,070	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	100	0		2.00
3.00	ADMITTING	5.04	0	700	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	17,497	0		4.00
5.00	OPERATION OF PLANT	7.00	0	100	0		5.00
6.00	HOUSEKEEPING	9.00	0	1,200	0		6.00
7.00	DIETARY	10.00	0	300	0		7.00
8.00	CAFETERIA	11.00	0	200	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	1,700	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	100	0		10.00
11.00	PHARMACY	15.00	0	6,139	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	200	0		12.00
13.00	NURSING SCHOOL	20.00	0	5,372	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	24,363	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	3,800	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	200	0		16.00
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	6,000	0		17.00
18.00	CARDIO-THORACIC ICU	35.02	0	3,200	0		18.00
19.00	SUBPROVIDER - IPF	40.00	0	100	0		19.00
20.00	NURSERY	43.00	0	500	0		20.00
21.00	OPERATING ROOM	50.00	0	1,500	0		21.00
22.00	RECOVERY ROOM	51.00	0	100	0		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	600	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	500	0		24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	100	0		25.00
26.00	LABORATORY	60.00	0	1,200	0		26.00
27.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	500	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	500	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	500	0		29.00
30.00	ENDOSCOPY	76.00	0	500	0		30.00
31.00	EMERGENCY	91.00	0	4,400	0		31.00
32.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	8,392	0		32.00
	TOTALS		0	94,633			
	X - RECLASS FEDERAL AND FOUNDATION RESEA						
1.00	DIETARY	10.00	0	3,040	0		1.00
2.00	NURSING ADMINISTRATION	13.00	7,571	10,224	0		2.00
3.00	NURSING SCHOOL	20.00	18,314	12,791	0		3.00
4.00	RESPIRATORY THERAPY	65.00	30,482	3,987	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	3,000	0		5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	140,270	49,740	0		6.00
	TOTALS		196,637	82,782			
	Y - RECLASS ASBESTOS ABATEMENT PAYMENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	261,825	0		1.00
2.00	NURSING SCHOOL	20.00	0	440	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	500	0		3.00
	TOTALS		0	262,765			
500.00	Grand Total: Decreases		5,035,184	329,648,122			500.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/26/2015 8:27 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - RECLASS COST OF DRUGS SOLD								
1.00	PHARMACY	15.00	0	29,592,066	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,384	1.00
2.00	SOCIAL SERVICE	17.00	0	7	ADULTS & PEDIATRICS	30.00	0	29,579	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	475	3.00
4.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	241	4.00
5.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	370	5.00
6.00		0.00	0	0	NEURO ICU	35.01	0	595	6.00
7.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	0	156	7.00
8.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	441	8.00
9.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	2,113	9.00
10.00		0.00	0	0	OTHER LONG TERM CARE	46.00	0	1,106	10.00
11.00		0.00	0	0	OPERATING ROOM	50.00	0	33,446	11.00
12.00		0.00	0	0	RECOVERY ROOM	51.00	0	115,453	12.00
13.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,276,895	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	227,634	14.00
15.00		0.00	0	0	ULTRASOUND	54.01	0	5,400	15.00
16.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	1,677,929	16.00
17.00		0.00	0	0	RADIOISOTOPE	56.00	0	1,687,592	17.00
18.00		0.00	0	0	CT SCAN	57.00	0	9,160	18.00
19.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	45,929	19.00
20.00		0.00	0	0	LABORATORY	60.00	0	5,999	20.00
21.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	72,085	21.00
22.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	2,327	22.00
23.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,197,996	23.00
24.00		0.00	0	0	RENAL DIALYSIS	74.00	0	28,201	24.00
25.00		0.00	0	0	ENDOSCOPY	76.00	0	107	25.00
26.00		0.00	0	0	OB/GYN IN VITRO	76.01	0	10,835	26.00
27.00		0.00	0	0	CLINIC	90.00	0	438,687	27.00
28.00		0.00	0	0	OUTPATIENT PSYCH	90.01	0	743,589	28.00
29.00		0.00	0	0	EMERGENCY	91.00	0	23,477	29.00
30.00		0.00	0	0	RESEARCH CTSA I/P	191.01	0	13,492	30.00
31.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	20,971	31.00
32.00		0.00	0	0	RETAIL PHARMACY	194.01	0	21,918,409	32.00
	TOTALS		0	29,592,073	TOTALS		0	29,592,073	
	B - RECLASS COST OF MEDICAL SUPPLIES CHA								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	78,852,333	PURCHASING RECEIVING AND STORES	5.03	0	1,276,385	1.00
2.00		0.00	0	0	DIETARY	10.00	0	81,896	2.00
3.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	13,287,994	3.00
4.00		0.00	0	0	PHARMACY	15.00	0	218,546	4.00
5.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	16,845	5.00
6.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	42,810	6.00
7.00		0.00	0	0	NEURO ICU	35.01	0	23,734	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	44,883,561	8.00
9.00		0.00	0	0	RECOVERY ROOM	51.00	0	53,208	9.00
10.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	581,586	10.00
11.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	2,035,955	11.00
12.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	7,083,387	12.00
13.00		0.00	0	0	ULTRASOUND	54.01	0	115,079	13.00
14.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	229,330	14.00
15.00		0.00	0	0	CT SCAN	57.00	0	61,657	15.00
16.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,662	16.00
17.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	5,827,796	17.00
18.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	46	18.00
19.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	299,447	19.00
20.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	24,668	20.00
21.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	20,615	21.00
22.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	32,573	22.00
23.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	261,018	23.00
24.00		0.00	0	0	RENAL DIALYSIS	74.00	0	386,411	24.00
25.00		0.00	0	0	ENDOSCOPY	76.00	0	1,900,075	25.00
26.00		0.00	0	0	CLINIC	90.00	0	38,194	26.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/26/2015 8:27 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
27.00		0.00	0	0	EMERGENCY	91.00	0	56,855	27.00
	TOTALS		0	78,852,333	TOTALS		0	78,852,333	
	C - RECLASS COST OF IMPLANTABLE DEVICES								
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	98,223,924	PURCHASING RECEIVING AND STORES	5.03	0	10,500	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	79,106,562	2.00
3.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	2,275	3.00
4.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,761,584	4.00
5.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	2,030,944	5.00
6.00		0.00	0	0	CT SCAN	57.00	0	147,311	6.00
7.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	13,457,195	7.00
8.00		0.00	0	0	ENDOSCOPY	76.00	0	509,130	8.00
9.00		0.00	0	0	CLINIC	90.00	0	198,423	9.00
	TOTALS		0	98,223,924	TOTALS		0	98,223,924	
	D - RECLASS EQUIPMENT DEPRECIATION								
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	37,025,714	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	50,982	1.00
2.00		0.00	0	0	NONPATIENT TELEPHONES	5.01	0	12,925	2.00
3.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.03	0	39	3.00
4.00		0.00	0	0	ADMITTING	5.04	0	7,534	4.00
5.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,987,378	5.00
6.00		0.00	0	0	OPERATION OF PLANT	7.00	0	250,938	6.00
7.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	2,404	7.00
8.00		0.00	0	0	HOUSEKEEPING	9.00	0	56,111	8.00
9.00		0.00	0	0	DIETARY	10.00	0	156,907	9.00
10.00		0.00	0	0	CAFETERIA	11.00	0	25,469	10.00
11.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	791,192	11.00
12.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	111,299	12.00
13.00		0.00	0	0	PHARMACY	15.00	0	75,864	13.00
14.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	21,793	14.00
15.00		0.00	0	0	SOCIAL SERVICE	17.00	0	1,693	15.00
16.00		0.00	0	0	EXTENDED CARE SERVICES	18.00	0	1,924	16.00
17.00		0.00	0	0	LAB ADMINISTRATION	18.01	0	11,344	17.00
18.00		0.00	0	0	NURSING SCHOOL	20.00	0	223,551	18.00
19.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	443	19.00
20.00		0.00	0	0	PARAMED ED PRGM-PASTORAL ED	23.02	0	535	20.00
21.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	390,202	21.00
22.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	36,288	22.00
23.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	22,004	23.00
24.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	82,568	24.00
25.00		0.00	0	0	NEURO ICU	35.01	0	28,900	25.00
26.00		0.00	0	0	CARDIO-THORACIC ICU	35.02	0	6,308	26.00
27.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	48,075	27.00
28.00		0.00	0	0	NURSERY	43.00	0	5,657	28.00
29.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	33,567	29.00
30.00		0.00	0	0	OTHER LONG TERM CARE	46.00	0	40,716	30.00
31.00		0.00	0	0	OPERATING ROOM	50.00	0	5,069,720	31.00
32.00		0.00	0	0	RECOVERY ROOM	51.00	0	43,978	32.00
33.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	80,822	33.00
34.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	732,753	34.00
35.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,873,149	35.00
36.00		0.00	0	0	ULTRASOUND	54.01	0	650,551	36.00
37.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	5,026,792	37.00
38.00		0.00	0	0	RADIOISOTOPE	56.00	0	227,383	38.00
39.00		0.00	0	0	CT SCAN	57.00	0	1,150,563	39.00
40.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,319,103	40.00
41.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,326,802	41.00
42.00		0.00	0	0	LABORATORY	60.00	0	961,094	42.00
43.00		0.00	0	0	HLA LAB	60.01	0	47,624	43.00

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
44.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	127,559	44.00
45.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	501,701	45.00
46.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	6,332	46.00
47.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	10,819	47.00
48.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	484,888	48.00
49.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	70,323	49.00
50.00		0.00	0	0	RENAL DIALYSIS	74.00	0	170,465	50.00
51.00		0.00	0	0	ENDOSCOPY	76.00	0	325,510	51.00
52.00		0.00	0	0	OB/GYN IN VITRO	76.01	0	257,570	52.00
53.00		0.00	0	0	ELECTROSHOCK THERAPY	76.02	0	11,558	53.00
54.00		0.00	0	0	CLINIC	90.00	0	398,509	54.00
55.00		0.00	0	0	OUTPATIENT PSYCH	90.01	0	54,472	55.00
56.00		0.00	0	0	EMERGENCY	91.00	0	527,737	56.00
57.00		0.00	0	0	HEART ACQUISITION	106.00	0	203	57.00
58.00		0.00	0	0	LUNG ACQUISITION	108.00	0	294	58.00
59.00		0.00	0	0	RESEARCH CTSA I/P	191.01	0	3,310	59.00
60.00		0.00	0	0	RESEARCH CTSA O/P	191.02	0	4,167	60.00
61.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	54,846	61.00
62.00		0.00	0	0	RETAIL PHARMACY	194.01	0	20,181	62.00
63.00		0.00	0	0	MARKETING/COMMUNITY RELATIONS	194.02	0	326	63.00
	TOTALS		0	37,025,714	TOTALS		0	37,025,714	
	E - RECLASS FINANCE ACCRUALS								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,181,370	RADIOLOGY-THERAPEUTIC	55.00	0	1,181,370	1.00
	TOTALS		0	1,181,370	TOTALS		0	1,181,370	
	F - RECLASS WASH U AFFILIATION AGREEMENT								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	71,148,779	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	71,148,779	1.00
	TOTALS		0	71,148,779	TOTALS		0	71,148,779	
	G - RECLASS COST OF INTERPRETERS								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	836,756	683,439	OTHER NONREIMBURSABLE COST CENTERS	194.00	836,756	683,439	1.00
	TOTALS		836,756	683,439	TOTALS		836,756	683,439	
	H - RECLASS GAMMA KNIFE COSTS								
1.00	CT SCAN	57.00	0	25,578	RADIOLOGY-THERAPEUTIC	55.00	0	34,038	1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,460		0.00	0	0	2.00
	TOTALS		0	34,038	TOTALS		0	34,038	
	I - RECLASS PARAMEDICAL EDUCATION								
1.00	PARAMED ED PRGM-PHARMACY	23.01	172,000	38,544	PHARMACY	15.00	172,000	38,544	1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	72,898	16,067	OTHER ADMINISTRATIVE AND GENERAL	5.06	72,898	16,067	2.00
	TOTALS		244,898	54,611	TOTALS		244,898	54,611	
	J - RECLASS FINANCE ACCRUALS								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,465,880	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,815	1.00
2.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.03	0	2,441,065	2.00
	TOTALS		0	2,465,880	TOTALS		0	2,465,880	
	K - RECLASS NURSING FACILITY COSTS								
1.00	NURSING FACILITY	45.00	182,921	172,680	OTHER LONG TERM CARE	46.00	182,921	172,680	1.00
	TOTALS		182,921	172,680	TOTALS		182,921	172,680	
	L - RECLASS DIETARY COSTS TO CAFETERIA								
1.00	CAFETERIA	11.00	1,869,062	5,202,203	DIETARY	10.00	1,869,062	5,202,203	1.00
	TOTALS		1,869,062	5,202,203	TOTALS		1,869,062	5,202,203	
	M - RECLASS PRETRANSPLANT RELATED DIETIC								
1.00	KIDNEY ACQUISITION	105.00	1,831	486	DIETARY	10.00	153,393	40,696	1.00
2.00	HEART ACQUISITION	106.00	14,186	3,764		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	96,333	25,557		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	41,043	10,889		0.00	0	0	4.00
	TOTALS		153,393	40,696	TOTALS		153,393	40,696	
	N - RECLASS TRANSPLANT SALARIES AND BENE								
1.00	NURSING ADMINISTRATION	13.00	565,183	132,569	OPERATING ROOM	50.00	1,120,347	274,558	1.00
2.00	KIDNEY ACQUISITION	105.00	288,339	69,332	HEART ACQUISITION	106.00	35,435	3,658	2.00
3.00	LIVER ACQUISITION	107.00	163,166	39,776		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	119,402	31,816		0.00	0	0	4.00
5.00	PANCREAS ACQUISITION	109.00	19,692	4,723		0.00	0	0	5.00
	TOTALS		1,155,782	278,216	TOTALS		1,155,782	278,216	

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	O - RECLASS PRETRANSPLANT RELATED SOCIAL								
1.00	KIDNEY ACQUISITION	105.00	49,877	12,878	SOCIAL SERVICE	17.00	120,419	31,091	1.00
2.00	HEART ACQUISITION	106.00	20,997	5,421		0.00	0	0	2.00
3.00	LIVER ACQUISITION	107.00	25,176	6,500		0.00	0	0	3.00
4.00	LUNG ACQUISITION	108.00	24,106	6,224		0.00	0	0	4.00
5.00	PANCREAS ACQUISITION	109.00	263	68		0.00	0	0	5.00
	TOTALS		120,419	31,091	TOTALS		120,419	31,091	
	P - RECLASS SALARIES PORTION OF RESEARCH								
1.00	RESEARCH ADMINISTRATION	18.02	86,865	0	RESEARCH ADMINISTRATION	18.02	0	86,865	1.00
	TOTALS		86,865	0	TOTALS		0	86,865	
	Q - RECLASS BARNARD BUILDING RENTAL								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,570	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	104,229	1.00
2.00	HOUSEKEEPING	9.00	0	1,960		0.00	0	0	2.00
3.00	LABORATORY	60.00	0	39,918		0.00	0	0	3.00
4.00	RESEARCH CTSA I/P	191.01	0	30,238		0.00	0	0	4.00
5.00	RESEARCH CTSA O/P	191.02	0	27,367		0.00	0	0	5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,176		0.00	0	0	6.00
	TOTALS		0	104,229	TOTALS		0	104,229	
	R - RECLASS NONREIMBURSABLE PARKING								
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	167,122	1,028,608	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	370,718	1.00
2.00		0.00	0	0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	440,481	2.00
3.00		0.00	0	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,452	3.00
4.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	167,122	151,126	4.00
5.00		0.00	0	0	OPERATION OF PLANT	7.00	0	59,831	5.00
	TOTALS		167,122	1,028,608	TOTALS		167,122	1,028,608	
	S - RECLASS CORNEAL TISSUE ACQUISITION C								
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	496,800	OPERATING ROOM	50.00	0	496,800	1.00
	TOTALS		0	496,800	TOTALS		0	496,800	
	T - RECLASS EXTENDED RECOVERY NURSING SE								
1.00	RECOVERY ROOM	51.00	0	899,645	ADULTS & PEDIATRICS	30.00	0	899,645	1.00
	TOTALS		0	899,645	TOTALS		0	899,645	
	U - RECLASS PHYSICIAN SUITE CLEANING COS								
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	108,194	31,832	HOUSEKEEPING	9.00	108,194	31,832	1.00
	TOTALS		108,194	31,832	TOTALS		108,194	31,832	
	V - RECLASS PROPERTY INSURANCE								
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,572,916	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,572,916	1.00
	TOTALS		0	1,572,916	TOTALS		0	1,572,916	
	W - RECLASS RECRUITING BONUSES AND RELOC								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,070	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,070	1.00
2.00	NONPATIENT TELEPHONES	5.01	100	0	NONPATIENT TELEPHONES	5.01	0	100	2.00
3.00	ADMITTING	5.04	700	0	ADMITTING	5.04	0	700	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	17,497	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	17,497	4.00
5.00	OPERATION OF PLANT	7.00	100	0	OPERATION OF PLANT	7.00	0	100	5.00
6.00	HOUSEKEEPING	9.00	1,200	0	HOUSEKEEPING	9.00	0	1,200	6.00
7.00	DIETARY	10.00	300	0	DIETARY	10.00	0	300	7.00
8.00	CAFETERIA	11.00	200	0	CAFETERIA	11.00	0	200	8.00
9.00	NURSING ADMINISTRATION	13.00	1,700	0	NURSING ADMINISTRATION	13.00	0	1,700	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	100	0	CENTRAL SERVICES & SUPPLY	14.00	0	100	10.00
11.00	PHARMACY	15.00	6,139	0	PHARMACY	15.00	0	6,139	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	200	0	MEDICAL RECORDS & LIBRARY	16.00	0	200	12.00
13.00	NURSING SCHOOL	20.00	5,372	0	NURSING SCHOOL	20.00	0	5,372	13.00
14.00	ADULTS & PEDIATRICS	30.00	24,363	0	ADULTS & PEDIATRICS	30.00	0	24,363	14.00
15.00	INTENSIVE CARE UNIT	31.00	3,800	0	INTENSIVE CARE UNIT	31.00	0	3,800	15.00
16.00	CORONARY CARE UNIT	32.00	200	0	CORONARY CARE UNIT	32.00	0	200	16.00
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	6,000	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	6,000	17.00
18.00	CARDIO-THORACIC ICU	35.02	3,200	0	CARDIO-THORACIC ICU	35.02	0	3,200	18.00
19.00	SUBPROVIDER - IPF	40.00	100	0	SUBPROVIDER - IPF	40.00	0	100	19.00
20.00	NURSERY	43.00	500	0	NURSERY	43.00	0	500	20.00
21.00	OPERATING ROOM	50.00	1,500	0	OPERATING ROOM	50.00	0	1,500	21.00

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
22.00	RECOVERY ROOM	51.00	100	0	RECOVERY ROOM	51.00	0	100	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	600	0	DELIVERY ROOM & LABOR ROOM	52.00	0	600	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	500	0	RADIOLOGY-DIAGNOSTIC	54.00	0	500	24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	100	0	RADIOLOGY-THERAPEUTIC	55.00	0	100	25.00
26.00	LABORATORY	60.00	1,200	0	LABORATORY	60.00	0	1,200	26.00
27.00	BLOOD STORING, PROCESSING & TRANS.	63.00	500	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	500	27.00
28.00	PHYSICAL THERAPY	66.00	500	0	PHYSICAL THERAPY	66.00	0	500	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	500	0	ELECTROENCEPHALOGRAPHY	70.00	0	500	29.00
30.00	ENDOSCOPY	76.00	500	0	ENDOSCOPY	76.00	0	500	30.00
31.00	EMERGENCY	91.00	4,400	0	EMERGENCY	91.00	0	4,400	31.00
32.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	8,392	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	8,392	32.00
	TOTALS		94,633	0	TOTALS		0	94,633	
	X - RECLASS FEDERAL AND FOUNDATION RESEA								
1.00	RESEARCH	191.00	196,637	82,782	DIETARY	10.00	0	3,040	1.00
2.00		0.00	0	0	NURSING ADMINISTRATION	13.00	7,571	10,224	2.00
3.00		0.00	0	0	NURSING SCHOOL	20.00	18,314	12,791	3.00
4.00		0.00	0	0	RESPIRATORY THERAPY	65.00	30,482	3,987	4.00
5.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	3,000	5.00
6.00		0.00	0	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	140,270	49,740	6.00
	TOTALS		196,637	82,782	TOTALS		196,637	82,782	
	Y - RECLASS ASBESTOS ABATEMENT PAYMENTS								
1.00	OPERATION OF PLANT	7.00	0	262,765	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	261,825	1.00
2.00		0.00	0	0	NURSING SCHOOL	20.00	0	440	2.00
3.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	500	3.00
	TOTALS		0	262,765	TOTALS		0	262,765	
500.00	Grand Total: Increases		5,216,682	329,466,624	Grand Total: Decreases		5,035,184	329,648,122	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part I Date/Time Prepared: 5/26/2015 8:27 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	20,677,877	0	0	0	0	1.00
2.00	Land Improvements	17,386,976	271,843	0	271,843	35,986	2.00
3.00	Buildings and Fixtures	568,075,695	45,867,341	0	45,867,341	403,455	3.00
4.00	Building Improvements	16,432,916	0	0	0	0	4.00
5.00	Fixed Equipment	563,743,789	1,585,962	0	1,585,962	743,315	5.00
6.00	Movable Equipment	612,451,036	34,610,803	0	34,610,803	2,143,573	6.00
7.00	HIT designated Assets	7,395,703	14,561,900	0	14,561,900	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,806,163,992	96,897,849	0	96,897,849	3,326,329	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,806,163,992	96,897,849	0	96,897,849	3,326,329	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	20,677,877	0	1.00
2.00	Land Improvements	17,622,833	4,483,204	2.00
3.00	Buildings and Fixtures	613,539,581	102,304,419	3.00
4.00	Building Improvements	16,432,916	8,404,307	4.00
5.00	Fixed Equipment	564,586,436	235,447,703	5.00
6.00	Movable Equipment	644,918,266	405,088,536	6.00
7.00	HIT designated Assets	21,957,603	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,899,735,512	755,728,169	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	1,899,735,512	755,728,169	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part II Date/Time Prepared: 5/26/2015 8:27 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	16,498,584	0	0	0	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	23,790,921	0	0	0	0	1.03
1.04	NEW CRC-B&F(GSON)	1,596,306	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,296,073	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	19,722,554	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	62,904,438	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	16,498,584	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	23,790,921	1.03
1.04	NEW CRC-B&F(GSON)	0	1,596,306	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	1,296,073	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	19,722,554	2.00
3.00	Total (sum of lines 1-2)	0	62,904,438	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part III Date/Time Prepared: 5/26/2015 8:27 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	669,816,570	0	669,816,570	0.356465	560,690	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	511,961,446	0	511,961,446	0.272456	428,550	1.03
1.04	NEW CRC-B&F(GSON)	35,879,542	0	35,879,542	0.019094	30,033	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0.000000	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	661,400,077	0	661,400,077	0.351985	553,643	2.00
3.00	Total (sum of lines 1-2)	1,879,057,635	0	1,879,057,635	1.000000	1,572,916	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	560,690	15,590,859	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	428,550	22,681,471	0	1.03
1.04	NEW CRC-B&F(GSON)	0	0	30,033	1,596,306	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	1,296,073	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	553,643	57,494,184	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,572,916	98,658,893	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	560,690	0	0	16,151,549	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	428,550	0	0	23,110,021	1.03
1.04	NEW CRC-B&F(GSON)	0	30,033	0	0	1,626,339	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	1,296,073	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	553,643	0	0	58,047,827	2.00
3.00	Total (sum of lines 1-2)	0	1,572,916	0	0	100,231,809	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.03	Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)		0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	1.03
1.04	Investment income - NEW CRC-B&F(GSON) (chapter 2)		0	NEW CRC-B&F(GSON)	1.04	0	1.04
1.05	Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)		0	NEW CRC-B&F(THE HIGHLANDS)	1.05	0	1.05
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-17,311,705	INTEREST EXPENSE	113.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-1,124,723	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-31,058,424			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	-3,494,397			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-10,390,852	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		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.03	Depreciation - NEW CRC-B&F(BJH CAMP EXP)		0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	26.03
26.04	Depreciation - NEW CRC-B&F(GSON)		0	NEW CRC-B&F(GSON)	1.04	0	26.04
26.05	Depreciation - NEW CRC-B&F(THE HIGHLANDS)		0	NEW CRC-B&F(THE HIGHLANDS)	1.05	0	26.05

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	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	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER REVENUE	B	-9,102	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	OTHER REVENUE	B	-2,591,345	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
33.02	OTHER REVENUE	B	-4,341	OPERATION OF PLANT	7.00	0	33.02
33.03	OTHER REVENUE	B	-110,644	DIETARY	10.00	0	33.03
33.04	OTHER REVENUE	B	-657,428	CAFETERIA	11.00	0	33.04
33.05	OTHER REVENUE	B	279,084	NURSING ADMINISTRATION	13.00	0	33.05
33.06	OTHER REVENUE	B	-205,576	PHARMACY	15.00	0	33.06
33.07	OTHER REVENUE	B	-1,098,109	MEDICAL RECORDS & LIBRARY	16.00	0	33.07
33.08	OTHER REVENUE	B	-7,450	EXTENDED CARE SERVICES	18.00	0	33.08
33.09	OTHER REVENUE	B	-1,562	LAB ADMINISTRATION	18.01	0	33.09
33.10	OTHER REVENUE	B	-20,846,757	NURSING SCHOOL	20.00	0	33.10
33.11	OTHER REVENUE	B	-621,801	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.11
33.12	OTHER REVENUE	B	-2,429	PARAMED ED PRGM-PASTORAL ED	23.02	0	33.12
33.13	OTHER REVENUE	B	-845,456	ADULTS & PEDIATRICS	30.00	0	33.13
33.14	OTHER REVENUE	B	-113,513	OPERATING ROOM	50.00	0	33.14
33.15	OTHER REVENUE	B	-13,539	DELIVERY ROOM & LABOR ROOM	52.00	0	33.15
33.16	OTHER REVENUE	B	-488,753	RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17	OTHER REVENUE	B	-257,715	ULTRASOUND	54.01	0	33.17
33.18	OTHER REVENUE	B	-17,330	RADIOLOGY-THERAPEUTIC	55.00	0	33.18
33.19	OTHER REVENUE	B	-78,677	RADIOISOTOPE	56.00	0	33.19
33.20	OTHER REVENUE	B	-735,409	CT SCAN	57.00	0	33.20
33.21	OTHER REVENUE	B	-298,523	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.21
33.22	OTHER REVENUE	B	1,925	LABORATORY	60.00	0	33.22
33.23	OTHER REVENUE	B	-2	RESPIRATORY THERAPY	65.00	0	33.23
33.24	OTHER REVENUE	B	-7,876	PHYSICAL THERAPY	66.00	0	33.24
33.25	OTHER REVENUE	B	-9,144	ELECTROCARDIOLOGY	69.00	0	33.25
33.26	OTHER REVENUE	B	-59,531	OB/GYN IN VITRO	76.01	0	33.26
33.27	OTHER REVENUE	B	-9,170	CLINIC	90.00	0	33.27
33.30	OTHER REVENUE	B	-127,125	EMERGENCY	91.00	0	33.30
33.32	OTHER REVENUE	B	-98,966	OTHER ORGAN ACQ - BONE MARROW	112.00	0	33.32
35.00	FINANCE ACCRUALS - NON-ALLOWBLE EXP	A	-1,993	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.00
35.01	RESEARCH ADMINISTRATIVE COSTS	A	110,656	RESEARCH ADMINISTRATION	18.02	0	35.01
36.00	ALLOWABLE FRA COSTS	A	95,415,407	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00	ASBESTOS ABATEMENT	A	2,341,744	OPERATION OF PLANT	7.00	0	37.00
38.00	CONTRIBUTIONS	A	-74,855,728	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.00
38.01	CONTRIBUTIONS	A	26	OPERATION OF PLANT	7.00	0	38.01
38.02	CONTRIBUTIONS	A	-597	NURSING ADMINISTRATION	13.00	0	38.02
38.03	CONTRIBUTIONS	A	-1,647	ADULTS & PEDIATRICS	30.00	0	38.03
38.04	CONTRIBUTIONS	A	-2,724	RECOVERY ROOM	51.00	0	38.04
38.05	CONTRIBUTIONS	A	100	BLOOD STORING, PROCESSING & TRANS.	63.00	0	38.05
38.06	CONTRIBUTIONS	A	-502	CLINIC	90.00	0	38.06
38.07	CONTRIBUTIONS	A	-4,250	EMERGENCY	91.00	0	38.07
40.00	RESEARCH ANCILLARY COSTS	A	-3,701	LABORATORY	60.00	0	40.00
40.01	RESEARCH ANCILLARY COSTS	A	-113	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	40.01
40.02	RESEARCH ANCILLARY COSTS	A	-847	DRUGS CHARGED TO PATIENTS	73.00	0	40.02
41.00	PATIENT PHONES	A	-19,153	EXTENDED CARE SERVICES	18.00	0	41.00
41.01	PATIENT PHONES	A	-256,728	ADULTS & PEDIATRICS	30.00	0	41.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
43.00	MALPRACTICE EXP	A	-5,880,004	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	WASH UNIV ASSESSMENTS	A	-271,220	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00	LOBBYING PORTION OF DUES	A	-402,194	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01	LOBBYING PORTION OF DUES	A	-281	EXTENDED CARE SERVICES	18.00	0	45.01
45.02	LOBBYING PORTION OF DUES	A	-120	ELECTROENCEPHALOGRAPHY	70.00	0	45.02
45.03	NONALLOWABLE INTERN/RESIDENT COSTS	A	-88,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.03
45.04	NONALLOWABLE INTERN/RESIDENT COSTS	A	-54,803	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.04
45.05	NONALLOWABLE INTERN/RESIDENT COSTS	A	2,875	MEDICAL RECORDS & LIBRARY	16.00	0	45.05
45.06	NONALLOWABLE INTERN/RESIDENT COSTS	A	-2,019,417	ADULTS & PEDIATRICS	30.00	0	45.06
45.07	NONALLOWABLE INTERN/RESIDENT COSTS	A	-5,143	CARDIAC CATHETERIZATION	59.00	0	45.07
45.08	NONALLOWABLE INTERN/RESIDENT COSTS	A	-975	EMERGENCY	91.00	0	45.08
45.09	NONALLOWABLE INTERN/RESIDENT COSTS	A	-1,276	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.09
45.10	ENTERTAINMENT/PROMOTION EXP	A	-17,121	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.10
45.11	ENTERTAINMENT/PROMOTION EXP	A	-4,141	OPERATION OF PLANT	7.00	0	45.11
45.12	ENTERTAINMENT/PROMOTION EXP	A	-18	DIETARY	10.00	0	45.12
45.13	ENTERTAINMENT/PROMOTION EXP	A	-2,129	NURSING ADMINISTRATION	13.00	0	45.13
45.14	ENTERTAINMENT/PROMOTION EXP	A	-11,670	EXTENDED CARE SERVICES	18.00	0	45.14
45.15	ENTERTAINMENT/PROMOTION EXP	A	-106	NURSING SCHOOL	20.00	0	45.15
45.16	ENTERTAINMENT/PROMOTION EXP	A	-7	ADULTS & PEDIATRICS	30.00	0	45.16
45.17	ENTERTAINMENT/PROMOTION EXP	A	-63	SKILLED NURSING FACILITY	44.00	0	45.17
45.19	ENTERTAINMENT/PROMOTION EXP	A	-4,817	OPERATING ROOM	50.00	0	45.19
45.20	ENTERTAINMENT/PROMOTION EXP	A	-16,255	ELECTROCARDIOLOGY	69.00	0	45.20
45.21	ENTERTAINMENT/PROMOTION EXP	A	-90	EMERGENCY	91.00	0	45.21
45.31	ECF LAB	A	-53,175	LABORATORY	60.00	0	45.31
45.32	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-773,517	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.32
45.33	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-668,969	NEW CRC-B&F(BJH CAMP EXP)	1.03	9	45.33
45.34	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-2,239,291	OPERATION OF PLANT	7.00	0	45.34
45.35	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-1,238,788	HOUSEKEEPING	9.00	0	45.35
45.37	ADVERTISING EXPENSE	A	-31,487	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.37
45.40	ADVERTISING EXPENSE	A	-1,665	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.40
45.41	ADVERTISING EXPENSE	A	-168,341	NURSING ADMINISTRATION	13.00	0	45.41
45.43	ADVERTISING EXPENSE	A	-25,700	EXTENDED CARE SERVICES	18.00	0	45.43
45.44	ADVERTISING EXPENSE	A	-125,369	NURSING SCHOOL	20.00	0	45.44
45.45	ADVERTISING EXPENSE	A	-177,735	RADIOLOGY-DIAGNOSTIC	54.00	0	45.45
45.47	PHYSICIAN RECRUITMENT	A	-308,206	NURSING ADMINISTRATION	13.00	0	45.47
45.48	PHYSICIAN RECRUITMENT	A	-12,902	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	45.48
45.49	SPEC EVENTS-NONALLOWABLE	A	-1,580	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.49
45.50	SPEC EVENTS-NONALLOWABLE	A	-1,385	PURCHASING RECEIVING AND STORES	5.03	0	45.50
45.51	SPEC EVENTS-NONALLOWABLE	A	-304,255	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.51
45.52	SPEC EVENTS-NONALLOWABLE	A	-100	OPERATION OF PLANT	7.00	0	45.52
45.53	SPEC EVENTS-NONALLOWABLE	A	-181	DIETARY	10.00	0	45.53
45.54	SPEC EVENTS-NONALLOWABLE	A	-40,414	NURSING ADMINISTRATION	13.00	0	45.54
45.55	SPEC EVENTS-NONALLOWABLE	A	-2,940	EXTENDED CARE SERVICES	18.00	0	45.55
45.56	SPEC EVENTS-NONALLOWABLE	A	-43,623	NURSING SCHOOL	20.00	0	45.56
45.57	SPEC EVENTS-NONALLOWABLE	A	-6,422	ADULTS & PEDIATRICS	30.00	0	45.57
45.58	SPEC EVENTS-NONALLOWABLE	A	-750	INTENSIVE CARE UNIT	31.00	0	45.58
45.59	SPEC EVENTS-NONALLOWABLE	A	-1,015	RESPIRATORY THERAPY	65.00	0	45.59
45.60	SPEC EVENTS-NONALLOWABLE	A	-368	PHYSICAL THERAPY	66.00	0	45.60
45.61	SPEC EVENTS-NONALLOWABLE	A	-300	ELECTROCARDIOLOGY	69.00	0	45.61
46.00	SPEC EVENTS-NONALLOWABLE	A	-600	RENAL DIALYSIS	74.00	0	46.00
46.01	SPEC EVENTS-NONALLOWABLE	A	-6,961	EMERGENCY	91.00	0	46.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
47.00	STL CARDS	A	-3,941	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	47.00
47.01	STL CARDS	A	-8,832	BLOOD STORING, PROCESSING & TRANS.	63.00	0	47.01
47.03	ALLOWABLE PENSION EXP/FUNDING	A	10,664,453	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.03
48.00	PSYCH IC BENEFIT ADJUSTMENT	A	-132,019	OUTPATIENT PSYCH	90.01	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-74,189,768				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: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet A-8-1 Date/Time Prepared: 5/26/2015 8:27 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	60.00	LABORATORY	AFFILIATE BILLING TO BJC FAC	-2,147,306	-2,966,838	1.00
2.00	60.01	HLA LAB	AFFILIATE BILLING TO BJC FAC	-400,792	-783,582	2.00
3.00	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO BJC FAC	-452,559	-211,929	3.00
4.00	60.00	LABORATORY	AFFILIATE BILLING TO REHAB I	-348,343	-185,758	4.00
4.01	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO REHAB I	-40,165	-36,085	4.01
4.02	50.00	OPERATING ROOM	MIDWEST STONE	571,123	824,040	4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	TFC	3,899,813	4,514,717	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	GAMMA KNIFE DEPR - B&F	236,510	0	4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUI	GAMMA KNIFE DEPR - MME	752,368	0	4.05
4.06	55.00	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	1,905,288	11,993,427	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	17,801,194	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	BJC PURCHASING	7,920,040	0	4.08
4.09	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A & G	110,967,956	145,172,472	4.09
4.10	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	13,225,831	0	4.10
4.11	60.00	LABORATORY	SLCH AFFILIATE BILLINGS	794,808	1,551,763	4.11
4.12	59.00	CARDIAC CATHETERIZATION	SLCH AFFILIATE BILLINGS	251,558	329,774	4.12
4.13	5.06	OTHER ADMINISTRATIVE AND GEN	SLCH AFFILIATE BILLINGS	4,983	3,333	4.13
4.14	20.00	NURSING SCHOOL	MO BAP BUILDING RENT	2,549,830	781,200	4.14
5.00	0		0	157,492,137	160,986,534	5.00

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

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

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

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

6.00	B		0.00	BJC HEALTHCARE	100.00	6.00
7.00	B		0.00	BJC STAFFING AGENCY	100.00	7.00
8.00	G	JOINT VENTURE	50.00	TFC	50.00	8.00
9.00	G	JOINT VENTURE	50.00	BJ GAMMA KNIFE FACILITY	50.00	9.00
10.00	C		50.00	MIDWEST STONE	50.00	10.00
10.01	G	JOINT VENTURE	50.00	REHAB INSTITUTE	50.00	10.01
100.00	G. Other (financial or non-financial) specify:	JOINT VENTURE				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: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet A-8-1 Date/Time Prepared: 5/26/2015 8:27 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	819,532	0		1.00
2.00	382,790	0		2.00
3.00	-240,630	0		3.00
4.00	-162,585	0		4.00
4.01	-4,080	0		4.01
4.02	-252,917	0		4.02
4.03	-614,904	0		4.03
4.04	236,510	9		4.04
4.05	752,368	9		4.05
4.06	-10,088,139	0		4.06
4.07	17,801,194	0		4.07
4.08	7,920,040	0		4.08
4.09	-34,204,516	0		4.09
4.10	13,225,831	0		4.10
4.11	-756,955	0		4.11
4.12	-78,216	0		4.12
4.13	1,650	0		4.13
4.14	1,768,630	0		4.14
5.00	-3,494,397			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00	TEMPORARY STAFFING		7.00
8.00	TELECOMMUNICATIONS		8.00
9.00	NEURO-SURGICAL PROCEDURES		9.00
10.00	LITHOTRIPSY PROCEDURES		10.00
10.01	REHAB SERVICES		10.01
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: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-2 | Date/Time Prepared: 5/26/2015 8:27 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	5.06	OTHER ADMINISTRATIVE AND GENERAL	302,611	302,611	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	2,024,917	2,024,917	0	0	0	2.00
3.00	15.00	PHARMACY	78,389	78,389	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	14,894,473	14,894,473	0	0	0	4.00
5.00	34.00	SURGICAL INTENSIVE CARE UNIT	447	447	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	876,198	876,198	0	0	0	6.00
7.00	50.00	OPERATING ROOM	601,480	601,480	0	0	0	7.00
8.00	51.00	RECOVERY ROOM	907,808	907,808	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	6,934,353	6,934,353	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	88,421	88,421	0	0	0	10.00
11.00	76.00	ENDOSCOPY	1,200	1,200	0	0	0	11.00
12.00	90.00	CLINIC	87,117	87,117	0	0	0	12.00
13.00	91.00	EMERGENCY	4,261,010	4,261,010	0	0	0	13.00
200.00			31,058,424	31,058,424	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	51.00	RECOVERY ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	76.00	ENDOSCOPY	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	302,611		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	2,024,917		2.00
3.00	15.00	PHARMACY	0	0	0	78,389		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	14,894,473		4.00
5.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	447		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	876,198		6.00
7.00	50.00	OPERATING ROOM	0	0	0	601,480		7.00
8.00	51.00	RECOVERY ROOM	0	0	0	907,808		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	6,934,353		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	88,421		10.00
11.00	76.00	ENDOSCOPY	0	0	0	1,200		11.00
12.00	90.00	CLINIC	0	0	0	87,117		12.00
13.00	91.00	EMERGENCY	0	0	0	4,261,010		13.00
200.00			0	0	0	31,058,424		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	16,151,549	16,151,549				1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	23,110,021	0	23,110,021			1.03
1.04	00104	NEW CRC-B&F(GSON)	1,626,339	0	0	1,626,339		1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	1,296,073	0	0	0	1,296,073	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	58,047,827					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	42,953,860	130,798	64,009	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	1,254,563	92,271	38,219	0	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	12,410,122	138,123	7,094	0	0	5.03
5.04	00570	ADMITTING	16,717,369	228,803	0	0	17,212	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	252,359,455	3,128,963	7,484,297	0	352,398	5.06
7.00	00700	OPERATION OF PLANT	49,940,221	1,810,321	3,618,487	0	2,232	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,735,425	20,474	788	0	0	8.00
9.00	00900	HOUSEKEEPING	19,462,483	187,263	111,202	0	441	9.00
10.00	01000	DIETARY	9,413,721	292,152	5,214	0	0	10.00
11.00	01100	CAFETERIA	4,049,870	303,621	3,881	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	40,065,511	190,408	93,436	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,360,542	251,813	60,027	0	0	14.00
15.00	01500	PHARMACY	156,893,995	191,813	96,286	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,179,141	29,072	64,413	0	0	16.00
17.00	01700	SOCIAL SERVICE	12,037,402	11,072	266,262	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	2,155,755	130,285	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	9,257,833	22,886	0	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	110,656	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	-5,146,857	0	0	1,626,339	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	126,969,170	75,101	13,279	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	210,544	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	248,542	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	129,908,060	4,153,246	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,904,262	341,062	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	4,527,746	87,923	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,982,333	306,272	0	0	0	34.00
35.01	02400	NEURO ICU	6,168,774	105,728	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	8,525,403	0	387,408	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	7,168,791	255,807	0	0	0	40.00
43.00	04300	NURSERY	1,370,115	18,981	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,611,410	145,236	0	0	0	44.00
45.00	04500	NURSING FACILITY	355,601	22,303	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	787,915	113,284	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	65,221,656	413,362	1,818,945	0	0	50.00
51.00	05100	RECOVERY ROOM	14,868,431	282,997	406,285	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,816,111	178,497	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,222,741	0	24,617	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,259,105	150,865	595,482	0	44,703	54.00
54.01	03630	ULTRASOUND	2,445,751	89,425	77,186	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	18,864,912	104,836	919,123	0	0	55.00
56.00	05600	RADIOISOTOPE	1,965,957	86,544	0	0	0	56.00
57.00	05700	CT SCAN	3,814,100	0	61,806	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,646,768	101,381	162,579	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,411,764	8,147	455,722	0	0	59.00
60.00	06000	LABORATORY	36,448,350	310,452	137,315	0	17,212	60.00
60.01	06001	HLA LAB	2,786,517	24,265	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	31,255,022	34,082	152,433	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,714,061	58,559	26,820	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,772,992	31,078	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,033,229	8,722	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	758,706	4,356	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,056,822	74,518	55,419	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,200,868	12,839	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	78,852,220	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	98,223,924	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-847	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,735,602	69,534	0	0	0	74.00
76.00	03330	ENDOSCOPY	5,641,185	44,757	274,084	0	0	76.00
76.01	03950	OB/GYN IN VITRO	1,809,384	40,842	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	389,706	20,395	0	0	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
76.03	03951	CORNEAL TISSUE ACQUISITION	496,800	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	338,340	0	16,371	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	14,166,487	9,181	1,124,489	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	760,228	0	109,848	0	0	90.01
91.00	09100	EMERGENCY	19,904,685	15,879	866,473	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	9,641,998	389	131,373	0	0	105.00
106.00	10600	HEART ACQUISITION	2,290,970	389	31,348	0	0	106.00
107.00	10700	LIVER ACQUISITION	5,279,024	389	54,550	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,457,183	389	29,084	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	600,837	389	5,780	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	5,684,073	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,575,017,204	14,962,539	19,851,434	1,626,339	434,198	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	279,419	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	79,614	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	43,625	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	19,142,577	1,189,010	3,054,959	0	861,875	194.00
194.01	07951	RETAIL PHARMACY	4,456,527	0	82,947	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	5,620,952	0	120,681	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	1,604,639,918	16,151,549	23,110,021	1,626,339	1,296,073	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
			2.00	4.00	5.01	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	58,047,827					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	63,944	43,212,611				4.00
5.01	00540	NONPATIENT TELEPHONES	19,801	144,644	1,549,498			5.01
5.03	00560	PURCHASING RECEIVING AND STORES	67	86,282	2,273	12,643,961		5.03
5.04	00570	ADMITTING	12,910	901,488	61,563	12,040	17,951,385	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	14,333,274	2,010,258	141,668	38,100	0	5.06
7.00	00700	OPERATION OF PLANT	416,745	725,227	34,445	67,535	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,119	3,038	159	83,722	0	8.00
9.00	00900	HOUSEKEEPING	90,699	1,002,905	12,409	55,933	0	9.00
10.00	01000	DIETARY	165,963	451,731	19,511	73,391	0	10.00
11.00	01100	CAFETERIA	108,712	398,378	15,423	221,691	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,288,645	1,995,278	58,857	7,444	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	190,721	327,599	13,434	394,487	0	14.00
15.00	01500	PHARMACY	149,077	1,629,995	39,508	3,078,432	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37,344	570,466	36,010	7,840	0	16.00
17.00	01700	SOCIAL SERVICE	2,901	707,780	22,518	813	0	17.00
18.00	01852	EXTENDED CARE SERVICES	161,211	107,038	31,484	5,250	0	18.00
18.01	01851	LAB ADMINISTRATION	19,439	319,511	8,946	561	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	7,858	0	0	0	18.02
20.00	02000	NURSING SCHOOL	1,391,297	774,791	28,377	10,344	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	757	3,608,404	11,437	5,587	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	15,559	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	917	17,330	1,061	39	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	665,774	9,108,778	309,426	210,064	1,373,957	30.00
31.00	03100	INTENSIVE CARE UNIT	61,723	631,994	13,962	23,045	90,955	31.00
32.00	03200	CORONARY CARE UNIT	37,706	310,025	4,141	7,022	48,774	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	119,927	732,543	16,072	48,847	150,710	34.00
35.01	02400	NEURO ICU	49,523	412,013	8,662	13,927	74,752	35.01
35.02	02401	CARDIO-THORACIC ICU	10,809	554,742	16,187	26,827	82,008	35.02
40.00	04000	SUBPROVIDER - IPF	88,490	442,644	12,156	5,430	54,684	40.00
43.00	04300	NURSERY	9,694	84,911	1,159	5,398	15,717	43.00
44.00	04400	SKILLED NURSING FACILITY	53,216	230,709	1,982	13,414	41,092	44.00
45.00	04500	NURSING FACILITY	20,931	16,547	993	988	3,356	45.00
46.00	04600	OTHER LONG TERM CARE	48,839	38,610	2,316	2,306	6,679	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,816,612	2,936,295	115,265	601,041	1,348,989	50.00
51.00	05100	RECOVERY ROOM	75,359	836,366	30,564	57,114	363,023	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	130,581	429,076	8,268	15,915	56,521	52.00
53.00	05300	ANESTHESIOLOGY	1,263,690	198,205	43,336	127,776	477,997	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,222,336	1,243,656	46,897	129,391	976,129	54.00
54.01	03630	ULTRASOUND	1,183,230	102,310	4,055	3,101	178,893	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,008,605	728,852	42,646	77,616	1,036,996	55.00
56.00	05600	RADIOISOTOPE	382,125	115,862	6,727	53,128	67,293	56.00
57.00	05700	CT SCAN	1,580,904	246,195	9,095	23,375	814,575	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,929,217	285,074	9,334	41,902	613,913	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,178,996	362,572	16,461	11,435	228,963	59.00
60.00	06000	LABORATORY	1,696,253	1,260,098	37,411	357,035	2,563,421	60.00
60.01	06001	HLA LAB	86,569	78,422	2,068	61,808	134,117	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	212,153	464,925	14,411	716,166	793,679	63.00
65.00	06500	RESPIRATORY THERAPY	853,556	724,599	6,524	84,853	250,133	65.00
66.00	06600	PHYSICAL THERAPY	12,314	388,072	6,015	2,123	101,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	145,992	0	279	33,284	67.00
68.00	06800	SPEECH PATHOLOGY	32,294	53,164	160	25	11,707	68.00
69.00	06900	ELECTROCARDIOLOGY	1,070,952	254,893	9,332	41,249	543,829	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	120,505	61,933	898	863	54,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,933,782	1,097,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,954,260	1,060,023	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,772,737	73.00
74.00	07400	RENAL DIALYSIS	292,107	200,630	3,729	28,283	99,842	74.00
76.00	03330	ENDOSCOPY	962,509	315,199	12,051	29,318	157,141	76.00
76.01	03950	OB/GYN IN VITRO	434,347	47,783	245	11,349	16,560	76.01
76.02	03320	ELECTROSHOCK THERAPY	20,606	23,026	1,443	1,744	9,679	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	14,944	5,518	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	320	130	9,774	76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	
			2.00	4.00	5.01	5.03	5.04	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	682,711	781,164	79,310	40,226	204,518	90.00
90.01	04950	OUTPATIENT PSYCH	93,343	56,878	6,141	22,506	12,853	90.01
91.00	09100	EMERGENCY	964,343	1,168,736	48,078	86,177	765,005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	103,595	2,838	393	62,637	105.00
106.00	10600	HEART ACQUISITION	348	44,798	1,763	74	9,681	106.00
107.00	10700	LIVER ACQUISITION	0	67,091	2,521	164	27,591	107.00
108.00	10800	LUNG ACQUISITION	504	49,225	1,992	180	23,121	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,805	0	11	4,159	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	58,786	258	580	20,713	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,932,244	42,204,353	1,496,295	11,950,793	17,950,510	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	17,788	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	5,672	0	0	1,636	1	191.01
191.02	19102	RESEARCH CTSA O/P	7,141	0	0	489	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	67,629	614,107	28,233	27,724	0	194.00
194.01	07951	RETAIL PHARMACY	34,582	298,168	18,329	662,523	874	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	559	78,195	6,641	796	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	58,047,827	43,212,611	1,549,498	12,643,961	17,951,385	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	279,848,413	279,848,413			5.06
7.00	00700	OPERATION OF PLANT	0	56,615,213	11,947,508	68,562,721		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,847,725	600,955	261,308	3,709,988	8.00
9.00	00900	HOUSEKEEPING	0	20,923,335	4,415,451	922,084	125,947	9.00
10.00	01000	DIETARY	0	10,421,683	2,199,288	1,409,578	5,011	10.00
11.00	01100	CAFETERIA	0	5,101,576	1,076,586	1,181,614	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	43,699,579	9,221,922	894,999	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,598,623	1,603,537	1,076,112	6,226	14.00
15.00	01500	PHARMACY	0	162,079,106	34,203,562	933,643	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,924,286	4,415,652	487,836	0	16.00
17.00	01700	SOCIAL SERVICE	0	13,048,748	2,753,677	227,041	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	2,591,023	546,784	504,217	0	18.00
18.01	01851	LAB ADMINISTRATION	0	9,629,176	2,032,045	88,573	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	118,514	25,010	0	0	18.02
20.00	02000	NURSING SCHOOL	0	-1,315,709	0	3,187,778	758	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	130,683,735	27,578,189	305,868	39,918	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	226,103	47,715	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	267,889	56,533	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	145,729,305	30,753,255	16,073,495	2,106,434	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,067,003	2,335,470	1,319,945	98,717	31.00
32.00	03200	CORONARY CARE UNIT	0	5,023,337	1,060,075	340,271	35,319	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	13,356,704	2,818,665	1,185,307	98,500	34.00
35.01	02400	NEURO ICU	0	6,833,379	1,442,048	409,181	48,361	35.01
35.02	02401	CARDIO-THORACIC ICU	0	9,603,384	2,026,602	655,510	66,525	35.02
40.00	04000	SUBPROVIDER - IPF	0	8,028,002	1,694,149	990,001	44,912	40.00
43.00	04300	NURSERY	0	1,505,975	317,806	73,458	19,962	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,097,059	1,497,692	562,080	66,190	44.00
45.00	04500	NURSING FACILITY	0	420,719	88,784	86,316	9,915	45.00
46.00	04600	OTHER LONG TERM CARE	0	999,949	211,019	438,420	22,804	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	80,272,165	16,939,835	4,677,482	78,404	50.00
51.00	05100	RECOVERY ROOM	0	16,920,139	3,570,657	1,782,680	54,007	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,634,969	1,611,208	690,802	23,098	52.00
53.00	05300	ANESTHESIOLOGY	0	8,358,362	1,763,865	41,653	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,668,564	7,316,107	2,207,147	102,565	54.00
54.01	03630	ULTRASOUND	0	4,083,951	861,836	563,448	3,533	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,783,586	5,652,140	2,364,834	13,993	55.00
56.00	05600	RADIOISOTOPE	0	2,677,636	565,062	334,936	16,142	56.00
57.00	05700	CT SCAN	0	6,550,050	1,382,257	293,351	22,225	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,790,168	2,277,049	920,442	111,967	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,674,060	2,041,517	802,630	22,706	59.00
60.00	06000	LABORATORY	0	42,827,547	9,037,897	1,685,694	0	60.00
60.01	06001	HLA LAB	0	3,173,766	669,760	93,908	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	33,642,871	7,099,655	389,824	11,543	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,719,105	3,317,203	272,012	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,313,706	1,332,381	120,275	2,228	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,221,506	468,804	33,754	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	860,412	181,573	16,860	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,107,014	1,288,763	382,164	9,866	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,452,252	306,469	49,690	484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	81,883,356	17,279,845	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	102,238,207	21,575,329	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,771,890	373,922	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,429,727	934,805	269,105	4,300	74.00
76.00	03330	ENDOSCOPY	0	7,436,244	1,569,271	636,974	15,330	76.00
76.01	03950	OB/GYN IN VITRO	0	2,360,510	498,138	158,064	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	466,599	98,466	78,929	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	517,262	109,158	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	364,935	77,012	27,700	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	17,088,086	3,606,099	2,122,883	24,804	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
90.01	04950	OUTPATIENT PSYCH	0	1,061,797	224,071	185,867	0	90.01
91.00	09100	EMERGENCY	0	23,819,376	5,026,603	1,579,201	362,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	9,943,223	2,098,318	223,793	0	105.00
106.00	10600	HEART ACQUISITION	0	2,379,371	502,119	54,546	0	106.00
107.00	10700	LIVER ACQUISITION	0	5,431,330	1,146,174	93,805	0	107.00
108.00	10800	LUNG ACQUISITION	0	4,561,678	962,651	50,716	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	612,981	129,357	11,285	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	5,764,410	1,216,463	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,567,836,645	272,081,818	56,831,089	3,674,791	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	297,207	62,720	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	86,923	18,343	133,988	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	51,255	10,816	121,267	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	24,986,114	5,272,820	11,131,831	35,197	194.00
194.01	07951	RETAIL PHARMACY	0	5,553,950	1,172,050	140,349	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,827,824	1,229,846	204,197	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	0	1,604,639,918	279,848,413	68,562,721	3,709,988	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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	26,386,817					9.00
10.00	01000	DIETARY	552,013	14,587,573				10.00
11.00	01100	CAFETERIA	462,739	0	7,822,515			11.00
13.00	01300	NURSING ADMINISTRATION	350,496	0	304,728	54,471,724		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	421,423	0	113,119	0	10,819,040	14.00
15.00	01500	PHARMACY	365,629	0	264,329	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	191,044	0	163,907	0	0	16.00
17.00	01700	SOCIAL SERVICE	88,913	0	138,513	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	197,459	1,758,507	24,240	0	0	18.00
18.01	01851	LAB ADMINISTRATION	34,687	0	50,788	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	1,154	0	0	18.02
20.00	02000	NURSING SCHOOL	1,248,385	0	118,890	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	119,783	0	812,609	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	4,617	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	3,463	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,294,633	11,017,060	1,963,421	26,020,624	0	30.00
31.00	03100	INTENSIVE CARE UNIT	516,911	340,645	128,124	1,694,751	0	31.00
32.00	03200	CORONARY CARE UNIT	133,256	122,328	61,177	813,271	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	464,185	110,678	147,747	1,961,402	0	34.00
35.01	02400	NEURO ICU	160,242	124,275	77,336	1,030,803	0	35.01
35.02	02401	CARDIO-THORACIC ICU	256,708	104,349	98,113	1,308,002	0	35.02
40.00	04000	SUBPROVIDER - IPF	387,700	655,657	99,268	1,315,382	0	40.00
43.00	04300	NURSERY	28,767	0	16,160	216,229	0	43.00
44.00	04400	SKILLED NURSING FACILITY	220,120	0	64,639	1,072,741	0	44.00
45.00	04500	NURSING FACILITY	33,803	0	5,771	112,512	0	45.00
46.00	04600	OTHER LONG TERM CARE	171,692	0	12,697	246,449	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,831,777	0	537,892	7,111,766	0	50.00
51.00	05100	RECOVERY ROOM	698,126	8,561	153,518	2,047,981	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	270,529	0	93,496	1,243,423	0	52.00
53.00	05300	ANESTHESIOLOGY	16,312	0	62,331	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	864,354	0	275,871	0	0	54.00
54.01	03630	ULTRASOUND	220,655	0	19,623	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	767,928	0	133,896	0	0	55.00
56.00	05600	RADIOISOTOPE	131,166	0	19,623	0	0	56.00
57.00	05700	CT SCAN	114,881	0	51,942	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	518,639	0	60,022	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	314,323	0	64,639	853,227	0	59.00
60.00	06000	LABORATORY	638,623	0	320,888	0	0	60.00
60.01	06001	HLA LAB	36,776	0	17,314	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	152,661	0	99,268	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	128,046	0	147,747	0	0	65.00
66.00	06600	PHYSICAL THERAPY	47,102	0	87,725	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,218	0	30,011	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,603	0	10,388	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	149,662	0	55,405	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,459	0	15,006	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,817,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,001,320	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	105,386	0	32,320	0	0	74.00
76.00	03330	ENDOSCOPY	249,449	0	61,177	804,918	0	76.00
76.01	03950	OB/GYN IN VITRO	61,900	0	9,234	119,450	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	30,910	0	4,617	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,848	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	831,355	0	159,290	2,110,608	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
90.01	04950	OUTPATIENT PSYCH	72,788	0	15,006	0	0	90.01
91.00	09100	EMERGENCY	618,440	0	278,180	3,684,141	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	87,641	0	20,777	270,886	0	105.00
106.00	10600	HEART ACQUISITION	21,361	0	9,234	116,945	0	106.00
107.00	10700	LIVER ACQUISITION	36,736	0	12,697	175,779	0	107.00
108.00	10800	LUNG ACQUISITION	19,861	0	10,388	136,854	0	108.00
109.00	10900	PANCREAS ACQUISITION	4,420	0	0	3,580	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	10,388	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,792,523	14,242,060	7,554,723	54,471,724	10,819,040	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	2,309	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	52,472	37,670	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	47,490	37,670	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	4,359,402	0	195,072	0	0	194.00
194.01	07951	RETAIL PHARMACY	54,963	0	54,251	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	79,967	0	16,160	0	0	194.02
194.03	07953	GUEST MEALS	0	270,173	0	0	0	194.03
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)	26,386,817	14,587,573	7,822,515	54,471,724	10,819,040	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES	OTHER GENERAL SERVICE: LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	197,846,269					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,182,725				16.00
17.00	01700	SOCIAL SERVICE	0	0	16,256,892			17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	5,622,230		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	11,835,269	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,071	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	44,245	2,004,213	13,748,502	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	711	132,677	537,792	0	0	31.00
32.00	03200	CORONARY CARE UNIT	361	71,147	257,080	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	554	219,842	610,162	0	0	34.00
35.01	02400	NEURO ICU	890	109,042	349,598	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	233	119,626	397,245	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	660	79,769	0	0	0	40.00
43.00	04300	NURSERY	0	22,926	356,513	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,161	59,942	0	3,638,006	0	44.00
45.00	04500	NURSING FACILITY	0	4,895	0	677,904	0	45.00
46.00	04600	OTHER LONG TERM CARE	1,655	9,743	0	1,306,320	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	50,035	1,967,792	0	0	0	50.00
51.00	05100	RECOVERY ROOM	172,722	529,547	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	82,449	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,910,285	697,261	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	340,548	1,423,894	0	0	0	54.00
54.01	03630	ULTRASOUND	8,079	260,955	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,510,246	1,512,683	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,524,703	98,161	0	0	0	56.00
57.00	05700	CT SCAN	13,704	1,188,233	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	68,712	895,524	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	333,991	0	0	0	59.00
60.00	06000	LABORATORY	8,975	3,736,064	0	0	8,689,036	60.00
60.01	06001	HLA LAB	0	195,639	0	0	466,842	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	107,842	1,157,753	0	0	2,679,391	63.00
65.00	06500	RESPIRATORY THERAPY	3,480	364,873	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	147,494	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	48,553	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	17,077	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,792,249	793,292	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	79,276	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,600,727	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,546,272	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	153,537,436	2,585,920	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	42,190	145,641	0	0	0	74.00
76.00	03330	ENDOSCOPY	160	229,223	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	16,210	24,156	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	14,118	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	8,048	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	14,258	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE EXTENDED CARE SERVICES	OTHER GENERAL SERVICE LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	656,293	298,333	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	1,112,438	18,749	0	0	0	90.01
91.00	09100	EMERGENCY	35,123	1,115,925	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	91,369	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	14,122	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	40,248	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	33,726	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	6,066	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	30,214	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	164,965,971	26,181,448	16,256,892	5,622,230	11,835,269	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	20,185	2	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	31,373	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	32,828,740	1,275	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	197,846,269	26,182,725	16,256,892	5,622,230	11,835,269	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	Subtotal	
			18.02	20.00	21.00	23.01	23A.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	144,678					18.02
20.00	02000	NURSING SCHOOL	0	3,240,102				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	159,542,173			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	278,435		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	327,885	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,075,707	35,195,006	0	294,025,900	30.00
31.00	03100	INTENSIVE CARE UNIT	0	21,141	5,153,212	0	23,347,099	31.00
32.00	03200	CORONARY CARE UNIT	0	0	2,823,896	0	10,741,518	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	20,973,746	34.00
35.01	02400	NEURO ICU	0	15,856	1,116,795	0	11,717,806	35.01
35.02	02401	CARDIO-THORACIC ICU	0	0	0	0	14,636,297	35.02
40.00	04000	SUBPROVIDER - IPF	0	46,907	2,823,896	0	16,166,303	40.00
43.00	04300	NURSERY	0	0	0	0	2,557,796	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	14,281,630	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	1,440,619	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	3,420,748	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	26,484,001	0	139,951,149	50.00
51.00	05100	RECOVERY ROOM	0	0	590,306	0	26,528,244	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,491	1,260,383	0	12,990,848	52.00
53.00	05300	ANESTHESIOLOGY	0	0	13,050,550	0	25,900,619	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	9,987,340	0	57,186,390	54.00
54.01	03630	ULTRASOUND	0	0	1,499,696	0	7,521,776	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,281,453	0	42,020,759	55.00
56.00	05600	RADIOISOTOPE	0	0	2,185,728	0	8,553,157	56.00
57.00	05700	CT SCAN	0	0	941,299	0	10,557,942	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,685,424	0	19,327,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,393,133	0	16,500,226	59.00
60.00	06000	LABORATORY	0	0	9,412,988	0	76,357,712	60.00
60.01	06001	HLA LAB	0	0	191,451	0	4,845,456	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,217,636	0	47,558,444	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,132,749	0	21,085,215	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,595,422	0	9,646,333	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,815,846	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,092,913	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,356,108	0	11,934,523	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,945,807	0	6,868,443	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	105,581,648	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	131,361,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	278,435	158,547,603	73.00
74.00	07400	RENAL DIALYSIS	0	0	239,313	0	6,202,787	74.00
76.00	03330	ENDOSCOPY	0	0	2,090,002	0	13,092,748	76.00
76.01	03950	OB/GYN IN VITRO	0	0	191,451	0	3,439,113	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	223,359	0	916,998	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	634,468	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	494,753	76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	Subtotal	
			18.02	20.00	21.00	23.01	23A.01	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	11,008,410	0	37,906,161	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	2,967,484	0	5,658,200	90.01
91.00	09100	EMERGENCY	0	0	9,476,805	0	45,995,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	12,736,007	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	3,097,698	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	6,936,769	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	5,775,874	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	767,689	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	0	0	7,021,475	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,240,102	158,521,103	278,435	1,509,048,299	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	144,678	0	0	0	506,914	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	957,253	0	1,306,836	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	63,817	0	332,315	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	46,011,809	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	39,805,578	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	7,357,994	194.02
194.03	07953	GUEST MEALS	0	0	0	0	270,173	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	144,678	3,240,102	159,542,173	278,435	1,604,639,918	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION						18.02
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
23.01	02301	PARAMED ED PRGM-PHARMACY						23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	327,885					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	60,588	294,086,488	-35,195,006	258,891,482		30.00
31.00	03100	INTENSIVE CARE UNIT	4,763	23,351,862	-5,153,212	18,198,650		31.00
32.00	03200	CORONARY CARE UNIT	2,191	10,743,709	-2,823,896	7,919,813		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,279	20,978,025	0	20,978,025		34.00
35.01	02400	NEURO ICU	2,390	11,720,196	-1,116,795	10,603,401		35.01
35.02	02401	CARDIO-THORACIC ICU	2,986	14,639,283	0	14,639,283		35.02
40.00	04000	SUBPROVIDER - IPF	3,298	16,169,601	-2,823,896	13,345,705		40.00
43.00	04300	NURSERY	522	2,558,318	0	2,558,318		43.00
44.00	04400	SKILLED NURSING FACILITY	2,913	14,284,543	0	14,284,543		44.00
45.00	04500	NURSING FACILITY	294	1,440,913	0	1,440,913		45.00
46.00	04600	OTHER LONG TERM CARE	698	3,421,446	0	3,421,446		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,550	139,979,699	-26,484,001	113,495,698		50.00
51.00	05100	RECOVERY ROOM	5,412	26,533,656	-590,306	25,943,350		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,650	12,993,498	-1,260,383	11,733,115		52.00
53.00	05300	ANESTHESIOLOGY	5,284	25,905,903	-13,050,550	12,855,353		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,666	57,198,056	-9,987,340	47,210,716		54.00
54.01	03630	ULTRASOUND	1,534	7,523,310	-1,499,696	6,023,614		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,572	42,029,331	-2,281,453	39,747,878		55.00
56.00	05600	RADIOISOTOPE	1,745	8,554,902	-2,185,728	6,369,174		56.00
57.00	05700	CT SCAN	2,154	10,560,096	-941,299	9,618,797		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,943	19,331,890	-3,685,424	15,646,466		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,366	16,503,592	-2,393,133	14,110,459		59.00
60.00	06000	LABORATORY	15,577	76,373,289	-9,412,988	66,960,301		60.00
60.01	06001	HLA LAB	988	4,846,444	-191,451	4,654,993		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,702	47,568,146	-2,217,636	45,350,510		63.00
65.00	06500	RESPIRATORY THERAPY	4,301	21,089,516	-1,132,749	19,956,767		65.00
66.00	06600	PHYSICAL THERAPY	1,968	9,648,301	-1,595,422	8,052,879		66.00
67.00	06700	OCCUPATIONAL THERAPY	574	2,816,420	0	2,816,420		67.00
68.00	06800	SPEECH PATHOLOGY	223	1,093,136	0	1,093,136		68.00
69.00	06900	ELECTROCARDIOLOGY	2,435	11,936,958	-1,356,108	10,580,850		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,401	6,869,844	-4,945,807	1,924,037		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,539	105,603,187	0	105,603,187		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,798	131,387,926	0	131,387,926		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,344	158,579,947	0	158,579,947		73.00
74.00	07400	RENAL DIALYSIS	1,265	6,204,052	-239,313	5,964,739		74.00
76.00	03330	ENDOSCOPY	2,671	13,095,419	-2,090,002	11,005,417		76.00
76.01	03950	OB/GYN IN VITRO	702	3,439,815	-191,451	3,248,364		76.01
76.02	03320	ELECTROSHOCK THERAPY	187	917,185	-223,359	693,826		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	129	634,597	0	634,597		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	101	494,854	0	494,854		76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,733	37,913,894	-11,008,410	26,905,484		90.00
90.01	04950	OUTPATIENT PSYCH	1,154	5,659,354	-2,967,484	2,691,870		90.01
91.00	09100	EMERGENCY	9,383	46,005,274	-9,476,805	36,528,469		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2,598	12,738,605	0	12,738,605		105.00
106.00	10600	HEART ACQUISITION	632	3,098,330	0	3,098,330		106.00
107.00	10700	LIVER ACQUISITION	1,415	6,938,184	0	6,938,184		107.00
108.00	10800	LUNG ACQUISITION	1,178	5,777,052	0	5,777,052		108.00
109.00	10900	PANCREAS ACQUISITION	157	767,846	0	767,846		109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	1,432	7,022,907	0	7,022,907		112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	308,385	1,509,028,799	-158,521,103	1,350,507,696		118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	103	507,017	0	507,017		191.00
191.01	19101	RESEARCH CTSA I/P	267	1,307,103	-957,253	349,850		191.01
191.02	19102	RESEARCH CTSA O/P	68	332,383	-63,817	268,566		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	9,386	46,021,195	0	46,021,195		194.00
194.01	07951	RETAIL PHARMACY	8,120	39,813,698	0	39,813,698		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,501	7,359,495	0	7,359,495		194.02
194.03	07953	GUEST MEALS	55	270,228	0	270,228		194.03
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	327,885	1,604,639,918	-159,542,173	1,445,097,745		202.00

COST ALLOCATION STATISTICS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet Non-CMS W | Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	100	BJH SQ FT	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	103	NEW STRUCT SQ FT	1.03
1.04	NEW CRC-B&F(GSON)	104	GSON SQ FT	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	105	THE HIGHLANDS SQ FT	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	200	ACTUAL DEPR	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	540	NONPATIENT TELEPHONES	5.01
5.03	PURCHASING RECEIVING AND STORES	560	$$ AMT PURCHASES	5.03
5.04	ADMITTING	570	TOTAL REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	580	TOTAL REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM COST	5.06
7.00	OPERATION OF PLANT	700	BJH TOTAL SQ FT	7.00
8.00	LAUNDRY & LINEN SERVICE	800	LAUNDRY POUNDS	8.00
9.00	HOUSEKEEPING	900	BJH TOTAL SQ FT	9.00
10.00	DIETARY	1000	MEALS SERVED	10.00
11.00	CAFETERIA	1100	FTE HOURS	11.00
13.00	NURSING ADMINISTRATION	1300	NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	1400	SUPPLY REQUIS.	14.00
15.00	PHARMACY	1500	PHARMACY REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	570	TOTAL REVENUE	16.00
17.00	SOCIAL SERVICE	1700	PATIENT DAYS	17.00
18.00	EXTENDED CARE SERVICES	1800	ECF PT DAYS	18.00
18.01	LAB ADMINISTRATION	1801	LAB HOURS	18.01
18.02	RESEARCH ADMINISTRATION	1802	RESEARCH HOURS	18.02
20.00	NURSING SCHOOL	2000	STUDENT HOURS	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2100	% OF TIME	21.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	52,589	130,798	64,009	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	9,279	92,271	38,219	0	0	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	1,941	138,123	7,094	0	0	5.03
5.04	00570	ADMITTING	105,867	228,803	0	0	17,212	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	11,415,094	3,128,963	7,484,297	0	352,398	5.06
7.00	00700	OPERATION OF PLANT	35,023	1,810,321	3,618,487	0	2,232	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,253	20,474	788	0	0	8.00
9.00	00900	HOUSEKEEPING	19,128	187,263	111,202	0	441	9.00
10.00	01000	DIETARY	19,326	292,152	5,214	0	0	10.00
11.00	01100	CAFETERIA	23,744	303,621	3,881	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	88,458	190,408	93,436	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,687,758	251,813	60,027	0	0	14.00
15.00	01500	PHARMACY	2,066,306	191,813	96,286	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	263,469	29,072	64,413	0	0	16.00
17.00	01700	SOCIAL SERVICE	29,174	11,072	266,262	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	73,701	130,285	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	8,616	22,886	0	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	845,304	0	0	1,626,339	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	35,162	75,101	13,279	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	921	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	343,645	4,153,246	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,877	341,062	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	2,157	87,923	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,264	306,272	0	0	0	34.00
35.01	02400	NEURO ICU	5,728	105,728	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	9,373	0	387,408	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	19,891	255,807	0	0	0	40.00
43.00	04300	NURSERY	604	18,981	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	395,417	145,236	0	0	0	44.00
45.00	04500	NURSING FACILITY	1,277	22,303	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	2,979	113,284	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	669,075	413,362	1,818,945	0	0	50.00
51.00	05100	RECOVERY ROOM	84,870	282,997	406,285	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,637	178,497	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,869	0	24,617	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	149,250	150,865	595,482	0	44,703	54.00
54.01	03630	ULTRASOUND	8,877	89,425	77,186	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-39,062	104,836	919,123	0	0	55.00
56.00	05600	RADIOISOTOPE	4,371	86,544	0	0	0	56.00
57.00	05700	CT SCAN	18,014	0	61,806	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,227	101,381	162,579	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,153	8,147	455,722	0	0	59.00
60.00	06000	LABORATORY	119,986	310,452	137,315	0	17,212	60.00
60.01	06001	HLA LAB	3,971	24,265	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	104,362	34,082	152,433	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	74,109	58,559	26,820	0	0	65.00
66.00	06600	PHYSICAL THERAPY	35,822	31,078	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,722	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	83	4,356	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,320	74,518	55,419	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	468	12,839	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	1,943	69,534	0	0	0	74.00
76.00	03330	ENDOSCOPY	24,862	44,757	274,084	0	0	76.00
76.01	03950	OB/GYN IN VITRO	3,133	40,842	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	752	20,395	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
76.98	07698	HYPERBARIC OXYGEN THERAPY	167	0	16,371	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	77,094	9,181	1,124,489	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	105,574	0	109,848	0	0	90.01
91.00	09100	EMERGENCY	66,922	15,879	866,473	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,854	389	131,373	0	0	105.00
106.00	10600	HEART ACQUISITION	10,906	389	31,348	0	0	106.00
107.00	10700	LIVER ACQUISITION	5,622	389	54,550	0	0	107.00
108.00	10800	LUNG ACQUISITION	8,518	389	29,084	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	456	389	5,780	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	134	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,226,664	14,962,539	19,851,434	1,626,339	434,198	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	30,238	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	27,367	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	-171,959	1,189,010	3,054,959	0	861,875	194.00
194.01	07951	RETAIL PHARMACY	23,213	0	82,947	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	18,862	0	120,681	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	27,154,385	16,151,549	23,110,021	1,626,339	1,296,073	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			2.00	2A	4.00	5.01	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	63,944	311,340	311,340			4.00
5.01	00540	NONPATIENT TELEPHONES	19,801	159,570	1,043	160,613		5.01
5.03	00560	PURCHASING RECEIVING AND STORES	67	147,225	622	236	148,083	5.03
5.04	00570	ADMITTING	12,910	364,792	6,498	6,381	141	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	14,333,274	36,714,026	14,489	14,685	446	5.06
7.00	00700	OPERATION OF PLANT	416,745	5,882,808	5,227	3,570	790	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,119	29,634	22	16	980	8.00
9.00	00900	HOUSEKEEPING	90,699	408,733	7,229	1,286	655	9.00
10.00	01000	DIETARY	165,963	482,655	3,256	2,022	859	10.00
11.00	01100	CAFETERIA	108,712	439,958	2,871	1,599	2,594	11.00
13.00	01300	NURSING ADMINISTRATION	1,288,645	1,660,947	14,381	6,101	87	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	190,721	10,190,319	2,361	1,392	4,616	14.00
15.00	01500	PHARMACY	149,077	2,503,482	11,748	4,095	36,147	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37,344	394,298	4,112	3,733	92	16.00
17.00	01700	SOCIAL SERVICE	2,901	309,409	5,101	2,334	10	17.00
18.00	01852	EXTENDED CARE SERVICES	161,211	365,197	771	3,263	61	18.00
18.01	01851	LAB ADMINISTRATION	19,439	50,941	2,303	927	7	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	57	0	0	18.02
20.00	02000	NURSING SCHOOL	1,391,297	3,862,940	5,584	2,941	121	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	757	124,299	26,008	1,186	65	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	112	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	917	1,838	125	110	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	665,774	5,162,665	65,534	32,079	2,458	30.00
31.00	03100	INTENSIVE CARE UNIT	61,723	420,662	4,555	1,447	270	31.00
32.00	03200	CORONARY CARE UNIT	37,706	127,786	2,235	429	82	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	119,927	440,463	5,280	1,666	572	34.00
35.01	02400	NEURO ICU	49,523	160,979	2,970	898	163	35.01
35.02	02401	CARDIO-THORACIC ICU	10,809	407,590	3,998	1,678	314	35.02
40.00	04000	SUBPROVIDER - IPF	88,490	364,188	3,190	1,260	64	40.00
43.00	04300	NURSERY	9,694	29,279	612	120	63	43.00
44.00	04400	SKILLED NURSING FACILITY	53,216	593,869	1,663	205	157	44.00
45.00	04500	NURSING FACILITY	20,931	44,511	119	103	12	45.00
46.00	04600	OTHER LONG TERM CARE	48,839	165,102	278	240	27	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,816,612	10,717,994	21,164	11,948	7,033	50.00
51.00	05100	RECOVERY ROOM	75,359	849,511	6,028	3,168	668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	130,581	319,715	3,093	857	186	52.00
53.00	05300	ANESTHESIOLOGY	1,263,690	1,315,176	1,429	4,492	1,495	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,222,336	8,162,636	8,964	4,861	1,514	54.00
54.01	03630	ULTRASOUND	1,183,230	1,358,718	737	420	36	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,008,605	5,993,502	5,253	4,420	908	55.00
56.00	05600	RADIOISOTOPE	382,125	473,040	835	697	622	56.00
57.00	05700	CT SCAN	1,580,904	1,660,724	1,774	943	274	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,929,217	4,208,404	2,055	968	490	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,178,996	2,654,018	2,613	1,706	134	59.00
60.00	06000	LABORATORY	1,696,253	2,281,218	9,082	3,878	4,178	60.00
60.01	06001	HLA LAB	86,569	114,805	565	214	723	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	212,153	503,030	3,351	1,494	8,381	63.00
65.00	06500	RESPIRATORY THERAPY	853,556	1,013,044	5,223	676	993	65.00
66.00	06600	PHYSICAL THERAPY	12,314	79,214	2,797	623	25	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,722	1,052	0	3	67.00
68.00	06800	SPEECH PATHOLOGY	32,294	36,733	383	17	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,070,952	1,213,209	1,837	967	483	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	120,505	133,812	446	93	10	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	22,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	34,571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	292,107	363,584	1,446	386	331	74.00
76.00	03330	ENDOSCOPY	962,509	1,306,212	2,272	1,249	343	76.00
76.01	03950	OB/GYN IN VITRO	434,347	478,322	344	25	133	76.01
76.02	03320	ELECTROSHOCK THERAPY	20,606	41,753	166	150	20	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	175	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	16,538	0	33	2	76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
			2.00	2A	4.00	5.01	5.03	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	682,711	1,893,475	5,630	8,221	471	90.00
90.01	04950	OUTPATIENT PSYCH	93,343	308,765	410	636	263	90.01
91.00	09100	EMERGENCY	964,343	1,913,617	8,424	4,983	1,008	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	143,616	747	294	5	105.00
106.00	10600	HEART ACQUISITION	348	42,991	323	183	1	106.00
107.00	10700	LIVER ACQUISITION	0	60,561	484	261	2	107.00
108.00	10800	LUNG ACQUISITION	504	38,495	355	207	2	108.00
109.00	10900	PANCREAS ACQUISITION	0	6,625	13	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	134	424	27	7	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,932,244	122,033,418	304,073	155,099	139,972	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	128	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	5,672	35,910	0	0	19	191.01
191.02	19102	RESEARCH CTSA O/P	7,141	34,508	0	0	6	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	67,629	5,001,514	4,426	2,926	324	194.00
194.01	07951	RETAIL PHARMACY	34,582	140,742	2,149	1,900	7,753	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	559	140,102	564	688	9	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	58,047,827	127,386,194	311,340	160,613	148,083	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	377,812					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	36,743,646			5.06
7.00	00700	OPERATION OF PLANT	0	0	1,568,694	7,461,089		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	78,905	28,436	137,993	8.00
9.00	00900	HOUSEKEEPING	0	0	579,744	100,342	4,685	9.00
10.00	01000	DIETARY	0	0	288,764	153,392	186	10.00
11.00	01100	CAFETERIA	0	0	141,354	128,585	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,210,828	97,395	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	210,543	117,104	232	14.00
15.00	01500	PHARMACY	0	0	4,490,753	101,600	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	579,770	53,087	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	361,555	24,707	0	17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	71,792	54,870	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	266,805	9,639	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	3,284	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	346,898	28	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,620,985	33,285	1,485	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	6,265	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	7,423	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	28,958	0	4,037,868	1,749,143	78,346	30.00
31.00	03100	INTENSIVE CARE UNIT	1,917	0	306,645	143,638	3,672	31.00
32.00	03200	CORONARY CARE UNIT	1,028	0	139,187	37,029	1,314	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,176	0	370,088	128,987	3,664	34.00
35.01	02400	NEURO ICU	1,575	0	189,339	44,528	1,799	35.01
35.02	02401	CARDIO-THORACIC ICU	1,728	0	266,091	71,333	2,474	35.02
40.00	04000	SUBPROVIDER - IPF	1,153	0	222,440	107,733	1,671	40.00
43.00	04300	NURSERY	331	0	41,728	7,994	743	43.00
44.00	04400	SKILLED NURSING FACILITY	866	0	196,645	61,166	2,462	44.00
45.00	04500	NURSING FACILITY	71	0	11,657	9,393	369	45.00
46.00	04600	OTHER LONG TERM CARE	141	0	27,707	47,709	848	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,431	0	2,224,181	509,010	2,916	50.00
51.00	05100	RECOVERY ROOM	7,651	0	468,823	193,994	2,009	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,191	0	211,550	75,174	859	52.00
53.00	05300	ANESTHESIOLOGY	10,074	0	231,593	4,533	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,573	0	960,597	240,185	3,815	54.00
54.01	03630	ULTRASOUND	3,770	0	113,158	61,315	131	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,856	0	742,120	257,344	520	55.00
56.00	05600	RADIOISOTOPE	1,418	0	74,192	36,448	600	56.00
57.00	05700	CT SCAN	17,168	0	181,489	31,923	827	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,939	0	298,974	100,164	4,165	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,826	0	268,049	87,343	845	59.00
60.00	06000	LABORATORY	53,495	0	1,186,666	183,439	0	60.00
60.01	06001	HLA LAB	2,827	0	87,939	10,219	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,728	0	932,177	42,421	429	63.00
65.00	06500	RESPIRATORY THERAPY	5,272	0	435,545	29,601	0	65.00
66.00	06600	PHYSICAL THERAPY	2,131	0	174,940	13,088	83	66.00
67.00	06700	OCCUPATIONAL THERAPY	702	0	61,553	3,673	0	67.00
68.00	06800	SPEECH PATHOLOGY	247	0	23,840	1,835	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,462	0	169,213	41,588	367	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,145	0	40,239	5,407	18	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,128	0	2,268,824	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,341	0	2,832,816	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,362	0	49,096	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,104	0	122,739	29,284	160	74.00
76.00	03330	ENDOSCOPY	3,312	0	206,043	69,316	570	76.00
76.01	03950	OB/GYN IN VITRO	349	0	65,405	17,201	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	204	0	12,929	8,589	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	116	0	14,332	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	206	0	10,112	3,014	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,310	0	473,477	231,015	923	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
90.01	04950	OUTPATIENT PSYCH	271	0	29,420	20,226	0	90.01
91.00	09100	EMERGENCY	16,123	0	659,987	171,851	13,469	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,320	0	275,507	24,353	0	105.00
106.00	10600	HEART ACQUISITION	204	0	65,928	5,936	0	106.00
107.00	10700	LIVER ACQUISITION	582	0	150,491	10,208	0	107.00
108.00	10800	LUNG ACQUISITION	487	0	126,395	5,519	0	108.00
109.00	10900	PANCREAS ACQUISITION	88	0	16,984	1,228	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	437	0	159,720	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	377,794	0	35,723,902	6,184,437	136,684	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	8,235	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	2,408	14,581	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	1,420	13,196	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	692,315	1,211,381	1,309	194.00
194.01	07951	RETAIL PHARMACY	18	0	153,889	15,273	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	161,477	22,221	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	377,812	0	36,743,646	7,461,089	137,993	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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	1,102,674					9.00
10.00	01000	DIETARY	23,068	954,202				10.00
11.00	01100	CAFETERIA	19,337	0	736,298			11.00
13.00	01300	NURSING ADMINISTRATION	14,647	0	28,683	3,033,069		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,611	0	10,647	0	10,554,825	14.00
15.00	01500	PHARMACY	15,279	0	24,880	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,984	0	15,428	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,716	0	13,038	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	8,252	115,027	2,282	0	0	18.00
18.01	01851	LAB ADMINISTRATION	1,450	0	4,780	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	109	0	0	18.02
20.00	02000	NURSING SCHOOL	52,169	0	11,191	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,006	0	76,487	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	435	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	326	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	263,040	720,647	184,807	1,448,869	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,601	22,282	12,060	94,366	0	31.00
32.00	03200	CORONARY CARE UNIT	5,569	8,002	5,758	45,284	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,398	7,240	13,907	109,214	0	34.00
35.01	02400	NEURO ICU	6,696	8,129	7,279	57,397	0	35.01
35.02	02401	CARDIO-THORACIC ICU	10,728	6,826	9,235	72,831	0	35.02
40.00	04000	SUBPROVIDER - IPF	16,202	42,888	9,344	73,242	0	40.00
43.00	04300	NURSERY	1,202	0	1,521	12,040	0	43.00
44.00	04400	SKILLED NURSING FACILITY	9,199	0	6,084	59,732	0	44.00
45.00	04500	NURSING FACILITY	1,413	0	543	6,265	0	45.00
46.00	04600	OTHER LONG TERM CARE	7,175	0	1,195	13,723	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	76,548	0	50,629	395,994	0	50.00
51.00	05100	RECOVERY ROOM	29,174	560	14,450	114,035	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,305	0	8,800	69,236	0	52.00
53.00	05300	ANESTHESIOLOGY	682	0	5,867	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,120	0	25,967	0	0	54.00
54.01	03630	ULTRASOUND	9,221	0	1,847	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	32,091	0	12,603	0	0	55.00
56.00	05600	RADIOISOTOPE	5,481	0	1,847	0	0	56.00
57.00	05700	CT SCAN	4,801	0	4,889	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,673	0	5,650	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,135	0	6,084	47,509	0	59.00
60.00	06000	LABORATORY	26,687	0	30,204	0	0	60.00
60.01	06001	HLA LAB	1,537	0	1,630	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,380	0	9,344	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,351	0	13,907	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,968	0	8,257	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	552	0	2,825	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	276	0	978	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,254	0	5,215	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	813	0	1,412	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,700,072	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,854,753	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,404	0	3,042	0	0	74.00
76.00	03330	ENDOSCOPY	10,424	0	5,758	44,819	0	76.00
76.01	03950	OB/GYN IN VITRO	2,587	0	869	6,651	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,292	0	435	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	453	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	34,741	0	14,993	117,522	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
90.01	04950	OUTPATIENT PSYCH	3,042	0	1,412	0	0	90.01
91.00	09100	EMERGENCY	25,844	0	26,184	205,138	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	3,662	0	1,956	15,083	0	105.00
106.00	10600	HEART ACQUISITION	893	0	869	6,512	0	106.00
107.00	10700	LIVER ACQUISITION	1,535	0	1,195	9,788	0	107.00
108.00	10800	LUNG ACQUISITION	830	0	978	7,620	0	108.00
109.00	10900	PANCREAS ACQUISITION	185	0	0	199	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	978	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	910,683	931,601	711,093	3,033,069	10,554,825	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	217	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	2,193	2,464	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	1,985	2,464	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	182,174	0	18,361	0	0	194.00
194.01	07951	RETAIL PHARMACY	2,297	0	5,106	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	3,342	0	1,521	0	0	194.02
194.03	07953	GUEST MEALS	0	17,673	0	0	0	194.03
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)	1,102,674	954,202	736,298	3,033,069	10,554,825	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE EXTENDED CARE SERVICES	OTHER GENERAL SERVICE LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	7,187,984					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,058,504				16.00
17.00	01700	SOCIAL SERVICE	0	0	719,870			17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	0	621,515		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	336,852	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	75	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,607	81,082	608,795	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	26	5,368	23,814	0	0	31.00
32.00	03200	CORONARY CARE UNIT	13	2,878	11,384	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	20	8,894	27,019	0	0	34.00
35.01	02400	NEURO ICU	32	4,411	15,481	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	8	4,840	17,590	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	24	3,227	0	0	0	40.00
43.00	04300	NURSERY	0	927	15,787	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	115	2,425	0	402,167	0	44.00
45.00	04500	NURSING FACILITY	0	198	0	74,940	0	45.00
46.00	04600	OTHER LONG TERM CARE	60	394	0	144,408	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,818	79,608	0	0	0	50.00
51.00	05100	RECOVERY ROOM	6,275	21,423	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,336	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	69,403	28,208	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,373	57,604	0	0	0	54.00
54.01	03630	ULTRASOUND	294	10,557	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	91,200	61,196	0	0	0	55.00
56.00	05600	RADIOISOTOPE	91,726	3,971	0	0	0	56.00
57.00	05700	CT SCAN	498	48,071	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,496	36,229	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,512	0	0	0	59.00
60.00	06000	LABORATORY	326	150,414	0	0	247,305	60.00
60.01	06001	HLA LAB	0	7,915	0	0	13,287	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,918	46,838	0	0	76,260	63.00
65.00	06500	RESPIRATORY THERAPY	126	14,761	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,967	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,964	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	691	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	65,115	32,093	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,207	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	64,758	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	62,555	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,578,189	104,615	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,533	5,892	0	0	0	74.00
76.00	03330	ENDOSCOPY	6	9,273	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	589	977	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	571	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	326	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	577	0	0	0	76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE EXTENDED CARE SERVICES	OTHER GENERAL SERVICE LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	23,844	12,069	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	40,416	759	0	0	0	90.01
91.00	09100	EMERGENCY	1,276	45,145	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	3,696	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	571	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,628	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	1,364	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	245	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	1,222	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,993,401	1,058,452	719,870	621,515	336,852	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	733	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,140	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	1,192,710	52	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	7,187,984	1,058,504	719,870	621,515	336,852	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			18.02	20.00	21.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	3,450					18.02
20.00	02000	NURSING SCHOOL	0	1,654,198				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		3,888,881			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0			6,812		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0				9,822	23.02
		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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.01	02400	NEURO ICU	0					35.01
35.02	02401	CARDIO-THORACIC ICU	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
46.00	04600	OTHER LONG TERM CARE	0					46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
54.01	03630	ULTRASOUND	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
57.00	05700	CT SCAN	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	0					60.00
60.01	06001	HLA LAB	0					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03330	ENDOSCOPY	0					76.00
76.01	03950	OB/GYN IN VITRO	0					76.01
76.02	03320	ELECTROSHOCK THERAPY	0					76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0					76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			18.02	20.00	21.00	23.01	23.02	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0					90.00
90.01	04950	OUTPATIENT PSYCH	0					90.01
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0					112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	3,450					191.00
191.01	19101	RESEARCH CTSA I/P	0					191.01
191.02	19102	RESEARCH CTSA O/P	0					191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0					194.00
194.01	07951	RETAIL PHARMACY	0					194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0					194.02
194.03	07953	GUEST MEALS	0					194.03
200.00		Cross Foot Adjustments		1,654,198	3,888,881	6,812	9,822	200.00
201.00		Negative Cost Centers	0	2,627,674	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,450	4,281,872	3,888,881	6,812	9,822	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER 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					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01852	EXTENDED CARE SERVICES					18.00
18.01	01851	LAB ADMINISTRATION					18.01
18.02	01850	RESEARCH ADMINISTRATION					18.02
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
23.01	02301	PARAMED ED PRGM-PHARMACY					23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	14,465,898	0	14,465,898		30.00
31.00	03100	INTENSIVE CARE UNIT	1,062,323	0	1,062,323		31.00
32.00	03200	CORONARY CARE UNIT	387,978	0	387,978		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,139,588	0	1,139,588		34.00
35.01	02400	NEURO ICU	501,676	0	501,676		35.01
35.02	02401	CARDIO-THORACIC ICU	877,264	0	877,264		35.02
40.00	04000	SUBPROVIDER - IPF	846,626	0	846,626		40.00
43.00	04300	NURSERY	112,347	0	112,347		43.00
44.00	04400	SKILLED NURSING FACILITY	1,336,755	0	1,336,755		44.00
45.00	04500	NURSING FACILITY	149,594	0	149,594		45.00
46.00	04600	OTHER LONG TERM CARE	409,007	0	409,007		46.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	14,127,274	0	14,127,274		50.00
51.00	05100	RECOVERY ROOM	1,717,769	0	1,717,769		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	705,302	0	705,302		52.00
53.00	05300	ANESTHESIOLOGY	1,672,952	0	1,672,952		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,535,209	0	9,535,209		54.00
54.01	03630	ULTRASOUND	1,560,204	0	1,560,204		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,223,013	0	7,223,013		55.00
56.00	05600	RADIOISOTOPE	690,877	0	690,877		56.00
57.00	05700	CT SCAN	1,953,381	0	1,953,381		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,694,207	0	4,694,207		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,099,774	0	3,099,774		59.00
60.00	06000	LABORATORY	4,176,892	0	4,176,892		60.00
60.01	06001	HLA LAB	241,661	0	241,661		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,650,751	0	1,650,751		63.00
65.00	06500	RESPIRATORY THERAPY	1,524,499	0	1,524,499		65.00
66.00	06600	PHYSICAL THERAPY	289,093	0	289,093		66.00
67.00	06700	OCCUPATIONAL THERAPY	81,046	0	81,046		67.00
68.00	06800	SPEECH PATHOLOGY	65,000	0	65,000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,547,803	0	1,547,803		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186,602	0	186,602		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,079,411	0	7,079,411		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,807,036	0	8,807,036		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,769,262	0	5,769,262		73.00
74.00	07400	RENAL DIALYSIS	534,905	0	534,905		74.00
76.00	03330	ENDOSCOPY	1,659,597	0	1,659,597		76.00
76.01	03950	OB/GYN IN VITRO	573,452	0	573,452		76.01
76.02	03320	ELECTROSHOCK THERAPY	66,109	0	66,109		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	14,949	0	14,949		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,935	0	30,935		76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,820,691	0	2,820,691		90.00
90.01	04950	OUTPATIENT PSYCH	405,620	0	405,620		90.01
91.00	09100	EMERGENCY	3,093,049	0	3,093,049		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	470,239	0	470,239		105.00
106.00	10600	HEART ACQUISITION	124,411	0	124,411		106.00
107.00	10700	LIVER ACQUISITION	236,735	0	236,735		107.00
108.00	10800	LUNG ACQUISITION	182,252	0	182,252		108.00
109.00	10900	PANCREAS ACQUISITION	25,567	0	25,567		109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	162,949	0	162,949		112.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	110,089,534	0	110,089,534		118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	12,030	0	12,030		191.00
191.01	19101	RESEARCH CTSA I/P	58,308	0	58,308		191.01
191.02	19102	RESEARCH CTSA O/P	53,579	0	53,579		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,115,870	0	7,115,870		194.00
194.01	07951	RETAIL PHARMACY	1,521,889	0	1,521,889		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	329,924	0	329,924		194.02
194.03	07953	GUEST MEALS	17,673	0	17,673		194.03
200.00		Cross Foot Adjustments	5,559,713	0	5,559,713		200.00
201.00		Negative Cost Centers	2,627,674	0	2,627,674		201.00
202.00		TOTAL (sum lines 118-201)	127,386,194	0	127,386,194		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)	
			1.00	1.03	1.04	1.05	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,827,826					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	0	1,143,428				1.03
1.04	00104	NEW CRC-B&F(GSON)	0	0	93,215			1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	44,127		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					33,875,003	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,802	3,167	0	0	37,316	4.00
5.01	00540	NONPATIENT TELEPHONES	10,442	1,891	0	0	11,555	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	15,631	351	0	0	39	5.03
5.04	00570	ADMITTING	25,893	0	0	586	7,534	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	354,096	370,305	0	11,998	8,364,483	5.06
7.00	00700	OPERATION OF PLANT	204,869	179,034	0	76	243,200	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,317	39	0	0	2,404	8.00
9.00	00900	HOUSEKEEPING	21,192	5,502	0	15	52,929	9.00
10.00	01000	DIETARY	33,062	258	0	0	96,851	10.00
11.00	01100	CAFETERIA	34,360	192	0	0	63,441	11.00
13.00	01300	NURSING ADMINISTRATION	21,548	4,623	0	0	752,015	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,497	2,970	0	0	111,299	14.00
15.00	01500	PHARMACY	21,707	4,764	0	0	86,997	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,290	3,187	0	0	21,793	16.00
17.00	01700	SOCIAL SERVICE	1,253	13,174	0	0	1,693	17.00
18.00	01852	EXTENDED CARE SERVICES	14,744	0	0	0	94,078	18.00
18.01	01851	LAB ADMINISTRATION	2,590	0	0	0	11,344	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	93,215	0	811,920	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,499	657	0	0	442	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	535	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	470,011	0	0	0	388,526	30.00
31.00	03100	INTENSIVE CARE UNIT	38,597	0	0	0	36,020	31.00
32.00	03200	CORONARY CARE UNIT	9,950	0	0	0	22,004	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34,660	0	0	0	69,986	34.00
35.01	02400	NEURO ICU	11,965	0	0	0	28,900	35.01
35.02	02401	CARDIO-THORACIC ICU	0	19,168	0	0	6,308	35.02
40.00	04000	SUBPROVIDER - IPF	28,949	0	0	0	51,640	40.00
43.00	04300	NURSERY	2,148	0	0	0	5,657	43.00
44.00	04400	SKILLED NURSING FACILITY	16,436	0	0	0	31,055	44.00
45.00	04500	NURSING FACILITY	2,524	0	0	0	12,215	45.00
46.00	04600	OTHER LONG TERM CARE	12,820	0	0	0	28,501	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,779	89,997	0	0	4,561,544	50.00
51.00	05100	RECOVERY ROOM	32,026	20,102	0	0	43,977	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,200	0	0	0	76,203	52.00
53.00	05300	ANESTHESIOLOGY	0	1,218	0	0	737,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,073	29,463	0	1,522	4,214,742	54.00
54.01	03630	ULTRASOUND	10,120	3,819	0	0	690,498	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	11,864	45,476	0	0	2,922,874	55.00
56.00	05600	RADIOISOTOPE	9,794	0	0	0	222,997	56.00
57.00	05700	CT SCAN	0	3,058	0	0	922,569	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,473	8,044	0	0	2,292,975	58.00
59.00	05900	CARDIAC CATHETERIZATION	922	22,548	0	0	1,271,598	59.00
60.00	06000	LABORATORY	35,133	6,794	0	586	989,883	60.00
60.01	06001	HLA LAB	2,746	0	0	0	50,519	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,857	7,542	0	0	123,806	63.00
65.00	06500	RESPIRATORY THERAPY	6,627	1,327	0	0	498,110	65.00
66.00	06600	PHYSICAL THERAPY	3,517	0	0	0	7,186	66.00
67.00	06700	OCCUPATIONAL THERAPY	987	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	493	0	0	0	18,846	68.00
69.00	06900	ELECTROCARDIOLOGY	8,433	2,742	0	0	624,976	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,453	0	0	0	70,323	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	7,869	0	0	0	170,465	74.00
76.00	03330	ENDOSCOPY	5,065	13,561	0	0	561,692	76.00
76.01	03950	OB/GYN IN VITRO	4,622	0	0	0	253,472	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,308	0	0	0	12,025	76.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)	
			1.00	1.03	1.04	1.05	2.00	
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	810	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,039	55,637	0	0	398,410	90.00
90.01	04950	OUTPATIENT PSYCH	0	5,435	0	0	54,472	90.01
91.00	09100	EMERGENCY	1,797	42,871	0	0	562,762	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	44	6,500	0	0	0	105.00
106.00	10600	HEART ACQUISITION	44	1,551	0	0	203	106.00
107.00	10700	LIVER ACQUISITION	44	2,699	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	44	1,439	0	0	294	108.00
109.00	10900	PANCREAS ACQUISITION	44	286	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,693,269	982,201	93,215	14,783	33,807,553	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	3,310	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	4,167	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	134,557	151,152	0	29,344	39,466	194.00
194.01	07951	RETAIL PHARMACY	0	4,104	0	0	20,181	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,971	0	0	326	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	16,151,549	23,110,021	1,626,339	1,296,073	58,047,827	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.836481	20.211173	17.447181	29.371428	1.713589	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT TELEPHONES)	PURCHASING RECEIVING AND STORES ($$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	477,698,772					4.00
5.01	00540	NONPATIENT TELEPHONES	1,598,978	3,631,150				5.01
5.03	00560	PURCHASING RECEIVING AND STORES	953,810	5,327	420,340,291			5.03
5.04	00570	ADMITTING	9,965,603	144,270	400,265	4,450,796,288		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	22,222,616	331,989	1,266,624	0	0	5.06
7.00	00700	OPERATION OF PLANT	8,017,104	80,719	2,245,177	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,579	373	2,783,319	0	0	8.00
9.00	00900	HOUSEKEEPING	11,086,722	29,079	1,859,482	0	0	9.00
10.00	01000	DIETARY	4,993,708	45,722	2,439,850	0	0	10.00
11.00	01100	CAFETERIA	4,403,908	36,143	7,370,032	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	22,057,024	137,928	247,484	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,621,474	31,481	13,114,591	0	0	14.00
15.00	01500	PHARMACY	18,018,960	92,584	102,337,213	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,306,279	84,386	260,636	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,824,229	52,769	27,027	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	1,183,258	73,780	174,545	0	0	18.00
18.01	01851	LAB ADMINISTRATION	3,532,074	20,964	18,658	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	86,865	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	8,565,010	66,500	343,898	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	39,889,503	26,803	185,748	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	172,000	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	191,579	2,487	1,308	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	100,694,228	725,139	6,983,514	340,678,751	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,986,448	32,718	766,114	22,552,669	0	31.00
32.00	03200	CORONARY CARE UNIT	3,427,205	9,703	233,440	12,093,715	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,097,976	37,663	1,623,895	37,369,105	0	34.00
35.01	02400	NEURO ICU	4,554,648	20,300	463,014	18,535,121	0	35.01
35.02	02401	CARDIO-THORACIC ICU	6,132,460	37,934	891,839	20,334,184	0	35.02
40.00	04000	SUBPROVIDER - IPF	4,893,256	28,487	180,512	13,559,179	0	40.00
43.00	04300	NURSERY	938,657	2,715	179,454	3,897,031	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,550,395	4,645	445,943	10,189,026	0	44.00
45.00	04500	NURSING FACILITY	182,921	2,326	32,855	832,034	0	45.00
46.00	04600	OTHER LONG TERM CARE	426,816	5,427	76,663	1,656,062	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,459,600	270,115	19,981,421	334,487,846	0	50.00
51.00	05100	RECOVERY ROOM	9,245,696	71,624	1,898,749	90,013,105	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,743,268	19,375	529,094	14,014,751	0	52.00
53.00	05300	ANESTHESIOLOGY	2,191,074	101,554	4,247,886	118,521,370	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,748,130	109,899	4,301,574	242,035,337	0	54.00
54.01	03630	ULTRASOUND	1,130,997	9,503	103,083	44,357,417	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,057,178	99,937	2,580,334	257,127,748	0	55.00
56.00	05600	RADIOISOTOPE	1,280,808	15,764	1,766,237	16,685,578	0	56.00
57.00	05700	CT SCAN	2,721,595	21,314	777,111	201,977,419	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,151,384	21,874	1,393,016	152,222,323	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,008,095	38,576	380,140	56,772,261	0	59.00
60.00	06000	LABORATORY	13,929,891	87,670	11,869,528	635,283,480	0	60.00
60.01	06001	HLA LAB	866,920	4,846	2,054,802	33,254,952	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,139,568	33,772	23,808,722	196,796,299	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,010,160	15,288	2,820,902	62,021,536	0	65.00
66.00	06600	PHYSICAL THERAPY	4,289,984	14,096	70,568	25,071,242	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,613,885	0	9,281	8,253,024	0	67.00
68.00	06800	SPEECH PATHOLOGY	587,711	375	822	2,902,724	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,817,741	21,869	1,371,326	134,844,782	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	684,644	2,105	28,703	13,475,396	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	64,287,954	272,093,673	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	98,213,424	262,837,262	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	439,557,982	0	73.00
74.00	07400	RENAL DIALYSIS	2,217,884	8,738	940,269	24,756,324	0	74.00
76.00	03330	ENDOSCOPY	3,484,399	28,240	974,665	38,963,706	0	76.00
76.01	03950	OB/GYN IN VITRO	528,219	573	377,278	4,106,080	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	254,542	3,381	57,992	2,399,858	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	496,800	1,368,090	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	749	4,331	2,423,513	0	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT TELEPHONES)	PURCHASING RECEIVING AND STORES ($$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,635,460	185,857	1,337,308	50,711,074	0	90.00
90.01	04950	OUTPATIENT PSYCH	628,768	14,390	748,216	3,187,060	0	90.01
91.00	09100	EMERGENCY	12,919,919	112,667	2,864,917	189,686,362	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,145,201	6,650	13,063	15,531,017	0	105.00
106.00	10600	HEART ACQUISITION	495,227	4,132	2,461	2,400,448	0	106.00
107.00	10700	LIVER ACQUISITION	741,666	5,907	5,443	6,841,367	0	107.00
108.00	10800	LUNG ACQUISITION	544,164	4,669	5,969	5,732,837	0	108.00
109.00	10900	PANCREAS ACQUISITION	19,955	0	368	1,031,185	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	649,859	604	19,290	5,135,898	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	466,552,885	3,506,474	397,296,147	4,450,579,203	0	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	196,637	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	54,386	295	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	16,243	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,788,708	66,162	921,678	0	0	194.00
194.01	07951	RETAIL PHARMACY	3,296,132	42,952	22,025,382	216,790	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	864,410	15,562	26,455	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	43,212,611	1,549,498	12,643,961	17,951,385	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.090460	0.426724	0.030080	0.004033	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	311,340	160,613	148,083	377,812	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000652	0.044232	0.000352	0.000085	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
			5A.06	5.06	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-279,848,413	1,326,107,214				5.06
7.00	00700	OPERATION OF PLANT	0	56,615,213	2,004,868			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,847,725	7,641	7,353,545		8.00
9.00	00900	HOUSEKEEPING	0	20,923,335	26,963	249,638	1,970,264	9.00
10.00	01000	DIETARY	0	10,421,683	41,218	9,932	41,218	10.00
11.00	01100	CAFETERIA	0	5,101,576	34,552	0	34,552	11.00
13.00	01300	NURSING ADMINISTRATION	0	43,699,579	26,171	0	26,171	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,598,623	31,467	12,340	31,467	14.00
15.00	01500	PHARMACY	0	162,079,106	27,301	0	27,301	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,924,286	14,265	0	14,265	16.00
17.00	01700	SOCIAL SERVICE	0	13,048,748	6,639	0	6,639	17.00
18.00	01852	EXTENDED CARE SERVICES	0	2,591,023	14,744	0	14,744	18.00
18.01	01851	LAB ADMINISTRATION	0	9,629,176	2,590	0	2,590	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	118,514	0	0	0	18.02
20.00	02000	NURSING SCHOOL	1,315,709	0	93,215	1,502	93,215	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	130,683,735	8,944	79,122	8,944	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	226,103	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	267,889	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	145,729,305	470,011	4,175,153	470,011	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,067,003	38,597	195,666	38,597	31.00
32.00	03200	CORONARY CARE UNIT	0	5,023,337	9,950	70,005	9,950	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	13,356,704	34,660	195,237	34,660	34.00
35.01	02400	NEURO ICU	0	6,833,379	11,965	95,857	11,965	35.01
35.02	02401	CARDIO-THORACIC ICU	0	9,603,384	19,168	131,859	19,168	35.02
40.00	04000	SUBPROVIDER - IPF	0	8,028,002	28,949	89,020	28,949	40.00
43.00	04300	NURSERY	0	1,505,975	2,148	39,567	2,148	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,097,059	16,436	131,194	16,436	44.00
45.00	04500	NURSING FACILITY	0	420,719	2,524	19,652	2,524	45.00
46.00	04600	OTHER LONG TERM CARE	0	999,949	12,820	45,199	12,820	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	80,272,165	136,776	155,405	136,776	50.00
51.00	05100	RECOVERY ROOM	0	16,920,139	52,128	107,046	52,128	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,634,969	20,200	45,783	20,200	52.00
53.00	05300	ANESTHESIOLOGY	0	8,358,362	1,218	0	1,218	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,668,564	64,540	203,294	64,540	54.00
54.01	03630	ULTRASOUND	0	4,083,951	16,476	7,002	16,476	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,783,586	69,151	27,735	57,340	55.00
56.00	05600	RADIOISOTOPE	0	2,677,636	9,794	31,995	9,794	56.00
57.00	05700	CT SCAN	0	6,550,050	8,578	44,052	8,578	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,790,168	26,915	221,929	38,726	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,674,060	23,470	45,006	23,470	59.00
60.00	06000	LABORATORY	0	42,827,547	49,292	0	47,685	60.00
60.01	06001	HLA LAB	0	3,173,766	2,746	0	2,746	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	33,642,871	11,399	22,880	11,399	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,719,105	7,954	0	9,561	65.00
66.00	06600	PHYSICAL THERAPY	0	6,313,706	3,517	4,416	3,517	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,221,506	987	0	987	67.00
68.00	06800	SPEECH PATHOLOGY	0	860,412	493	0	493	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,107,014	11,175	19,555	11,175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,452,252	1,453	960	1,453	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	81,883,356	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	102,238,207	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,771,890	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,429,727	7,869	8,523	7,869	74.00
76.00	03330	ENDOSCOPY	0	7,436,244	18,626	30,385	18,626	76.00
76.01	03950	OB/GYN IN VITRO	0	2,360,510	4,622	0	4,622	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	466,599	2,308	0	2,308	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	517,262	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	364,935	810	0	810	76.98

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		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
			5A.06	5.06	7.00	8.00	9.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	17,088,086	62,076	49,163	62,076	90.00
90.01	04950	OUTPATIENT PSYCH	0	1,061,797	5,435	0	5,435	90.01
91.00	09100	EMERGENCY	0	23,819,376	46,178	717,710	46,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	9,943,223	6,544	0	6,544	105.00
106.00	10600	HEART ACQUISITION	0	2,379,371	1,595	0	1,595	106.00
107.00	10700	LIVER ACQUISITION	0	5,431,330	2,743	0	2,743	107.00
108.00	10800	LUNG ACQUISITION	0	4,561,678	1,483	0	1,483	108.00
109.00	10900	PANCREAS ACQUISITION	0	612,981	330	0	330	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	5,764,410	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-278,532,704	1,289,303,941	1,661,819	7,283,782	1,627,215	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	297,207	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	86,923	3,918	0	3,918	191.01
191.02	19102	RESEARCH CTSA O/P	0	51,255	3,546	0	3,546	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	24,986,114	325,510	69,763	325,510	194.00
194.01	07951	RETAIL PHARMACY	0	5,553,950	4,104	0	4,104	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,827,824	5,971	0	5,971	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		279,848,413	68,562,721	3,709,988	26,386,817	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.211030	34.198122	0.504517	13.392529	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		36,743,646	7,461,089	137,993	1,102,674	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.027708	3.721486	0.018766	0.559658	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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	868,971					10.00
11.00	01100	CAFETERIA	0	6,777				11.00
13.00	01300	NURSING ADMINISTRATION	0	264	7,395,776			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	98	0	177,076,257		14.00
15.00	01500	PHARMACY	0	229	0	0	132,246,771	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	142	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	120	0	0	0	17.00
18.00	01852	EXTENDED CARE SERVICES	104,753	21	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	44	0	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	1	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	103	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	704	0	0	1,384	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	4	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	3	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	656,278	1,701	3,532,892	0	29,575	30.00
31.00	03100	INTENSIVE CARE UNIT	20,292	111	230,101	0	475	31.00
32.00	03200	CORONARY CARE UNIT	7,287	53	110,420	0	241	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,593	128	266,305	0	370	34.00
35.01	02400	NEURO ICU	7,403	67	139,955	0	595	35.01
35.02	02401	CARDIO-THORACIC ICU	6,216	85	177,591	0	156	35.02
40.00	04000	SUBPROVIDER - IPF	39,057	86	178,593	0	441	40.00
43.00	04300	NURSERY	0	14	29,358	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	56	145,649	0	2,113	44.00
45.00	04500	NURSING FACILITY	0	5	15,276	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	11	33,461	0	1,106	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	466	965,584	0	33,445	50.00
51.00	05100	RECOVERY ROOM	510	133	278,060	0	115,453	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	81	168,823	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	54	0	0	1,276,895	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	239	0	0	227,633	54.00
54.01	03630	ULTRASOUND	0	17	0	0	5,400	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	116	0	0	1,677,928	55.00
56.00	05600	RADIOISOTOPE	0	17	0	0	1,687,592	56.00
57.00	05700	CT SCAN	0	45	0	0	9,160	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	52	0	0	45,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56	115,845	0	0	59.00
60.00	06000	LABORATORY	0	278	0	0	5,999	60.00
60.01	06001	HLA LAB	0	15	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	86	0	0	72,085	63.00
65.00	06500	RESPIRATORY THERAPY	0	128	0	0	2,326	65.00
66.00	06600	PHYSICAL THERAPY	0	76	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	26	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48	0	0	1,197,996	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	78,852,333	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	98,223,924	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	102,629,342	73.00
74.00	07400	RENAL DIALYSIS	0	28	0	0	28,201	74.00
76.00	03330	ENDOSCOPY	0	53	109,286	0	107	76.00
76.01	03950	OB/GYN IN VITRO	0	8	16,218	0	10,835	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	4	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	138	286,563	0	438,687	90.00
90.01	04950	OUTPATIENT PSYCH	0	13	0	0	743,589	90.01
91.00	09100	EMERGENCY	0	241	500,206	0	23,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	18	36,779	0	0	105.00
106.00	10600	HEART ACQUISITION	0	8	15,878	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	11	23,866	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	9	18,581	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	486	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	9	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	848,389	6,545	7,395,776	177,076,257	110,268,535	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	2	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	2,244	0	0	0	13,492	191.01
191.02	19102	RESEARCH CTSA O/P	2,244	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	169	0	0	20,971	194.00
194.01	07951	RETAIL PHARMACY	0	47	0	0	21,943,773	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	14	0	0	0	194.02
194.03	07953	GUEST MEALS	16,094	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,587,573	7,822,515	54,471,724	10,819,040	197,846,269	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.787180	1,154.274015	7.365248	0.061098	1.496039	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	954,202	736,298	3,033,069	10,554,825	7,187,984	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.098083	108.646599	0.410108	0.059606	0.054353	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES (ECF PT DAYS)	OTHER GENERAL SERVICE: LAB ADMINISTRATION (LAB HOURS)	OTHER GENERAL SERVICE: RESEARCH ADMINISTRATION (RESEARCH HOURS)	
			16.00	17.00	18.00	18.01	18.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,450,796,288					16.00
17.00	01700	SOCIAL SERVICE	0	298,541				17.00
18.00	01852	EXTENDED CARE SERVICES	0	0	32,038			18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	784,384		18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	100	18.02
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	340,678,751	252,477	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,552,669	9,876	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	12,093,715	4,721	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	37,369,105	11,205	0	0	0	34.00
35.01	02400	NEURO ICU	18,535,121	6,420	0	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	20,334,184	7,295	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	13,559,179	0	0	0	0	40.00
43.00	04300	NURSERY	3,897,031	6,547	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	10,189,026	0	20,731	0	0	44.00
45.00	04500	NURSING FACILITY	832,034	0	3,863	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	1,656,062	0	7,444	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	334,487,846	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	90,013,105	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,014,751	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	118,521,370	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	242,035,337	0	0	0	0	54.00
54.01	03630	ULTRASOUND	44,357,417	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	257,127,748	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	16,685,578	0	0	0	0	56.00
57.00	05700	CT SCAN	201,977,419	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	152,222,323	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	56,772,261	0	0	0	0	59.00
60.00	06000	LABORATORY	635,283,480	0	0	575,867	0	60.00
60.01	06001	HLA LAB	33,254,952	0	0	30,940	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	196,796,299	0	0	177,577	0	63.00
65.00	06500	RESPIRATORY THERAPY	62,021,536	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	25,071,242	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,253,024	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,902,724	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	134,844,782	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,475,396	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	272,093,673	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	262,837,262	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	439,557,982	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	24,756,324	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	38,963,706	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	4,106,080	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,399,858	0	0	0	0	76.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES (ECF PT DAYS)	OTHER GENERAL SERVICE: LAB ADMINISTRATION (LAB HOURS)	OTHER GENERAL SERVICE: RESEARCH ADMINISTRATION (RESEARCH HOURS)	
			16.00	17.00	18.00	18.01	18.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	1,368,090	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,423,513	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	50,711,074	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	3,187,060	0	0	0	0	90.01
91.00	09100	EMERGENCY	189,686,362	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	15,531,017	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,400,448	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,841,367	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	5,732,837	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,031,185	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	5,135,898	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,450,579,203	298,541	32,038	784,384	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	100	191.00
191.01	19101	RESEARCH CTSA I/P	295	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	216,790	0	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	26,182,725	16,256,892	5,622,230	11,835,269	144,678	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005883	54.454470	175.486298	15.088616	1,446.780000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,058,504	719,870	621,515	336,852	3,450	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000238	2.411294	19.399307	0.429448	34.500000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	NURSING SCHOOL (STUDENT HOURS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (% OF TIME)	PARAMED ED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)	
			20.00	21.00	23.01	23A.02	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01852	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION						18.02
20.00	02000	NURSING SCHOOL	58,852					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		10,000				21.00
23.01	02301	PARAMED ED PRGM-PHARMACY			100			23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED			0	-327,885	1,604,312,033	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	55,866	2,206	0	0	294,025,900	30.00
31.00	03100	INTENSIVE CARE UNIT	384	323	0	0	23,347,099	31.00
32.00	03200	CORONARY CARE UNIT	0	177	0	0	10,741,518	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	20,973,746	34.00
35.01	02400	NEURO ICU	288	70	0	0	11,717,806	35.01
35.02	02401	CARDIO-THORACIC ICU	0	0	0	0	14,636,297	35.02
40.00	04000	SUBPROVIDER - IPF	852	177	0	0	16,166,303	40.00
43.00	04300	NURSERY	0	0	0	0	2,557,796	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	14,281,630	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	1,440,619	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	3,420,748	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,660	0	0	139,951,149	50.00
51.00	05100	RECOVERY ROOM	0	37	0	0	26,528,244	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,462	79	0	0	12,990,848	52.00
53.00	05300	ANESTHESIOLOGY	0	818	0	0	25,900,619	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	626	0	0	57,186,390	54.00
54.01	03630	ULTRASOUND	0	94	0	0	7,521,776	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	143	0	0	42,020,759	55.00
56.00	05600	RADIOISOTOPE	0	137	0	0	8,553,157	56.00
57.00	05700	CT SCAN	0	59	0	0	10,557,942	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	231	0	0	19,327,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	150	0	0	16,500,226	59.00
60.00	06000	LABORATORY	0	590	0	0	76,357,712	60.00
60.01	06001	HLA LAB	0	12	0	0	4,845,456	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	139	0	0	47,558,444	63.00
65.00	06500	RESPIRATORY THERAPY	0	71	0	0	21,085,215	65.00
66.00	06600	PHYSICAL THERAPY	0	100	0	0	9,646,333	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,815,846	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,092,913	68.00
69.00	06900	ELECTROCARDIOLOGY	0	85	0	0	11,934,523	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	310	0	0	6,868,443	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	105,581,648	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	131,361,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	158,547,603	73.00
74.00	07400	RENAL DIALYSIS	0	15	0	0	6,202,787	74.00
76.00	03330	ENDOSCOPY	0	131	0	0	13,092,748	76.00
76.01	03950	OB/GYN IN VITRO	0	12	0	0	3,439,113	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	14	0	0	916,998	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	634,468	76.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/26/2015 8:27 am

		Cost Center Description	NURSING SCHOOL (STUDENT HOURS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (% OF TIME)	PARAMED ED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)	
			20.00	21.00	23.01	23A.02	23.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	494,753	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	690	0	0	37,906,161	90.00
90.01	04950	OUTPATIENT PSYCH	0	186	0	0	5,658,200	90.01
91.00	09100	EMERGENCY	0	594	0	0	45,995,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	12,736,007	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	3,097,698	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	6,936,769	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	5,775,874	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	767,689	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	0	0	7,021,475	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	58,852	9,936	100	-327,885	1,508,720,414	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	506,914	191.00
191.01	19101	RESEARCH CTSA I/P	0	60	0	0	1,306,836	191.01
191.02	19102	RESEARCH CTSA O/P	0	4	0	0	332,315	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	46,011,809	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	39,805,578	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	7,357,994	194.02
194.03	07953	GUEST MEALS	0	0	0	0	270,173	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,240,102	159,542,173	278,435		327,885	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	55.055087	15,954.217300	2,784.350000		0.000204	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,281,872	3,888,881	6,812		9,822	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	28.107762	388.888100	68.120000		0.000006	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/26/2015 8:27 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	258,891,482		258,891,482	0	258,891,482	30.00
31.00	03100	INTENSIVE CARE UNIT	18,198,650		18,198,650	0	18,198,650	31.00
32.00	03200	CORONARY CARE UNIT	7,919,813		7,919,813	0	7,919,813	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	20,978,025		20,978,025	0	20,978,025	34.00
35.01	02400	NEURO ICU	10,603,401		10,603,401	0	10,603,401	35.01
35.02	02401	CARDIO-THORACIC ICU	14,639,283		14,639,283	0	14,639,283	35.02
40.00	04000	SUBPROVIDER - IPF	13,345,705		13,345,705	0	13,345,705	40.00
43.00	04300	NURSERY	2,558,318		2,558,318	0	2,558,318	43.00
44.00	04400	SKILLED NURSING FACILITY	14,284,543		14,284,543	0	14,284,543	44.00
45.00	04500	NURSING FACILITY	1,440,913		1,440,913	0	1,440,913	45.00
46.00	04600	OTHER LONG TERM CARE	3,421,446		3,421,446	0	3,421,446	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	113,495,698		113,495,698	0	113,495,698	50.00
51.00	05100	RECOVERY ROOM	25,943,350		25,943,350	0	25,943,350	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,733,115		11,733,115	0	11,733,115	52.00
53.00	05300	ANESTHESIOLOGY	12,855,353		12,855,353	0	12,855,353	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,210,716		47,210,716	0	47,210,716	54.00
54.01	03630	ULTRASOUND	6,023,614		6,023,614	0	6,023,614	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	39,747,878		39,747,878	0	39,747,878	55.00
56.00	05600	RADIOISOTOPE	6,369,174		6,369,174	0	6,369,174	56.00
57.00	05700	CT SCAN	9,618,797		9,618,797	0	9,618,797	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,646,466		15,646,466	0	15,646,466	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,110,459		14,110,459	0	14,110,459	59.00
60.00	06000	LABORATORY	66,960,301		66,960,301	0	66,960,301	60.00
60.01	06001	HLA LAB	4,654,993		4,654,993	0	4,654,993	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	45,350,510		45,350,510	0	45,350,510	63.00
65.00	06500	RESPIRATORY THERAPY	19,956,767	0	19,956,767	0	19,956,767	65.00
66.00	06600	PHYSICAL THERAPY	8,052,879	0	8,052,879	0	8,052,879	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,816,420	0	2,816,420	0	2,816,420	67.00
68.00	06800	SPEECH PATHOLOGY	1,093,136	0	1,093,136	0	1,093,136	68.00
69.00	06900	ELECTROCARDIOLOGY	10,580,850		10,580,850	0	10,580,850	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,924,037		1,924,037	0	1,924,037	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,603,187		105,603,187	0	105,603,187	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	131,387,926		131,387,926	0	131,387,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,579,947		158,579,947	0	158,579,947	73.00
74.00	07400	RENAL DIALYSIS	5,964,739		5,964,739	0	5,964,739	74.00
76.00	03330	ENDOSCOPY	11,005,417		11,005,417	0	11,005,417	76.00
76.01	03950	OB/GYN IN VITRO	3,248,364		3,248,364	0	3,248,364	76.01
76.02	03320	ELECTROSHOCK THERAPY	693,826		693,826	0	693,826	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	634,597		634,597	0	634,597	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	494,854		494,854	0	494,854	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26,905,484		26,905,484	0	26,905,484	90.00
90.01	04950	OUTPATIENT PSYCH	2,691,870		2,691,870	0	2,691,870	90.01
91.00	09100	EMERGENCY	36,528,469		36,528,469	0	36,528,469	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,740,294		6,740,294		6,740,294	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	12,738,605		12,738,605		12,738,605	105.00
106.00	10600	HEART ACQUISITION	3,098,330		3,098,330		3,098,330	106.00
107.00	10700	LIVER ACQUISITION	6,938,184		6,938,184		6,938,184	107.00
108.00	10800	LUNG ACQUISITION	5,777,052		5,777,052		5,777,052	108.00
109.00	10900	PANCREAS ACQUISITION	767,846		767,846		767,846	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	7,022,907		7,022,907		7,022,907	112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,357,247,990	0	1,357,247,990	0	1,357,247,990	200.00
201.00		Less Observation Beds	6,740,294		6,740,294		6,740,294	201.00
202.00		Total (see instructions)	1,350,507,696	0	1,350,507,696	0	1,350,507,696	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/26/2015 8:27 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	335,207,375		335,207,375			30.00
31.00	03100	INTENSIVE CARE UNIT	22,552,669		22,552,669			31.00
32.00	03200	CORONARY CARE UNIT	12,093,715		12,093,715			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	37,369,105		37,369,105			34.00
35.01	02400	NEURO ICU	18,535,121		18,535,121			35.01
35.02	02401	CARDIO-THORACIC ICU	20,335,094		20,335,094			35.02
40.00	04000	SUBPROVIDER - IPF	13,559,623		13,559,623			40.00
43.00	04300	NURSERY	3,897,031		3,897,031			43.00
44.00	04400	SKILLED NURSING FACILITY	9,852,130		9,852,130			44.00
45.00	04500	NURSING FACILITY	832,034		832,034			45.00
46.00	04600	OTHER LONG TERM CARE	1,196,537		1,196,537			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	227,439,348	107,048,498	334,487,846	0.339312	0.000000	50.00
51.00	05100	RECOVERY ROOM	33,229,510	56,783,595	90,013,105	0.288217	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,008,028	3,006,723	14,014,751	0.837198	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	60,532,486	57,988,884	118,521,370	0.108464	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,801,585	153,233,752	242,035,337	0.195057	0.000000	54.00
54.01	03630	ULTRASOUND	9,743,632	34,613,785	44,357,417	0.135797	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	12,334,877	244,792,871	257,127,748	0.154584	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,209,769	12,475,809	16,685,578	0.381717	0.000000	56.00
57.00	05700	CT SCAN	75,268,366	126,709,053	201,977,419	0.047623	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,820,960	117,401,363	152,222,323	0.102787	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,951,752	31,820,509	56,772,261	0.248545	0.000000	59.00
60.00	06000	LABORATORY	376,600,408	258,651,023	635,251,431	0.105408	0.000000	60.00
60.01	06001	HLA LAB	7,952,048	25,302,904	33,254,952	0.139979	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	135,583,986	61,212,313	196,796,299	0.230444	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	58,048,931	3,972,605	62,021,536	0.321772	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	24,578,965	492,277	25,071,242	0.321200	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,848,118	404,906	8,253,024	0.341259	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,757,831	144,893	2,902,724	0.376590	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	68,327,159	66,517,623	134,844,782	0.078467	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,032,422	1,442,974	13,475,396	0.142781	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	201,525,558	70,567,854	272,093,412	0.388114	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	201,309,515	61,527,747	262,837,262	0.499883	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	322,933,683	116,622,020	439,555,703	0.360773	0.000000	73.00
74.00	07400	RENAL DIALYSIS	24,098,886	657,438	24,756,324	0.240938	0.000000	74.00
76.00	03330	ENDOSCOPY	11,169,474	27,794,232	38,963,706	0.282453	0.000000	76.00
76.01	03950	OB/GYN IN VITRO	0	4,106,080	4,106,080	0.791111	0.000000	76.01
76.02	03320	ELECTROSHOCK THERAPY	796,943	1,602,915	2,399,858	0.289111	0.000000	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	48,330	1,319,760	1,368,090	0.463856	0.000000	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,664	2,415,849	2,423,513	0.204189	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,861,464	48,849,610	50,711,074	0.530564	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH	15,200	3,171,860	3,187,060	0.844625	0.000000	90.01
91.00	09100	EMERGENCY	79,573,622	110,112,740	189,686,362	0.192573	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	567,405	4,019,355	4,586,760	1.469511	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	15,531,017	0	15,531,017			105.00
106.00	10600	HEART ACQUISITION	2,400,448	0	2,400,448			106.00
107.00	10700	LIVER ACQUISITION	6,841,367	0	6,841,367			107.00
108.00	10800	LUNG ACQUISITION	5,732,837	0	5,732,837			108.00
109.00	10900	PANCREAS ACQUISITION	1,031,185	0	1,031,185			109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	4,205,451	930,447	5,135,898			112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,631,150,664	1,817,714,267	4,448,864,931			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,631,150,664	1,817,714,267	4,448,864,931			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

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Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.01	02400	NEURO ICU		35.01
35.02	02401	CARDIO-THORACIC ICU		35.02
40.00	04000	SUBPROVIDER - IPF		40.00
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	0.339312	50.00
51.00	05100	RECOVERY ROOM	0.288217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837198	52.00
53.00	05300	ANESTHESIOLOGY	0.108464	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195057	54.00
54.01	03630	ULTRASOUND	0.135797	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154584	55.00
56.00	05600	RADIOISOTOPE	0.381717	56.00
57.00	05700	CT SCAN	0.047623	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102787	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.248545	59.00
60.00	06000	LABORATORY	0.105408	60.00
60.01	06001	HLA LAB	0.139979	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230444	63.00
65.00	06500	RESPIRATORY THERAPY	0.321772	65.00
66.00	06600	PHYSICAL THERAPY	0.321200	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341259	67.00
68.00	06800	SPEECH PATHOLOGY	0.376590	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078467	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142781	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.388114	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.499883	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360773	73.00
74.00	07400	RENAL DIALYSIS	0.240938	74.00
76.00	03330	ENDOSCOPY	0.282453	76.00
76.01	03950	OB/GYN IN VITRO	0.791111	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289111	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.463856	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204189	76.98
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.530564	90.00
90.01	04950	OUTPATIENT PSYCH	0.844625	90.01
91.00	09100	EMERGENCY	0.192573	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.469511	92.00
		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
112.00	08600	OTHER ORGAN ACQ - BONE MARROW		112.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	258,891,482		258,891,482	0	258,891,482	30.00
31.00	03100	INTENSIVE CARE UNIT	18,198,650		18,198,650	0	18,198,650	31.00
32.00	03200	CORONARY CARE UNIT	7,919,813		7,919,813	0	7,919,813	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	20,978,025		20,978,025	0	20,978,025	34.00
35.01	02400	NEURO ICU	10,603,401		10,603,401	0	10,603,401	35.01
35.02	02401	CARDIO-THORACIC ICU	14,639,283		14,639,283	0	14,639,283	35.02
40.00	04000	SUBPROVIDER - IPF	13,345,705		13,345,705	0	13,345,705	40.00
43.00	04300	NURSERY	2,558,318		2,558,318	0	2,558,318	43.00
44.00	04400	SKILLED NURSING FACILITY	14,284,543		14,284,543	0	14,284,543	44.00
45.00	04500	NURSING FACILITY	1,440,913		1,440,913	0	1,440,913	45.00
46.00	04600	OTHER LONG TERM CARE	3,421,446		3,421,446	0	3,421,446	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	113,495,698		113,495,698	0	113,495,698	50.00
51.00	05100	RECOVERY ROOM	25,943,350		25,943,350	0	25,943,350	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,733,115		11,733,115	0	11,733,115	52.00
53.00	05300	ANESTHESIOLOGY	12,855,353		12,855,353	0	12,855,353	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,210,716		47,210,716	0	47,210,716	54.00
54.01	03630	ULTRASOUND	6,023,614		6,023,614	0	6,023,614	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	39,747,878		39,747,878	0	39,747,878	55.00
56.00	05600	RADIOISOTOPE	6,369,174		6,369,174	0	6,369,174	56.00
57.00	05700	CT SCAN	9,618,797		9,618,797	0	9,618,797	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,646,466		15,646,466	0	15,646,466	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,110,459		14,110,459	0	14,110,459	59.00
60.00	06000	LABORATORY	66,960,301		66,960,301	0	66,960,301	60.00
60.01	06001	HLA LAB	4,654,993		4,654,993	0	4,654,993	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	45,350,510		45,350,510	0	45,350,510	63.00
65.00	06500	RESPIRATORY THERAPY	19,956,767	0	19,956,767	0	19,956,767	65.00
66.00	06600	PHYSICAL THERAPY	8,052,879	0	8,052,879	0	8,052,879	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,816,420	0	2,816,420	0	2,816,420	67.00
68.00	06800	SPEECH PATHOLOGY	1,093,136	0	1,093,136	0	1,093,136	68.00
69.00	06900	ELECTROCARDIOLOGY	10,580,850		10,580,850	0	10,580,850	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,924,037		1,924,037	0	1,924,037	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,603,187		105,603,187	0	105,603,187	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	131,387,926		131,387,926	0	131,387,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,579,947		158,579,947	0	158,579,947	73.00
74.00	07400	RENAL DIALYSIS	5,964,739		5,964,739	0	5,964,739	74.00
76.00	03330	ENDOSCOPY	11,005,417		11,005,417	0	11,005,417	76.00
76.01	03950	OB/GYN IN VITRO	3,248,364		3,248,364	0	3,248,364	76.01
76.02	03320	ELECTROSHOCK THERAPY	693,826		693,826	0	693,826	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	634,597		634,597	0	634,597	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	494,854		494,854	0	494,854	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26,905,484		26,905,484	0	26,905,484	90.00
90.01	04950	OUTPATIENT PSYCH	2,691,870		2,691,870	0	2,691,870	90.01
91.00	09100	EMERGENCY	36,528,469		36,528,469	0	36,528,469	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,740,294		6,740,294		6,740,294	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	12,738,605		12,738,605		12,738,605	105.00
106.00	10600	HEART ACQUISITION	3,098,330		3,098,330		3,098,330	106.00
107.00	10700	LIVER ACQUISITION	6,938,184		6,938,184		6,938,184	107.00
108.00	10800	LUNG ACQUISITION	5,777,052		5,777,052		5,777,052	108.00
109.00	10900	PANCREAS ACQUISITION	767,846		767,846		767,846	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	7,022,907		7,022,907		7,022,907	112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,357,247,990	0	1,357,247,990	0	1,357,247,990	200.00
201.00		Less Observation Beds	6,740,294		6,740,294		6,740,294	201.00
202.00		Total (see instructions)	1,350,507,696	0	1,350,507,696	0	1,350,507,696	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	335,207,375		335,207,375			30.00
31.00	03100	INTENSIVE CARE UNIT	22,552,669		22,552,669			31.00
32.00	03200	CORONARY CARE UNIT	12,093,715		12,093,715			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	37,369,105		37,369,105			34.00
35.01	02400	NEURO ICU	18,535,121		18,535,121			35.01
35.02	02401	CARDIO-THORACIC ICU	20,335,094		20,335,094			35.02
40.00	04000	SUBPROVIDER - IPF	13,559,623		13,559,623			40.00
43.00	04300	NURSERY	3,897,031		3,897,031			43.00
44.00	04400	SKILLED NURSING FACILITY	9,852,130		9,852,130			44.00
45.00	04500	NURSING FACILITY	832,034		832,034			45.00
46.00	04600	OTHER LONG TERM CARE	1,196,537		1,196,537			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	227,439,348	107,048,498	334,487,846	0.339312	0.000000	50.00
51.00	05100	RECOVERY ROOM	33,229,510	56,783,595	90,013,105	0.288217	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,008,028	3,006,723	14,014,751	0.837198	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	60,532,486	57,988,884	118,521,370	0.108464	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,801,585	153,233,752	242,035,337	0.195057	0.000000	54.00
54.01	03630	ULTRASOUND	9,743,632	34,613,785	44,357,417	0.135797	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	12,334,877	244,792,871	257,127,748	0.154584	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,209,769	12,475,809	16,685,578	0.381717	0.000000	56.00
57.00	05700	CT SCAN	75,268,366	126,709,053	201,977,419	0.047623	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,820,960	117,401,363	152,222,323	0.102787	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,951,752	31,820,509	56,772,261	0.248545	0.000000	59.00
60.00	06000	LABORATORY	376,600,408	258,651,023	635,251,431	0.105408	0.000000	60.00
60.01	06001	HLA LAB	7,952,048	25,302,904	33,254,952	0.139979	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	135,583,986	61,212,313	196,796,299	0.230444	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	58,048,931	3,972,605	62,021,536	0.321772	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	24,578,965	492,277	25,071,242	0.321200	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,848,118	404,906	8,253,024	0.341259	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,757,831	144,893	2,902,724	0.376590	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	68,327,159	66,517,623	134,844,782	0.078467	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,032,422	1,442,974	13,475,396	0.142781	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	201,525,558	70,567,854	272,093,412	0.388114	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	201,309,515	61,527,747	262,837,262	0.499883	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	322,933,683	116,622,020	439,555,703	0.360773	0.000000	73.00
74.00	07400	RENAL DIALYSIS	24,098,886	657,438	24,756,324	0.240938	0.000000	74.00
76.00	03330	ENDOSCOPY	11,169,474	27,794,232	38,963,706	0.282453	0.000000	76.00
76.01	03950	OB/GYN IN VITRO	0	4,106,080	4,106,080	0.791111	0.000000	76.01
76.02	03320	ELECTROSHOCK THERAPY	796,943	1,602,915	2,399,858	0.289111	0.000000	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	48,330	1,319,760	1,368,090	0.463856	0.000000	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,664	2,415,849	2,423,513	0.204189	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,861,464	48,849,610	50,711,074	0.530564	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH	15,200	3,171,860	3,187,060	0.844625	0.000000	90.01
91.00	09100	EMERGENCY	79,573,622	110,112,740	189,686,362	0.192573	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	567,405	4,019,355	4,586,760	1.469511	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	15,531,017	0	15,531,017			105.00
106.00	10600	HEART ACQUISITION	2,400,448	0	2,400,448			106.00
107.00	10700	LIVER ACQUISITION	6,841,367	0	6,841,367			107.00
108.00	10800	LUNG ACQUISITION	5,732,837	0	5,732,837			108.00
109.00	10900	PANCREAS ACQUISITION	1,031,185	0	1,031,185			109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	4,205,451	930,447	5,135,898			112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,631,150,664	1,817,714,267	4,448,864,931			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,631,150,664	1,817,714,267	4,448,864,931			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.01	02400	NEURO ICU			35.01
35.02	02401	CARDIO-THORACIC ICU			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
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
54.01	03630	ULTRASOUND	0.000000		54.01
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	HLA LAB	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
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
76.00	03330	ENDOSCOPY	0.000000		76.00
76.01	03950	OB/GYN IN VITRO	0.000000		76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000000		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000000		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	OUTPATIENT PSYCH	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		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
112.00	08600	OTHER ORGAN ACQ - BONE MARROW			112.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part I Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	14,465,898	0	14,465,898	259,226	55.80	30.00
31.00	INTENSIVE CARE UNIT	1,062,323		1,062,323	9,876	107.57	31.00
32.00	CORONARY CARE UNIT	387,978		387,978	4,721	82.18	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,139,588		1,139,588	11,205	101.70	34.00
35.01	NEURO ICU	501,676		501,676	6,420	78.14	35.01
35.02	CARDIO-THORACIC ICU	877,264		877,264	7,295	120.26	35.02
40.00	SUBPROVIDER - IPF	846,626	0	846,626	13,019	65.03	40.00
43.00	NURSERY	112,347		112,347	6,547	17.16	43.00
44.00	SKILLED NURSING FACILITY	1,336,755		1,336,755	20,731	64.48	44.00
45.00	NURSING FACILITY	149,594		149,594	3,863	38.72	45.00
200.00	Total (lines 30-199)	20,880,049		20,880,049	342,903		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	89,730	5,006,934		30.00
31.00	INTENSIVE CARE UNIT	3,276	352,399		31.00
32.00	CORONARY CARE UNIT	1,968	161,730		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,043	512,873		34.00
35.01	NEURO ICU	1,959	153,076		35.01
35.02	CARDIO-THORACIC ICU	2,880	346,349		35.02
40.00	SUBPROVIDER - IPF	4,239	275,662		40.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	11,457	738,747		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	120,552	7,547,770		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,127,274	334,487,846	0.042236	76,690,887	3,239,116	50.00
51.00	05100	RECOVERY ROOM	1,717,769	90,013,105	0.019084	10,901,765	208,049	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	705,302	14,014,751	0.050326	302,827	15,240	52.00
53.00	05300	ANESTHESIOLOGY	1,672,952	118,521,370	0.014115	18,926,675	267,150	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,535,209	242,035,337	0.039396	31,418,280	1,237,755	54.00
54.01	03630	ULTRASOUND	1,560,204	44,357,417	0.035173	3,255,388	114,502	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,223,013	257,127,748	0.028091	4,088,162	114,841	55.00
56.00	05600	RADIOISOTOPE	690,877	16,685,578	0.041406	1,892,667	78,368	56.00
57.00	05700	CT SCAN	1,953,381	201,977,419	0.009671	26,875,878	259,917	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,694,207	152,222,323	0.030838	11,053,178	340,858	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,099,774	56,772,261	0.054600	11,507,418	628,305	59.00
60.00	06000	LABORATORY	4,176,892	635,251,431	0.006575	131,653,951	865,625	60.00
60.01	06001	HLA LAB	241,661	33,254,952	0.007267	2,952,563	21,456	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,650,751	196,796,299	0.008388	46,711,034	391,812	63.00
65.00	06500	RESPIRATORY THERAPY	1,524,499	62,021,536	0.024580	24,528,971	602,922	65.00
66.00	06600	PHYSICAL THERAPY	289,093	25,071,242	0.011531	7,040,723	81,187	66.00
67.00	06700	OCCUPATIONAL THERAPY	81,046	8,253,024	0.009820	3,179,681	31,224	67.00
68.00	06800	SPEECH PATHOLOGY	65,000	2,902,724	0.022393	1,135,600	25,429	68.00
69.00	06900	ELECTROCARDIOLOGY	1,547,803	134,844,782	0.011478	29,677,026	340,633	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186,602	13,475,396	0.013848	4,163,868	57,661	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,079,411	272,093,412	0.026018	74,571,099	1,940,191	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,807,036	262,837,262	0.033508	81,763,236	2,739,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,769,262	439,555,703	0.013125	110,153,248	1,445,761	73.00
74.00	07400	RENAL DIALYSIS	534,905	24,756,324	0.021607	12,567,312	271,542	74.00
76.00	03330	ENDOSCOPY	1,659,597	38,963,706	0.042593	4,239,575	180,576	76.00
76.01	03950	OB/GYN IN VITRO	573,452	4,106,080	0.139659	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	66,109	2,399,858	0.027547	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	14,949	1,368,090	0.010927	15,930	174	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,935	2,423,513	0.012765	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,820,691	50,711,074	0.055623	832,774	46,321	90.00
90.01	04950	OUTPATIENT PSYCH	405,620	3,187,060	0.127271	0	0	90.01
91.00	09100	EMERGENCY	3,093,049	189,686,362	0.016306	24,983,211	407,376	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	376,621	4,586,760	0.082110	234,843	19,283	92.00
200.00		Total (lines 50-199)	87,974,946	3,936,761,745		757,317,770	15,972,997	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part III Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,075,707	60,588	0	0	3,136,295	30.00
31.00	03100	INTENSIVE CARE UNIT	21,141	4,763	0		25,904	31.00
32.00	03200	CORONARY CARE UNIT	0	2,191	0		2,191	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,279	0		4,279	34.00
35.01	02400	NEURO ICU	15,856	2,390	0		18,246	35.01
35.02	02401	CARDIO-THORACIC ICU	0	2,986	0		2,986	35.02
40.00	04000	SUBPROVIDER - IPF	46,907	3,298	0	0	50,205	40.00
43.00	04300	NURSERY	0	522	0		522	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,913	0		2,913	44.00
45.00	04500	NURSING FACILITY	0	294	0		294	45.00
200.00		Total (lines 30-199)	3,159,611	84,224	0		3,243,835	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	259,226	12.10	89,730	1,085,733	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,876	2.62	3,276	8,583	0	31.00
32.00	03200	CORONARY CARE UNIT	4,721	0.46	1,968	905	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,205	0.38	5,043	1,916	0	34.00
35.01	02400	NEURO ICU	6,420	2.84	1,959	5,564	0	35.01
35.02	02401	CARDIO-THORACIC ICU	7,295	0.41	2,880	1,181	0	35.02
40.00	04000	SUBPROVIDER - IPF	13,019	3.86	4,239	16,363	0	40.00
43.00	04300	NURSERY	6,547	0.08	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	20,731	0.14	11,457	1,604	0	44.00
45.00	04500	NURSING FACILITY	3,863	0.08	0	0	0	45.00
200.00		Total (lines 30-199)	342,903		120,552	1,121,849	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
			12.00	13.00		
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.01	02400	NEURO ICU	0	0		35.01
35.02	02401	CARDIO-THORACIC ICU	0	0		35.02
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | 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	28,550	0	28,550	50.00
51.00	05100	RECOVERY ROOM	0	0	5,412	0	5,412	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,491	2,650	0	83,141	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,284	0	5,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,666	0	11,666	54.00
54.01	03630	ULTRASOUND	0	0	1,534	0	1,534	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,572	0	8,572	55.00
56.00	05600	RADIOISOTOPE	0	0	1,745	0	1,745	56.00
57.00	05700	CT SCAN	0	0	2,154	0	2,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,943	0	3,943	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,366	0	3,366	59.00
60.00	06000	LABORATORY	0	0	15,577	0	15,577	60.00
60.01	06001	HLA LAB	0	0	988	0	988	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	9,702	0	9,702	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,301	0	4,301	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,968	0	1,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	574	0	574	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	223	0	223	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,435	0	2,435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,401	0	1,401	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	21,539	0	21,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	26,798	0	26,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	310,779	0	310,779	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,265	0	1,265	74.00
76.00	03330	ENDOSCOPY	0	0	2,671	0	2,671	76.00
76.01	03950	OB/GYN IN VITRO	0	0	702	0	702	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	187	0	187	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	129	0	129	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	101	0	101	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	7,733	0	7,733	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,154	0	1,154	90.01
91.00	09100	EMERGENCY	0	0	9,383	0	9,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	80,075	1,577	0	81,652	92.00
200.00		Total (lines 50-199)	0	160,566	496,063	0	656,629	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | 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	28,550	334,487,846	0.000085	0.000085	76,690,887	50.00
51.00	05100	RECOVERY ROOM	5,412	90,013,105	0.000060	0.000060	10,901,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,141	14,014,751	0.005932	0.005932	302,827	52.00
53.00	05300	ANESTHESIOLOGY	5,284	118,521,370	0.000045	0.000045	18,926,675	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,666	242,035,337	0.000048	0.000048	31,418,280	54.00
54.01	03630	ULTRASOUND	1,534	44,357,417	0.000035	0.000035	3,255,388	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,572	257,127,748	0.000033	0.000033	4,088,162	55.00
56.00	05600	RADIOISOTOPE	1,745	16,685,578	0.000105	0.000105	1,892,667	56.00
57.00	05700	CT SCAN	2,154	201,977,419	0.000011	0.000011	26,875,878	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,943	152,222,323	0.000026	0.000026	11,053,178	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,366	56,772,261	0.000059	0.000059	11,507,418	59.00
60.00	06000	LABORATORY	15,577	635,251,431	0.000025	0.000025	131,653,951	60.00
60.01	06001	HLA LAB	988	33,254,952	0.000030	0.000030	2,952,563	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,702	196,796,299	0.000049	0.000049	46,711,034	63.00
65.00	06500	RESPIRATORY THERAPY	4,301	62,021,536	0.000069	0.000069	24,528,971	65.00
66.00	06600	PHYSICAL THERAPY	1,968	25,071,242	0.000078	0.000078	7,040,723	66.00
67.00	06700	OCCUPATIONAL THERAPY	574	8,253,024	0.000070	0.000070	3,179,681	67.00
68.00	06800	SPEECH PATHOLOGY	223	2,902,724	0.000077	0.000077	1,135,600	68.00
69.00	06900	ELECTROCARDIOLOGY	2,435	134,844,782	0.000018	0.000018	29,677,026	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,401	13,475,396	0.000104	0.000104	4,163,868	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,539	272,093,412	0.000079	0.000079	74,571,099	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,798	262,837,262	0.000102	0.000102	81,763,236	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	310,779	439,555,703	0.000707	0.000707	110,153,248	73.00
74.00	07400	RENAL DIALYSIS	1,265	24,756,324	0.000051	0.000051	12,567,312	74.00
76.00	03330	ENDOSCOPY	2,671	38,963,706	0.000069	0.000069	4,239,575	76.00
76.01	03950	OB/GYN IN VITRO	702	4,106,080	0.000171	0.000171	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	187	2,399,858	0.000078	0.000078	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	129	1,368,090	0.000094	0.000094	15,930	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	101	2,423,513	0.000042	0.000042	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,733	50,711,074	0.000152	0.000152	832,774	90.00
90.01	04950	OUTPATIENT PSYCH	1,154	3,187,060	0.000362	0.000362	0	90.01
91.00	09100	EMERGENCY	9,383	189,686,362	0.000049	0.000049	24,983,211	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	81,652	4,586,760	0.017802	0.017802	234,843	92.00
200.00		Total (lines 50-199)	656,629	3,936,761,745			757,317,770	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,519	24,239,362	2,060	0	0	50.00
51.00	05100	RECOVERY ROOM	654	12,960,097	778	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,796	44,232	262	0	0	52.00
53.00	05300	ANESTHESIOLOGY	852	11,942,751	537	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,508	39,189,917	1,881	0	0	54.00
54.01	03630	ULTRASOUND	114	4,423,241	155	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	135	72,054,599	2,378	0	0	55.00
56.00	05600	RADIOISOTOPE	199	3,803,987	399	0	0	56.00
57.00	05700	CT SCAN	296	37,022,529	407	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	287	25,787,496	670	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	679	13,225,491	780	0	0	59.00
60.00	06000	LABORATORY	3,291	32,820,450	821	0	0	60.00
60.01	06001	HLA LAB	89	2,786,642	84	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,289	21,673,882	1,062	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,692	1,636,599	113	0	0	65.00
66.00	06600	PHYSICAL THERAPY	549	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	223	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	87	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	534	20,568,072	370	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	433	398,092	41	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,891	17,958,359	1,419	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,340	20,612,304	2,102	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,878	38,261,036	27,051	0	0	73.00
74.00	07400	RENAL DIALYSIS	641	619,254	32	0	0	74.00
76.00	03330	ENDOSCOPY	293	7,829,137	540	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	1	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	884,648	37	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	127	12,915,864	1,963	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	663,486	240	0	0	90.01
91.00	09100	EMERGENCY	1,224	17,471,803	856	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,181	530,789	9,449	0	0	92.00
200.00		Total (lines 50-199)	120,802	442,324,119	56,487	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRASOUND	0	0	54.01
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	0	0	60.00
60.01	06001	HLA LAB	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.339312	24,239,362	0	0	8,224,706	50.00
51.00	05100	RECOVERY ROOM	0.288217	12,960,097	0	0	3,735,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837198	44,232	0	0	37,031	52.00
53.00	05300	ANESTHESIOLOGY	0.108464	11,942,751	0	0	1,295,359	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195057	39,189,917	0	0	7,644,268	54.00
54.01	03630	ULTRASOUND	0.135797	4,423,241	0	0	600,663	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154584	72,054,599	0	0	11,138,488	55.00
56.00	05600	RADIOISOTOPE	0.381717	3,803,987	0	0	1,452,047	56.00
57.00	05700	CT SCAN	0.047623	37,022,529	0	0	1,763,124	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102787	25,787,496	0	0	2,650,619	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.248545	13,225,491	0	0	3,287,130	59.00
60.00	06000	LABORATORY	0.105408	32,820,450	67,421	0	3,459,538	60.00
60.01	06001	HLA LAB	0.139979	2,786,642	0	0	390,071	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230444	21,673,882	0	0	4,994,616	63.00
65.00	06500	RESPIRATORY THERAPY	0.321772	1,636,599	426,720	0	526,612	65.00
66.00	06600	PHYSICAL THERAPY	0.321200	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341259	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.376590	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078467	20,568,072	0	0	1,613,915	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142781	398,092	0	0	56,840	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.388114	17,958,359	85	0	6,969,891	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.499883	20,612,304	0	0	10,303,740	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360773	38,261,036	1,579	33,418	13,803,549	73.00
74.00	07400	RENAL DIALYSIS	0.240938	619,254	0	0	149,202	74.00
76.00	03330	ENDOSCOPY	0.282453	7,829,137	0	0	2,211,363	76.00
76.01	03950	OB/GYN IN VITRO	0.791111	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289111	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.463856	0	524,340	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204189	884,648	0	0	180,635	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.530564	12,915,864	0	0	6,852,692	90.00
90.01	04950	OUTPATIENT PSYCH	0.844625	663,486	0	0	560,397	90.01
91.00	09100	EMERGENCY	0.192573	17,471,803	0	0	3,364,598	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.469511	530,789	0	0	780,000	92.00
200.00		Subtotal (see instructions)		442,324,119	1,020,145	33,418	98,046,414	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		442,324,119	1,020,145	33,418	98,046,414	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
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	7,107	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	137,307	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	33	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	570	12,056		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	243,218	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	388,235	12,056		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	388,235	12,056		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part II
Date/Time Prepared:
5/26/2015 8:27 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,127,274	334,487,846	0.042236	32,604	1,377	50.00
51.00	05100	RECOVERY ROOM	1,717,769	90,013,105	0.019084	4,558	87	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	705,302	14,014,751	0.050326	1,402	71	52.00
53.00	05300	ANESTHESIOLOGY	1,672,952	118,521,370	0.014115	364,252	5,141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,535,209	242,035,337	0.039396	75,725	2,983	54.00
54.01	03630	ULTRASOUND	1,560,204	44,357,417	0.035173	11,219	395	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,223,013	257,127,748	0.028091	0	0	55.00
56.00	05600	RADIOISOTOPE	690,877	16,685,578	0.041406	0	0	56.00
57.00	05700	CT SCAN	1,953,381	201,977,419	0.009671	78,880	763	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,694,207	152,222,323	0.030838	71,869	2,216	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,099,774	56,772,261	0.054600	0	0	59.00
60.00	06000	LABORATORY	4,176,892	635,251,431	0.006575	838,936	5,516	60.00
60.01	06001	HLA LAB	241,661	33,254,952	0.007267	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,650,751	196,796,299	0.008388	2,805	24	63.00
65.00	06500	RESPIRATORY THERAPY	1,524,499	62,021,536	0.024580	50,133	1,232	65.00
66.00	06600	PHYSICAL THERAPY	289,093	25,071,242	0.011531	15,776	182	66.00
67.00	06700	OCCUPATIONAL THERAPY	81,046	8,253,024	0.009820	12,270	120	67.00
68.00	06800	SPEECH PATHOLOGY	65,000	2,902,724	0.022393	3,155	71	68.00
69.00	06900	ELECTROCARDIOLOGY	1,547,803	134,844,782	0.011478	54,340	624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186,602	13,475,396	0.013848	13,322	184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,079,411	272,093,412	0.026018	28,397	739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,807,036	262,837,262	0.033508	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,769,262	439,555,703	0.013125	885,211	11,618	73.00
74.00	07400	RENAL DIALYSIS	534,905	24,756,324	0.021607	48,380	1,045	74.00
76.00	03330	ENDOSCOPY	1,659,597	38,963,706	0.042593	6,310	269	76.00
76.01	03950	OB/GYN IN VITRO	573,452	4,106,080	0.139659	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	66,109	2,399,858	0.027547	314,469	8,663	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	14,949	1,368,090	0.010927	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,935	2,423,513	0.012765	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,820,691	50,711,074	0.055623	2,454	136	90.00
90.01	04950	OUTPATIENT PSYCH	405,620	3,187,060	0.127271	7,012	892	90.01
91.00	09100	EMERGENCY	3,093,049	189,686,362	0.016306	582,312	9,495	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,586,760	0.000000	0	0	92.00
200.00		Total (lines 50-199)	87,598,325	3,936,761,745		3,505,791	53,843	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D Part IV
Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	28,550	0	28,550	50.00
51.00	05100	RECOVERY ROOM	0	0	5,412	0	5,412	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,491	2,650	0	83,141	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,284	0	5,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,666	0	11,666	54.00
54.01	03630	ULTRASOUND	0	0	1,534	0	1,534	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,572	0	8,572	55.00
56.00	05600	RADIOISOTOPE	0	0	1,745	0	1,745	56.00
57.00	05700	CT SCAN	0	0	2,154	0	2,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,943	0	3,943	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,366	0	3,366	59.00
60.00	06000	LABORATORY	0	0	15,577	0	15,577	60.00
60.01	06001	HLA LAB	0	0	988	0	988	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	9,702	0	9,702	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,301	0	4,301	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,968	0	1,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	574	0	574	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	223	0	223	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,435	0	2,435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,401	0	1,401	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	21,539	0	21,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	26,798	0	26,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	310,779	0	310,779	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,265	0	1,265	74.00
76.00	03330	ENDOSCOPY	0	0	2,671	0	2,671	76.00
76.01	03950	OB/GYN IN VITRO	0	0	702	0	702	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	187	0	187	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	129	0	129	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	101	0	101	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	7,733	0	7,733	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,154	0	1,154	90.01
91.00	09100	EMERGENCY	0	0	9,383	0	9,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	80,491	494,486	0	574,977	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D Part IV
Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,550	334,487,846	0.000085	0.000085	32,604	50.00
51.00	05100	RECOVERY ROOM	5,412	90,013,105	0.000060	0.000060	4,558	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,141	14,014,751	0.005932	0.005932	1,402	52.00
53.00	05300	ANESTHESIOLOGY	5,284	118,521,370	0.000045	0.000045	364,252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,666	242,035,337	0.000048	0.000048	75,725	54.00
54.01	03630	ULTRASOUND	1,534	44,357,417	0.000035	0.000035	11,219	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,572	257,127,748	0.000033	0.000033	0	55.00
56.00	05600	RADIOISOTOPE	1,745	16,685,578	0.000105	0.000105	0	56.00
57.00	05700	CT SCAN	2,154	201,977,419	0.000011	0.000011	78,880	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,943	152,222,323	0.000026	0.000026	71,869	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,366	56,772,261	0.000059	0.000059	0	59.00
60.00	06000	LABORATORY	15,577	635,251,431	0.000025	0.000025	838,936	60.00
60.01	06001	HLA LAB	988	33,254,952	0.000030	0.000030	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,702	196,796,299	0.000049	0.000049	2,805	63.00
65.00	06500	RESPIRATORY THERAPY	4,301	62,021,536	0.000069	0.000069	50,133	65.00
66.00	06600	PHYSICAL THERAPY	1,968	25,071,242	0.000078	0.000078	15,776	66.00
67.00	06700	OCCUPATIONAL THERAPY	574	8,253,024	0.000070	0.000070	12,270	67.00
68.00	06800	SPEECH PATHOLOGY	223	2,902,724	0.000077	0.000077	3,155	68.00
69.00	06900	ELECTROCARDIOLOGY	2,435	134,844,782	0.000018	0.000018	54,340	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,401	13,475,396	0.000104	0.000104	13,322	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,539	272,093,412	0.000079	0.000079	28,397	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,798	262,837,262	0.000102	0.000102	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	310,779	439,555,703	0.000707	0.000707	885,211	73.00
74.00	07400	RENAL DIALYSIS	1,265	24,756,324	0.000051	0.000051	48,380	74.00
76.00	03330	ENDOSCOPY	2,671	38,963,706	0.000069	0.000069	6,310	76.00
76.01	03950	OB/GYN IN VITRO	702	4,106,080	0.000171	0.000171	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	187	2,399,858	0.000078	0.000078	314,469	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	129	1,368,090	0.000094	0.000094	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	101	2,423,513	0.000042	0.000042	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,733	50,711,074	0.000152	0.000152	2,454	90.00
90.01	04950	OUTPATIENT PSYCH	1,154	3,187,060	0.000362	0.000362	7,012	90.01
91.00	09100	EMERGENCY	9,383	189,686,362	0.000049	0.000049	582,312	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,586,760	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	574,977	3,936,761,745			3,505,791	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D Part IV
Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3	5,453	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	6,487	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	16	483,249	22	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4	55,107	3	0	0	54.00
54.01	03630	ULTRASOUND	0	4,577	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,053	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1	131,918	1	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2	22,855	1	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	21	387,878	10	0	0	60.00
60.01	06001	HLA LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,617	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3	933	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1	45,062	1	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1	3,058	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2	2,160	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	626	495,421	350	0	0	73.00
74.00	07400	RENAL DIALYSIS	2	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	25	424,985	33	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	166,116	25	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	3	874,902	317	0	0	90.01
91.00	09100	EMERGENCY	29	774,394	38	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,514	0	0	0	92.00
200.00		Total (lines 50-199)	749	3,895,739	801	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRASOUND	0	0	54.01
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	0	0	60.00
60.01	06001	HLA LAB	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part V
Date/Time Prepared:
5/26/2015 8:27 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.339312	5,453	0	0	1,850	50.00
51.00	05100	RECOVERY ROOM	0.288217	6,487	0	0	1,870	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837198	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.108464	483,249	0	0	52,415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195057	55,107	0	0	10,749	54.00
54.01	03630	ULTRASOUND	0.135797	4,577	0	0	622	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154584	3,053	0	0	472	55.00
56.00	05600	RADIOISOTOPE	0.381717	0	0	0	0	56.00
57.00	05700	CT SCAN	0.047623	131,918	0	0	6,282	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102787	22,855	0	0	2,349	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.248545	0	0	0	0	59.00
60.00	06000	LABORATORY	0.105408	387,878	0	0	40,885	60.00
60.01	06001	HLA LAB	0.139979	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230444	3,617	0	0	834	63.00
65.00	06500	RESPIRATORY THERAPY	0.321772	933	0	0	300	65.00
66.00	06600	PHYSICAL THERAPY	0.321200	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341259	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.376590	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078467	45,062	0	0	3,536	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142781	3,058	0	0	437	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.388114	2,160	0	0	838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.499883	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360773	495,421	0	0	178,735	73.00
74.00	07400	RENAL DIALYSIS	0.240938	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.282453	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.791111	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289111	424,985	0	0	122,868	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.463856	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204189	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.530564	166,116	0	0	88,135	90.00
90.01	04950	OUTPATIENT PSYCH	0.844625	874,902	0	0	738,964	90.01
91.00	09100	EMERGENCY	0.192573	774,394	0	0	149,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.469511	4,514	0	0	6,633	92.00
200.00		Subtotal (see instructions)		3,895,739	0	0	1,407,901	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		3,895,739	0	0	1,407,901	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
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	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	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		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/26/2015 8:27 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	28,550	0	28,550	50.00
51.00	05100	RECOVERY ROOM	0	0	5,412	0	5,412	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,491	2,650	0	83,141	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,284	0	5,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,666	0	11,666	54.00
54.01	03630	ULTRASOUND	0	0	1,534	0	1,534	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,572	0	8,572	55.00
56.00	05600	RADIOISOTOPE	0	0	1,745	0	1,745	56.00
57.00	05700	CT SCAN	0	0	2,154	0	2,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,943	0	3,943	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,366	0	3,366	59.00
60.00	06000	LABORATORY	0	0	15,577	0	15,577	60.00
60.01	06001	HLA LAB	0	0	988	0	988	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	9,702	0	9,702	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,301	0	4,301	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,968	0	1,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	574	0	574	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	223	0	223	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,435	0	2,435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,401	0	1,401	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	21,539	0	21,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	26,798	0	26,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	310,779	0	310,779	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,265	0	1,265	74.00
76.00	03330	ENDOSCOPY	0	0	2,671	0	2,671	76.00
76.01	03950	OB/GYN IN VITRO	0	0	702	0	702	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	187	0	187	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	129	0	129	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	101	0	101	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	7,733	0	7,733	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,154	0	1,154	90.01
91.00	09100	EMERGENCY	0	0	9,383	0	9,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	80,491	494,486	0	574,977	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/26/2015 8:27 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	28,550	334,487,846	0.000085	0.000085	0	50.00
51.00	05100	RECOVERY ROOM	5,412	90,013,105	0.000060	0.000060	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,141	14,014,751	0.005932	0.005932	0	52.00
53.00	05300	ANESTHESIOLOGY	5,284	118,521,370	0.000045	0.000045	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,666	242,035,337	0.000048	0.000048	13,526	54.00
54.01	03630	ULTRASOUND	1,534	44,357,417	0.000035	0.000035	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,572	257,127,748	0.000033	0.000033	0	55.00
56.00	05600	RADIOISOTOPE	1,745	16,685,578	0.000105	0.000105	0	56.00
57.00	05700	CT SCAN	2,154	201,977,419	0.000011	0.000011	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,943	152,222,323	0.000026	0.000026	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,366	56,772,261	0.000059	0.000059	0	59.00
60.00	06000	LABORATORY	15,577	635,251,431	0.000025	0.000025	217,829	60.00
60.01	06001	HLA LAB	988	33,254,952	0.000030	0.000030	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,702	196,796,299	0.000049	0.000049	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,301	62,021,536	0.000069	0.000069	0	65.00
66.00	06600	PHYSICAL THERAPY	1,968	25,071,242	0.000078	0.000078	2,172,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	574	8,253,024	0.000070	0.000070	1,975,638	67.00
68.00	06800	SPEECH PATHOLOGY	223	2,902,724	0.000077	0.000077	408,350	68.00
69.00	06900	ELECTROCARDIOLOGY	2,435	134,844,782	0.000018	0.000018	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,401	13,475,396	0.000104	0.000104	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,539	272,093,412	0.000079	0.000079	143,111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,798	262,837,262	0.000102	0.000102	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	310,779	439,555,703	0.000707	0.000707	1,875,919	73.00
74.00	07400	RENAL DIALYSIS	1,265	24,756,324	0.000051	0.000051	0	74.00
76.00	03330	ENDOSCOPY	2,671	38,963,706	0.000069	0.000069	0	76.00
76.01	03950	OB/GYN IN VITRO	702	4,106,080	0.000171	0.000171	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	187	2,399,858	0.000078	0.000078	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	129	1,368,090	0.000094	0.000094	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	101	2,423,513	0.000042	0.000042	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,733	50,711,074	0.000152	0.000152	0	90.00
90.01	04950	OUTPATIENT PSYCH	1,154	3,187,060	0.000362	0.000362	0	90.01
91.00	09100	EMERGENCY	9,383	189,686,362	0.000049	0.000049	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,586,760	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	574,977	3,936,761,745			6,807,314	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/26/2015 8:27 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		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	1	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
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	5	0	0	0	0	60.00
60.01	06001	HLA LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	169	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	138	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	31	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	11	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	1,326	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	1,681	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Skilled Nursing Facility	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRASOUND	0	0	54.01
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	0	0	60.00
60.01	06001	HLA LAB	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part I Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	14,465,898	0	14,465,898	259,226	55.80	30.00
31.00	INTENSIVE CARE UNIT	1,062,323		1,062,323	9,876	107.57	31.00
32.00	CORONARY CARE UNIT	387,978		387,978	4,721	82.18	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,139,588		1,139,588	11,205	101.70	34.00
35.01	NEURO ICU	501,676		501,676	6,420	78.14	35.01
35.02	CARDIO-THORACIC ICU	877,264		877,264	7,295	120.26	35.02
40.00	SUBPROVIDER - IPF	846,626	0	846,626	13,019	65.03	40.00
43.00	NURSERY	112,347		112,347	6,547	17.16	43.00
44.00	SKILLED NURSING FACILITY	1,336,755		1,336,755	20,731	64.48	44.00
45.00	NURSING FACILITY	149,594		149,594	3,863	38.72	45.00
200.00	Total (lines 30-199)	20,880,049		20,880,049	342,903		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	27,231	1,519,490		30.00
31.00	INTENSIVE CARE UNIT	1,112	119,618		31.00
32.00	CORONARY CARE UNIT	337	27,695		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,453	147,770		34.00
35.01	NEURO ICU	632	49,384		35.01
35.02	CARDIO-THORACIC ICU	500	60,130		35.02
40.00	SUBPROVIDER - IPF	3,938	256,088		40.00
43.00	NURSERY	1,379	23,664		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	2,841	110,004		45.00
200.00	Total (lines 30-199)	39,423	2,313,843		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

		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	14,127,274	334,487,846	0.042236	12,688,489	535,911	50.00
51.00	05100	RECOVERY ROOM	1,717,769	90,013,105	0.019084	2,042,861	38,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	705,302	14,014,751	0.050326	2,061,015	103,723	52.00
53.00	05300	ANESTHESIOLOGY	1,672,952	118,521,370	0.014115	4,495,524	63,454	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,535,209	242,035,337	0.039396	8,401,188	330,973	54.00
54.01	03630	ULTRASOUND	1,560,204	44,357,417	0.035173	1,167,717	41,072	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,223,013	257,127,748	0.028091	1,151,891	32,358	55.00
56.00	05600	RADIOISOTOPE	690,877	16,685,578	0.041406	443,210	18,352	56.00
57.00	05700	CT SCAN	1,953,381	201,977,419	0.009671	8,243,636	79,724	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,694,207	152,222,323	0.030838	3,630,848	111,968	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,099,774	56,772,261	0.054600	1,937,700	105,798	59.00
60.00	06000	LABORATORY	4,176,892	635,251,431	0.006575	36,490,435	239,925	60.00
60.01	06001	HLA LAB	241,661	33,254,952	0.007267	301,548	2,191	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,650,751	196,796,299	0.008388	10,476,008	87,873	63.00
65.00	06500	RESPIRATORY THERAPY	1,524,499	62,021,536	0.024580	6,213,495	152,728	65.00
66.00	06600	PHYSICAL THERAPY	289,093	25,071,242	0.011531	1,314,421	15,157	66.00
67.00	06700	OCCUPATIONAL THERAPY	81,046	8,253,024	0.009820	722,353	7,094	67.00
68.00	06800	SPEECH PATHOLOGY	65,000	2,902,724	0.022393	256,437	5,742	68.00
69.00	06900	ELECTROCARDIOLOGY	1,547,803	134,844,782	0.011478	6,697,504	76,874	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186,602	13,475,396	0.013848	1,207,626	16,723	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,079,411	272,093,412	0.026018	15,514,287	403,651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,807,036	262,837,262	0.033508	8,727,254	292,433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,769,262	439,555,703	0.013125	29,712,695	389,979	73.00
74.00	07400	RENAL DIALYSIS	534,905	24,756,324	0.021607	2,612,906	56,457	74.00
76.00	03330	ENDOSCOPY	1,659,597	38,963,706	0.042593	1,124,965	47,916	76.00
76.01	03950	OB/GYN IN VITRO	573,452	4,106,080	0.139659	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	66,109	2,399,858	0.027547	2,140	59	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	14,949	1,368,090	0.010927	8,100	89	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,935	2,423,513	0.012765	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,820,691	50,711,074	0.055623	186,107	10,352	90.00
90.01	04950	OUTPATIENT PSYCH	405,620	3,187,060	0.127271	2,615	333	90.01
91.00	09100	EMERGENCY	3,093,049	189,686,362	0.016306	11,075,524	180,597	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	376,621	4,586,760	0.082110	65,763	5,400	92.00
200.00		Total (lines 50-199)	87,974,946	3,936,761,745		178,976,262	3,453,892	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part III Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,075,707	60,588	0	0	3,136,295	30.00
31.00	03100	INTENSIVE CARE UNIT	21,141	4,763	0		25,904	31.00
32.00	03200	CORONARY CARE UNIT	0	2,191	0		2,191	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,279	0		4,279	34.00
35.01	02400	NEURO ICU	15,856	2,390	0		18,246	35.01
35.02	02401	CARDIO-THORACIC ICU	0	2,986	0		2,986	35.02
40.00	04000	SUBPROVIDER - IPF	46,907	3,298	0	0	50,205	40.00
43.00	04300	NURSERY	0	522	0		522	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,913	0		2,913	44.00
45.00	04500	NURSING FACILITY	0	294	0		294	45.00
200.00		Total (lines 30-199)	3,159,611	84,224	0		3,243,835	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	259,226	12.10	27,231	329,495	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,876	2.62	1,112	2,913	0	31.00
32.00	03200	CORONARY CARE UNIT	4,721	0.46	337	155	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,205	0.38	1,453	552	0	34.00
35.01	02400	NEURO ICU	6,420	2.84	632	1,795	0	35.01
35.02	02401	CARDIO-THORACIC ICU	7,295	0.41	500	205	0	35.02
40.00	04000	SUBPROVIDER - IPF	13,019	3.86	3,938	15,201	0	40.00
43.00	04300	NURSERY	6,547	0.08	1,379	110	0	43.00
44.00	04400	SKILLED NURSING FACILITY	20,731	0.14	0	0	0	44.00
45.00	04500	NURSING FACILITY	3,863	0.08	2,841	227	0	45.00
200.00		Total (lines 30-199)	342,903		39,423	350,653	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.01	02400	NEURO ICU	0	0	35.01
35.02	02401	CARDIO-THORACIC ICU	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032

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

Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:27 am

		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)	
			Title XIX			Hospital	Cost	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	28,550	0	28,550	50.00
51.00	05100	RECOVERY ROOM	0	0	5,412	0	5,412	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,491	2,650	0	83,141	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,284	0	5,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,666	0	11,666	54.00
54.01	03630	ULTRASOUND	0	0	1,534	0	1,534	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,572	0	8,572	55.00
56.00	05600	RADIOISOTOPE	0	0	1,745	0	1,745	56.00
57.00	05700	CT SCAN	0	0	2,154	0	2,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,943	0	3,943	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,366	0	3,366	59.00
60.00	06000	LABORATORY	0	0	15,577	0	15,577	60.00
60.01	06001	HLA LAB	0	0	988	0	988	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	9,702	0	9,702	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,301	0	4,301	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,968	0	1,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	574	0	574	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	223	0	223	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,435	0	2,435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,401	0	1,401	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	21,539	0	21,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	26,798	0	26,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	310,779	0	310,779	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,265	0	1,265	74.00
76.00	03330	ENDOSCOPY	0	0	2,671	0	2,671	76.00
76.01	03950	OB/GYN IN VITRO	0	0	702	0	702	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	187	0	187	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	129	0	129	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	101	0	101	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	7,733	0	7,733	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,154	0	1,154	90.01
91.00	09100	EMERGENCY	0	0	9,383	0	9,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	80,491	494,486	0	574,977	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

		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	28,550	334,487,846	0.000085	0.000085	12,688,489	50.00
51.00	05100	RECOVERY ROOM	5,412	90,013,105	0.000060	0.000060	2,042,861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,141	14,014,751	0.005932	0.005932	2,061,015	52.00
53.00	05300	ANESTHESIOLOGY	5,284	118,521,370	0.000045	0.000045	4,495,524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,666	242,035,337	0.000048	0.000048	8,401,188	54.00
54.01	03630	ULTRASOUND	1,534	44,357,417	0.000035	0.000035	1,167,717	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,572	257,127,748	0.000033	0.000033	1,151,891	55.00
56.00	05600	RADIOISOTOPE	1,745	16,685,578	0.000105	0.000105	443,210	56.00
57.00	05700	CT SCAN	2,154	201,977,419	0.000011	0.000011	8,243,636	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,943	152,222,323	0.000026	0.000026	3,630,848	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,366	56,772,261	0.000059	0.000059	1,937,700	59.00
60.00	06000	LABORATORY	15,577	635,251,431	0.000025	0.000025	36,490,435	60.00
60.01	06001	HLA LAB	988	33,254,952	0.000030	0.000030	301,548	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,702	196,796,299	0.000049	0.000049	10,476,008	63.00
65.00	06500	RESPIRATORY THERAPY	4,301	62,021,536	0.000069	0.000069	6,213,495	65.00
66.00	06600	PHYSICAL THERAPY	1,968	25,071,242	0.000078	0.000078	1,314,421	66.00
67.00	06700	OCCUPATIONAL THERAPY	574	8,253,024	0.000070	0.000070	722,353	67.00
68.00	06800	SPEECH PATHOLOGY	223	2,902,724	0.000077	0.000077	256,437	68.00
69.00	06900	ELECTROCARDIOLOGY	2,435	134,844,782	0.000018	0.000018	6,697,504	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,401	13,475,396	0.000104	0.000104	1,207,626	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,539	272,093,412	0.000079	0.000079	15,514,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,798	262,837,262	0.000102	0.000102	8,727,254	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	310,779	439,555,703	0.000707	0.000707	29,712,695	73.00
74.00	07400	RENAL DIALYSIS	1,265	24,756,324	0.000051	0.000051	2,612,906	74.00
76.00	03330	ENDOSCOPY	2,671	38,963,706	0.000069	0.000069	1,124,965	76.00
76.01	03950	OB/GYN IN VITRO	702	4,106,080	0.000171	0.000171	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	187	2,399,858	0.000078	0.000078	2,140	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	129	1,368,090	0.000094	0.000094	8,100	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	101	2,423,513	0.000042	0.000042	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,733	50,711,074	0.000152	0.000152	186,107	90.00
90.01	04950	OUTPATIENT PSYCH	1,154	3,187,060	0.000362	0.000362	2,615	90.01
91.00	09100	EMERGENCY	9,383	189,686,362	0.000049	0.000049	11,075,524	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,586,760	0.000000	0.000000	65,763	92.00
200.00		Total (lines 50-199)	574,977	3,936,761,745			178,976,262	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,079	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	123	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,226	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	202	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	403	0	0	0	0	54.00
54.01	03630	ULTRASOUND	41	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	38	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	47	0	0	0	0	56.00
57.00	05700	CT SCAN	91	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	114	0	0	0	0	59.00
60.00	06000	LABORATORY	912	0	0	0	0	60.00
60.01	06001	HLA LAB	9	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	513	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	429	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	103	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	51	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	20	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	121	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,226	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	890	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,007	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	133	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	78	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	1	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	28	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	1	0	0	0	0	90.01
91.00	09100	EMERGENCY	543	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	40,649	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
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	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.339312	0	0	5,684,666	0	50.00
51.00	05100	RECOVERY ROOM	0.288217	0	0	3,293,313	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837198	0	0	612,210	0	52.00
53.00	05300	ANESTHESIOLOGY	0.108464	0	0	3,069,857	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195057	0	0	9,531,400	0	54.00
54.01	03630	ULTRASOUND	0.135797	0	0	4,255,105	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154584	0	0	21,419,821	0	55.00
56.00	05600	RADIOISOTOPE	0.381717	0	0	681,709	0	56.00
57.00	05700	CT SCAN	0.047623	0	0	9,519,137	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102787	0	0	6,491,061	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.248545	0	0	1,397,225	0	59.00
60.00	06000	LABORATORY	0.105408	0	0	22,045,143	0	60.00
60.01	06001	HLA LAB	0.139979	0	0	583,621	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230444	0	0	3,067,800	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.321772	0	0	381,475	0	65.00
66.00	06600	PHYSICAL THERAPY	0.321200	0	0	24,935	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341259	0	0	27,714	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.376590	0	0	10,983	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078467	0	0	4,515,511	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142781	0	0	139,483	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.388114	0	0	3,557,224	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.499883	0	0	2,853,583	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360773	0	0	7,634,072	0	73.00
74.00	07400	RENAL DIALYSIS	0.240938	0	0	38,184	0	74.00
76.00	03330	ENDOSCOPY	0.282453	0	0	2,029,823	0	76.00
76.01	03950	OB/GYN IN VITRO	0.791111	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289111	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.463856	0	0	47,790	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204189	0	0	152,014	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.530564	0	0	7,134,192	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.844625	0	0	13,093	0	90.01
91.00	09100	EMERGENCY	0.192573	0	0	15,841,921	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.469511	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	136,054,065	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	136,054,065	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,928,875		50.00
51.00	05100	RECOVERY ROOM	0	949,189		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	512,541		52.00
53.00	05300	ANESTHESIOLOGY	0	332,969		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,859,166		54.00
54.01	03630	ULTRASOUND	0	577,830		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,311,162		55.00
56.00	05600	RADIOISOTOPE	0	260,220		56.00
57.00	05700	CT SCAN	0	453,330		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	667,197		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	347,273		59.00
60.00	06000	LABORATORY	0	2,323,734		60.00
60.01	06001	HLA LAB	0	81,695		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	706,956		63.00
65.00	06500	RESPIRATORY THERAPY	0	122,748		65.00
66.00	06600	PHYSICAL THERAPY	0	8,009		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,458		67.00
68.00	06800	SPEECH PATHOLOGY	0	4,136		68.00
69.00	06900	ELECTROCARDIOLOGY	0	354,319		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,916		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,380,608		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,426,458		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,754,167		73.00
74.00	07400	RENAL DIALYSIS	0	9,200		74.00
76.00	03330	ENDOSCOPY	0	573,330		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	22,168		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	31,040		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	3,785,145		90.00
90.01	04950	OUTPATIENT PSYCH	0	11,059		90.01
91.00	09100	EMERGENCY	0	3,050,726		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	27,874,624		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	27,874,624		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part II
Date/Time Prepared:
5/26/2015 8:27 am

Title XIX | Subprovider - IPF | Cost

		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	14,127,274	334,487,846	0.042236	86,154	3,639	50.00
51.00	05100	RECOVERY ROOM	1,717,769	90,013,105	0.019084	8,024	153	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	705,302	14,014,751	0.050326	1,206	61	52.00
53.00	05300	ANESTHESIOLOGY	1,672,952	118,521,370	0.014115	228,801	3,230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,535,209	242,035,337	0.039396	59,732	2,353	54.00
54.01	03630	ULTRASOUND	1,560,204	44,357,417	0.035173	17,888	629	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,223,013	257,127,748	0.028091	0	0	55.00
56.00	05600	RADIOISOTOPE	690,877	16,685,578	0.041406	5,783	239	56.00
57.00	05700	CT SCAN	1,953,381	201,977,419	0.009671	67,657	654	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,694,207	152,222,323	0.030838	52,860	1,630	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,099,774	56,772,261	0.054600	0	0	59.00
60.00	06000	LABORATORY	4,176,892	635,251,431	0.006575	811,138	5,333	60.00
60.01	06001	HLA LAB	241,661	33,254,952	0.007267	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,650,751	196,796,299	0.008388	4,470	37	63.00
65.00	06500	RESPIRATORY THERAPY	1,524,499	62,021,536	0.024580	20,091	494	65.00
66.00	06600	PHYSICAL THERAPY	289,093	25,071,242	0.011531	6,318	73	66.00
67.00	06700	OCCUPATIONAL THERAPY	81,046	8,253,024	0.009820	4,871	48	67.00
68.00	06800	SPEECH PATHOLOGY	65,000	2,902,724	0.022393	1,130	25	68.00
69.00	06900	ELECTROCARDIOLOGY	1,547,803	134,844,782	0.011478	32,574	374	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186,602	13,475,396	0.013848	11,718	162	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,079,411	272,093,412	0.026018	5,547	144	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,807,036	262,837,262	0.033508	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,769,262	439,555,703	0.013125	687,115	9,018	73.00
74.00	07400	RENAL DIALYSIS	534,905	24,756,324	0.021607	30,919	668	74.00
76.00	03330	ENDOSCOPY	1,659,597	38,963,706	0.042593	8,482	361	76.00
76.01	03950	OB/GYN IN VITRO	573,452	4,106,080	0.139659	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	66,109	2,399,858	0.027547	184,639	5,086	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	14,949	1,368,090	0.010927	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,935	2,423,513	0.012765	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,820,691	50,711,074	0.055623	1,886	105	90.00
90.01	04950	OUTPATIENT PSYCH	405,620	3,187,060	0.127271	5,573	709	90.01
91.00	09100	EMERGENCY	3,093,049	189,686,362	0.016306	769,540	12,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,586,760	0.000000	0	0	92.00
200.00		Total (lines 50-199)	87,598,325	3,936,761,745		3,114,116	47,773	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2015 8:27 am

Title XIX | Subprovider - IPF | Cost

		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	28,550	0	28,550	50.00
51.00	05100	RECOVERY ROOM	0	0	5,412	0	5,412	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,491	2,650	0	83,141	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,284	0	5,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,666	0	11,666	54.00
54.01	03630	ULTRASOUND	0	0	1,534	0	1,534	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,572	0	8,572	55.00
56.00	05600	RADIOISOTOPE	0	0	1,745	0	1,745	56.00
57.00	05700	CT SCAN	0	0	2,154	0	2,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,943	0	3,943	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,366	0	3,366	59.00
60.00	06000	LABORATORY	0	0	15,577	0	15,577	60.00
60.01	06001	HLA LAB	0	0	988	0	988	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	9,702	0	9,702	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,301	0	4,301	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,968	0	1,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	574	0	574	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	223	0	223	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,435	0	2,435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,401	0	1,401	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	21,539	0	21,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	26,798	0	26,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	310,779	0	310,779	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,265	0	1,265	74.00
76.00	03330	ENDOSCOPY	0	0	2,671	0	2,671	76.00
76.01	03950	OB/GYN IN VITRO	0	0	702	0	702	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	187	0	187	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	129	0	129	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	101	0	101	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	7,733	0	7,733	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,154	0	1,154	90.01
91.00	09100	EMERGENCY	0	0	9,383	0	9,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	80,491	494,486	0	574,977	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2015 8:27 am

Title XIX | Subprovider - IPF | Cost

		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	28,550	334,487,846	0.000085	0.000085	86,154	50.00
51.00	05100	RECOVERY ROOM	5,412	90,013,105	0.000060	0.000060	8,024	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,141	14,014,751	0.005932	0.005932	1,206	52.00
53.00	05300	ANESTHESIOLOGY	5,284	118,521,370	0.000045	0.000045	228,801	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,666	242,035,337	0.000048	0.000048	59,732	54.00
54.01	03630	ULTRASOUND	1,534	44,357,417	0.000035	0.000035	17,888	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,572	257,127,748	0.000033	0.000033	0	55.00
56.00	05600	RADIOISOTOPE	1,745	16,685,578	0.000105	0.000105	5,783	56.00
57.00	05700	CT SCAN	2,154	201,977,419	0.000011	0.000011	67,657	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,943	152,222,323	0.000026	0.000026	52,860	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,366	56,772,261	0.000059	0.000059	0	59.00
60.00	06000	LABORATORY	15,577	635,251,431	0.000025	0.000025	811,138	60.00
60.01	06001	HLA LAB	988	33,254,952	0.000030	0.000030	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,702	196,796,299	0.000049	0.000049	4,470	63.00
65.00	06500	RESPIRATORY THERAPY	4,301	62,021,536	0.000069	0.000069	20,091	65.00
66.00	06600	PHYSICAL THERAPY	1,968	25,071,242	0.000078	0.000078	6,318	66.00
67.00	06700	OCCUPATIONAL THERAPY	574	8,253,024	0.000070	0.000070	4,871	67.00
68.00	06800	SPEECH PATHOLOGY	223	2,902,724	0.000077	0.000077	1,130	68.00
69.00	06900	ELECTROCARDIOLOGY	2,435	134,844,782	0.000018	0.000018	32,574	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,401	13,475,396	0.000104	0.000104	11,718	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,539	272,093,412	0.000079	0.000079	5,547	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,798	262,837,262	0.000102	0.000102	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	310,779	439,555,703	0.000707	0.000707	687,115	73.00
74.00	07400	RENAL DIALYSIS	1,265	24,756,324	0.000051	0.000051	30,919	74.00
76.00	03330	ENDOSCOPY	2,671	38,963,706	0.000069	0.000069	8,482	76.00
76.01	03950	OB/GYN IN VITRO	702	4,106,080	0.000171	0.000171	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	187	2,399,858	0.000078	0.000078	184,639	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	129	1,368,090	0.000094	0.000094	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	101	2,423,513	0.000042	0.000042	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,733	50,711,074	0.000152	0.000152	1,886	90.00
90.01	04950	OUTPATIENT PSYCH	1,154	3,187,060	0.000362	0.000362	5,573	90.01
91.00	09100	EMERGENCY	9,383	189,686,362	0.000049	0.000049	769,540	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,586,760	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	574,977	3,936,761,745			3,114,116	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2015 8:27 am

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7	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	7	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3	0	0	0	0	54.00
54.01	03630	ULTRASOUND	1	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1	0	0	0	0	56.00
57.00	05700	CT SCAN	1	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	20	0	0	0	0	60.00
60.01	06001	HLA LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1	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	1	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1	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	486	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	1	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	14	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	2	0	0	0	0	90.01
91.00	09100	EMERGENCY	38	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	597	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:27 am
	Title XIX	Subprovider - IPF	Cost

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
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	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part V
Date/Time Prepared:
5/26/2015 8:27 am

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.339312	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.288217	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837198	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.108464	0	0	284,068	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195057	0	0	11,256	0	54.00
54.01	03630	ULTRASOUND	0.135797	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154584	0	0	3,808	0	55.00
56.00	05600	RADIOISOTOPE	0.381717	0	0	872	0	56.00
57.00	05700	CT SCAN	0.047623	0	0	1,995	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102787	0	0	16,675	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.248545	0	0	0	0	59.00
60.00	06000	LABORATORY	0.105408	0	0	262,981	0	60.00
60.01	06001	HLA LAB	0.139979	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230444	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.321772	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.321200	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341259	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.376590	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078467	0	0	780	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142781	0	0	1,674	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.388114	0	0	64	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.499883	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360773	0	0	25,329	0	73.00
74.00	07400	RENAL DIALYSIS	0.240938	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.282453	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.791111	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289111	0	0	245,030	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.463856	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204189	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.530564	0	0	2,120	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.844625	0	0	1,042,117	0	90.01
91.00	09100	EMERGENCY	0.192573	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.469511	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	1,898,769	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	1,898,769	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:27 am
	Title XIX	Subprovider - IPF	Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	30,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,196	54.00
54.01	03630	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	589	55.00
56.00	05600	RADIOISOTOPE	0	333	56.00
57.00	05700	CT SCAN	0	95	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,714	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	27,720	60.00
60.01	06001	HLA LAB	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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	61	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	239	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,138	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	70,841	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	1,125	90.00
90.01	04950	OUTPATIENT PSYCH	0	880,198	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	1,025,085	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	1,025,085	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/26/2015 8:27 am

Title XIX Nursing Facility Cost

		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	28,550	0	28,550	50.00
51.00	05100	RECOVERY ROOM	0	0	5,412	0	5,412	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,491	2,650	0	83,141	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,284	0	5,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,666	0	11,666	54.00
54.01	03630	ULTRASOUND	0	0	1,534	0	1,534	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,572	0	8,572	55.00
56.00	05600	RADIOISOTOPE	0	0	1,745	0	1,745	56.00
57.00	05700	CT SCAN	0	0	2,154	0	2,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,943	0	3,943	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,366	0	3,366	59.00
60.00	06000	LABORATORY	0	0	15,577	0	15,577	60.00
60.01	06001	HLA LAB	0	0	988	0	988	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	9,702	0	9,702	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,301	0	4,301	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,968	0	1,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	574	0	574	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	223	0	223	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,435	0	2,435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,401	0	1,401	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	21,539	0	21,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	26,798	0	26,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	310,779	0	310,779	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,265	0	1,265	74.00
76.00	03330	ENDOSCOPY	0	0	2,671	0	2,671	76.00
76.01	03950	OB/GYN IN VITRO	0	0	702	0	702	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	187	0	187	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	129	0	129	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	101	0	101	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	7,733	0	7,733	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,154	0	1,154	90.01
91.00	09100	EMERGENCY	0	0	9,383	0	9,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	80,491	494,486	0	574,977	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/26/2015 8:27 am

Title XIX Nursing Facility Cost

		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	28,550	334,487,846	0.000085	0.000085	0	50.00
51.00	05100	RECOVERY ROOM	5,412	90,013,105	0.000060	0.000060	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,141	14,014,751	0.005932	0.005932	0	52.00
53.00	05300	ANESTHESIOLOGY	5,284	118,521,370	0.000045	0.000045	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,666	242,035,337	0.000048	0.000048	0	54.00
54.01	03630	ULTRASOUND	1,534	44,357,417	0.000035	0.000035	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,572	257,127,748	0.000033	0.000033	0	55.00
56.00	05600	RADIOISOTOPE	1,745	16,685,578	0.000105	0.000105	0	56.00
57.00	05700	CT SCAN	2,154	201,977,419	0.000011	0.000011	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,943	152,222,323	0.000026	0.000026	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,366	56,772,261	0.000059	0.000059	0	59.00
60.00	06000	LABORATORY	15,577	635,251,431	0.000025	0.000025	0	60.00
60.01	06001	HLA LAB	988	33,254,952	0.000030	0.000030	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,702	196,796,299	0.000049	0.000049	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,301	62,021,536	0.000069	0.000069	327	65.00
66.00	06600	PHYSICAL THERAPY	1,968	25,071,242	0.000078	0.000078	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	574	8,253,024	0.000070	0.000070	0	67.00
68.00	06800	SPEECH PATHOLOGY	223	2,902,724	0.000077	0.000077	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,435	134,844,782	0.000018	0.000018	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,401	13,475,396	0.000104	0.000104	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,539	272,093,412	0.000079	0.000079	25,551	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,798	262,837,262	0.000102	0.000102	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	310,779	439,555,703	0.000707	0.000707	12,797	73.00
74.00	07400	RENAL DIALYSIS	1,265	24,756,324	0.000051	0.000051	0	74.00
76.00	03330	ENDOSCOPY	2,671	38,963,706	0.000069	0.000069	0	76.00
76.01	03950	OB/GYN IN VITRO	702	4,106,080	0.000171	0.000171	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	187	2,399,858	0.000078	0.000078	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	129	1,368,090	0.000094	0.000094	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	101	2,423,513	0.000042	0.000042	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,733	50,711,074	0.000152	0.000152	0	90.00
90.01	04950	OUTPATIENT PSYCH	1,154	3,187,060	0.000362	0.000362	0	90.01
91.00	09100	EMERGENCY	9,383	189,686,362	0.000049	0.000049	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,586,760	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	574,977	3,936,761,745			38,675	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/26/2015 8:27 am

Title XIX Nursing Facility Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
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	HLA LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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	2	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	9	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	11	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/26/2015 8:27 am

Title XIX Nursing Facility Cost

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
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	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	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)	259,226	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	259,226	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.	74,133	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	178,344	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)	89,730	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)	258,891,482	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)	258,891,482	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	335,207,375	28.00
29.00	Private room charges (excluding swing-bed charges)	115,936,363	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	219,271,012	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.772332	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,563.90	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,229.48	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	334.42	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	258.28	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	19,147,071	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	239,744,411	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)	998.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	89,614,248	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)	89,614,248	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		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	18,198,650	9,876	1,842.71	3,276	6,036,718	43.00
44.00	CORONARY CARE UNIT	7,919,813	4,721	1,677.57	1,968	3,301,458	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	20,978,025	11,205	1,872.20	5,043	9,441,505	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	10,603,401	6,420	1,651.62	1,959	3,235,524	47.01
47.02	CARDIO-THORACIC ICU	14,639,283	7,295	2,006.76	2,880	5,779,469	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	203,702,016	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	321,110,938	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)	7,637,243	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	16,093,799	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	23,731,042	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	297,379,896	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)	6,749	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	998.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,740,294	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	14,465,898	258,891,482	0.055876	6,740,294	376,621	90.00
91.00	Nursing School cost	3,075,707	258,891,482	0.011880	6,740,294	80,075	91.00
92.00	Allied health cost	60,588	258,891,482	0.000234	6,740,294	1,577	92.00
93.00	All other Medical Education	0	258,891,482	0.000000	6,740,294	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,019	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,019	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.	244	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,775	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)	4,239	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)	13,345,705	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)	13,345,705	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	13,559,623	28.00
29.00	Private room charges (excluding swing-bed charges)	259,896	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	13,299,727	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.984224	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,065.15	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,041.07	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	24.08	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	23.70	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	5,783	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	13,339,922	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,025.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,345,357	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)	4,345,357	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	0	0	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	756,413	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,101,770	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)	292,025	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	54,592	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	346,617	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,755,153	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	846,626	13,345,705	0.063438	0	0	90.00
91.00	Nursing School cost	46,907	13,345,705	0.003515	0	0	91.00
92.00	Allied health cost	3,298	13,345,705	0.000247	0	0	92.00
93.00	All other Medical Education	0	13,345,705	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 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)	20,731	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,731	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.	7,092	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	13,639	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)	11,457	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)	14,284,543	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	14,284,543	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	9,852,130	28.00
29.00	Private room charges (excluding swing-bed charges)	3,496,356	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	6,355,774	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.449894	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	493.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	466.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	27.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	39.15	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	277,652	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	14,006,891	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: 260032 Component CCN: 265439	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						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
47.01	NEURO ICU						47.01
47.02	CARDIO-THORACIC ICU						47.02

	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)	14,006,891	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	675.65	71.00
72.00	Program routine service cost (line 9 x line 71)	7,740,922	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)	7,740,922	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)	7,740,922	83.00
84.00	Program inpatient ancillary services (see instructions)	2,283,857	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)	10,024,779	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: 260032 Component CCN: 265439	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 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: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 am
	Title XIX	Hospital	Cost

	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)	259,226	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	259,226	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.	74,133	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	178,344	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)	27,231	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)	7,774	14.00
15.00	Total nursery days (title V or XIX only)	6,547	15.00
16.00	Nursery days (title V or XIX only)	1,379	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)	258,891,482	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)	258,891,482	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	335,207,375	28.00
29.00	Private room charges (excluding swing-bed charges)	115,936,363	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	219,271,012	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.772332	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,563.90	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,229.48	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	334.42	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	258.28	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	19,147,071	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	239,744,411	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)	924.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	25,184,590	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	2,007,869	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	27,192,459	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

	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)	2,558,318	6,547	390.76	1,379	538,858	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	18,198,650	9,876	1,842.71	1,112	2,049,094	43.00
44.00	CORONARY CARE UNIT	7,919,813	4,721	1,677.57	337	565,341	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	20,978,025	11,205	1,872.20	1,453	2,720,307	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	10,603,401	6,420	1,651.62	632	1,043,824	47.01
47.02	CARDIO-THORACIC ICU	14,639,283	7,295	2,006.76	500	1,003,380	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	44,650,005	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	79,763,268	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	6,749	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	998.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,740,294	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 am
	Title XIX	Hospital	Cost

	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	14,465,898	258,891,482	0.055876	6,740,294	376,621	90.00
91.00	Nursing School cost	3,075,707	258,891,482	0.011880	6,740,294	80,075	91.00
92.00	Allied health cost	60,588	258,891,482	0.000234	6,740,294	1,577	92.00
93.00	All other Medical Education	0	258,891,482	0.000000	6,740,294	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 am
	Title XIX	Subprovider - IPF	Cost

	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)	13,019	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,019	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.	244	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,775	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)	3,938	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)	6,547	15.00
16.00	Nursery days (title V or XIX only)	1,379	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)	13,345,705	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)	13,345,705	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	13,559,623	28.00
29.00	Private room charges (excluding swing-bed charges)	259,896	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	13,299,727	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.984224	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,065.15	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,041.07	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	24.08	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	23.70	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	5,783	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	13,339,922	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,024.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,035,072	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)	4,035,072	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D-1
Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO ICU	0	0	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	650,830	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,685,902	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 am
	Title XIX	Subprovider - IPF	Cost

	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	846,626	13,345,705	0.063438	0	0	90.00
91.00	Nursing School cost	46,907	13,345,705	0.003515	0	0	91.00
92.00	Allied health cost	3,298	13,345,705	0.000247	0	0	92.00
93.00	All other Medical Education	0	13,345,705	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D-1
Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Title XIX Nursing Facility Cost	
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,863	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,863	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.	726	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,137	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)	2,841	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)	6,547	15.00
16.00	Nursery days (title V or XIX only)	1,379	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)	1,440,913	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)	1,440,913	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	832,034	28.00
29.00	Private room charges (excluding swing-bed charges)	185,812	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	646,222	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.731796	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	255.94	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	206.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	49.94	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	86.49	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	62,792	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,378,121	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: 260032
Component CCN: 265439

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

Worksheet D-1
Date/Time Prepared: 5/26/2015 8:27 am

Title XIX Nursing Facility Cost

	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)						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
47.01	NEURO ICU						47.01
47.02	CARDIO-THORACIC ICU						47.02

	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)	1,378,121	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	356.75	71.00
72.00	Program routine service cost (line 9 x line 71)	1,013,527	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)	1,013,527	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	149,594	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	38.72	76.00
77.00	Program capital-related costs (line 9 x line 76)	110,004	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	903,523	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)	903,523	80.00
81.00	Inpatient routine service cost per diem limitation	999.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	2,838,159	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	1,013,527	83.00
84.00	Program inpatient ancillary services (see instructions)	14,639	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)	1,028,166	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: 260032 Component CCN: 265439	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:27 am
	Title XIX	Nursing Facility	Cost

	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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | 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		112,086,041		30.00
31.00	03100	INTENSIVE CARE UNIT		9,500,596		31.00
32.00	03200	CORONARY CARE UNIT		5,772,735		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		14,296,673		34.00
35.01	02400	NEURO ICU		5,711,694		35.01
35.02	02401	CARDIO-THORACIC ICU		8,319,016		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.339312	76,690,887	26,022,138	50.00
51.00	05100	RECOVERY ROOM	0.288217	10,901,765	3,142,074	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837198	302,827	253,526	52.00
53.00	05300	ANESTHESIOLOGY	0.108464	18,926,675	2,052,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195057	31,418,280	6,128,355	54.00
54.01	03630	ULTRASOUND	0.135797	3,255,388	442,072	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154584	4,088,162	631,964	55.00
56.00	05600	RADIOISOTOPE	0.381717	1,892,667	722,463	56.00
57.00	05700	CT SCAN	0.047623	26,875,878	1,279,910	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102787	11,053,178	1,136,123	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.248545	11,507,418	2,860,111	59.00
60.00	06000	LABORATORY	0.105408	131,653,951	13,877,380	60.00
60.01	06001	HLA LAB	0.139979	2,952,563	413,297	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230444	46,711,034	10,764,278	63.00
65.00	06500	RESPIRATORY THERAPY	0.321772	24,528,971	7,892,736	65.00
66.00	06600	PHYSICAL THERAPY	0.321200	7,040,723	2,261,480	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341259	3,179,681	1,085,095	67.00
68.00	06800	SPEECH PATHOLOGY	0.376590	1,135,600	427,656	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078467	29,677,026	2,328,667	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142781	4,163,868	594,521	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.388114	74,571,099	28,942,088	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.499883	81,763,236	40,872,052	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360773	110,153,248	39,740,318	73.00
74.00	07400	RENAL DIALYSIS	0.240938	12,567,312	3,027,943	74.00
76.00	03330	ENDOSCOPY	0.282453	4,239,575	1,197,481	76.00
76.01	03950	OB/GYN IN VITRO	0.791111	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289111	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.463856	15,930	7,389	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204189	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.530564	832,774	441,840	90.00
90.01	04950	OUTPATIENT PSYCH	0.844625	0	0	90.01
91.00	09100	EMERGENCY	0.192573	24,983,211	4,811,092	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.469511	234,843	345,104	92.00
200.00		Total (sum of lines 50-94 and 96-98)		757,317,770	203,702,016	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)		757,317,770		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D-3
Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02400	NEURO ICU		0		35.01
35.02	02401	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		4,451,738		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.339312	32,604	11,063	50.00
51.00	05100	RECOVERY ROOM	0.288217	4,558	1,314	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837198	1,402	1,174	52.00
53.00	05300	ANESTHESIOLOGY	0.108464	364,252	39,508	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195057	75,725	14,771	54.00
54.01	03630	ULTRASOUND	0.135797	11,219	1,524	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154584	0	0	55.00
56.00	05600	RADIOISOTOPE	0.381717	0	0	56.00
57.00	05700	CT SCAN	0.047623	78,880	3,757	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102787	71,869	7,387	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.248545	0	0	59.00
60.00	06000	LABORATORY	0.105408	838,936	88,431	60.00
60.01	06001	HLA LAB	0.139979	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230444	2,805	646	63.00
65.00	06500	RESPIRATORY THERAPY	0.321772	50,133	16,131	65.00
66.00	06600	PHYSICAL THERAPY	0.321200	15,776	5,067	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341259	12,270	4,187	67.00
68.00	06800	SPEECH PATHOLOGY	0.376590	3,155	1,188	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078467	54,340	4,264	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142781	13,322	1,902	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.388114	28,397	11,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.499883	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360773	885,211	319,360	73.00
74.00	07400	RENAL DIALYSIS	0.240938	48,380	11,657	74.00
76.00	03330	ENDOSCOPY	0.282453	6,310	1,782	76.00
76.01	03950	OB/GYN IN VITRO	0.791111	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289111	314,469	90,916	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.463856	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204189	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.530564	2,454	1,302	90.00
90.01	04950	OUTPATIENT PSYCH	0.844625	7,012	5,923	90.01
91.00	09100	EMERGENCY	0.192573	582,312	112,138	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.469511	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,505,791	756,413	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)		3,505,791		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D-3
Date/Time Prepared: 5/26/2015 8:27 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
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02400	NEURO ICU		0		35.01
35.02	02401	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.339312	0	0	50.00
51.00	05100	RECOVERY ROOM	0.288217	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837198	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.108464	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195057	13,526	2,638	54.00
54.01	03630	ULTRASOUND	0.135797	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154584	0	0	55.00
56.00	05600	RADIOISOTOPE	0.381717	0	0	56.00
57.00	05700	CT SCAN	0.047623	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102787	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.248545	0	0	59.00
60.00	06000	LABORATORY	0.105408	217,829	22,961	60.00
60.01	06001	HLA LAB	0.139979	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230444	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.321772	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.321200	2,172,941	697,949	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341259	1,975,638	674,204	67.00
68.00	06800	SPEECH PATHOLOGY	0.376590	408,350	153,781	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078467	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142781	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.388114	143,111	55,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.499883	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360773	1,875,919	676,781	73.00
74.00	07400	RENAL DIALYSIS	0.240938	0	0	74.00
76.00	03330	ENDOSCOPY	0.282453	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.791111	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289111	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.463856	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204189	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.530564	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.844625	0	0	90.01
91.00	09100	EMERGENCY	0.192573	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.469511	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,807,314	2,283,857	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)		6,807,314		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital | Cost

		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		33,789,826		30.00
31.00	03100	INTENSIVE CARE UNIT		3,157,568		31.00
32.00	03200	CORONARY CARE UNIT		950,342		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		3,508,052		34.00
35.01	02400	NEURO ICU		1,750,436		35.01
35.02	02401	CARDIO-THORACIC ICU		1,378,044		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY		820,791		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.339312	12,688,489	4,305,357	50.00
51.00	05100	RECOVERY ROOM	0.288217	2,042,861	588,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837198	2,061,015	1,725,478	52.00
53.00	05300	ANESTHESIOLOGY	0.108464	4,495,524	487,603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195057	8,401,188	1,638,711	54.00
54.01	03630	ULTRASOUND	0.135797	1,167,717	158,572	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154584	1,151,891	178,064	55.00
56.00	05600	RADIOISOTOPE	0.381717	443,210	169,181	56.00
57.00	05700	CT SCAN	0.047623	8,243,636	392,587	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102787	3,630,848	373,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.248545	1,937,700	481,606	59.00
60.00	06000	LABORATORY	0.105408	36,490,435	3,846,384	60.00
60.01	06001	HLA LAB	0.139979	301,548	42,210	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230444	10,476,008	2,414,133	63.00
65.00	06500	RESPIRATORY THERAPY	0.321772	6,213,495	1,999,329	65.00
66.00	06600	PHYSICAL THERAPY	0.321200	1,314,421	422,192	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341259	722,353	246,509	67.00
68.00	06800	SPEECH PATHOLOGY	0.376590	256,437	96,572	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078467	6,697,504	525,533	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142781	1,207,626	172,426	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.388114	15,514,287	6,021,312	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.499883	8,727,254	4,362,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360773	29,712,695	10,719,538	73.00
74.00	07400	RENAL DIALYSIS	0.240938	2,612,906	629,548	74.00
76.00	03330	ENDOSCOPY	0.282453	1,124,965	317,750	76.00
76.01	03950	OB/GYN IN VITRO	0.791111	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289111	2,140	619	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.463856	8,100	3,757	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204189	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.530564	186,107	98,742	90.00
90.01	04950	OUTPATIENT PSYCH	0.844625	2,615	2,209	90.01
91.00	09100	EMERGENCY	0.192573	11,075,524	2,132,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.469511	65,763	96,639	92.00
200.00		Total (sum of lines 50-94 and 96-98)		178,976,262	44,650,005	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)		178,976,262		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D-3
Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Subprovider - IPF | Cost

		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
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02400	NEURO ICU		0		35.01
35.02	02401	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		4,194,481		40.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.339312	86,154	29,233	50.00
51.00	05100	RECOVERY ROOM	0.288217	8,024	2,313	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837198	1,206	1,010	52.00
53.00	05300	ANESTHESIOLOGY	0.108464	228,801	24,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195057	59,732	11,651	54.00
54.01	03630	ULTRASOUND	0.135797	17,888	2,429	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154584	0	0	55.00
56.00	05600	RADIOISOTOPE	0.381717	5,783	2,207	56.00
57.00	05700	CT SCAN	0.047623	67,657	3,222	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102787	52,860	5,433	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.248545	0	0	59.00
60.00	06000	LABORATORY	0.105408	811,138	85,500	60.00
60.01	06001	HLA LAB	0.139979	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230444	4,470	1,030	63.00
65.00	06500	RESPIRATORY THERAPY	0.321772	20,091	6,465	65.00
66.00	06600	PHYSICAL THERAPY	0.321200	6,318	2,029	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341259	4,871	1,662	67.00
68.00	06800	SPEECH PATHOLOGY	0.376590	1,130	426	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078467	32,574	2,556	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142781	11,718	1,673	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.388114	5,547	2,153	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.499883	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360773	687,115	247,893	73.00
74.00	07400	RENAL DIALYSIS	0.240938	30,919	7,450	74.00
76.00	03330	ENDOSCOPY	0.282453	8,482	2,396	76.00
76.01	03950	OB/GYN IN VITRO	0.791111	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289111	184,639	53,381	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.463856	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204189	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.530564	1,886	1,001	90.00
90.01	04950	OUTPATIENT PSYCH	0.844625	5,573	4,707	90.01
91.00	09100	EMERGENCY	0.192573	769,540	148,193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.469511	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,114,116	650,830	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)		3,114,116		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D-3
Date/Time Prepared: 5/26/2015 8:27 am

Title XIX Nursing Facility Cost

		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
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02400	NEURO ICU		0		35.01
35.02	02401	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.339312	0	0	50.00
51.00	05100	RECOVERY ROOM	0.288217	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837198	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.108464	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195057	0	0	54.00
54.01	03630	ULTRASOUND	0.135797	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154584	0	0	55.00
56.00	05600	RADIOISOTOPE	0.381717	0	0	56.00
57.00	05700	CT SCAN	0.047623	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102787	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.248545	0	0	59.00
60.00	06000	LABORATORY	0.105408	0	0	60.00
60.01	06001	HLA LAB	0.139979	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230444	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.321772	327	105	65.00
66.00	06600	PHYSICAL THERAPY	0.321200	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341259	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.376590	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078467	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142781	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.388114	25,551	9,917	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.499883	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360773	12,797	4,617	73.00
74.00	07400	RENAL DIALYSIS	0.240938	0	0	74.00
76.00	03330	ENDOSCOPY	0.282453	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.791111	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.289111	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.463856	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204189	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.530564	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.844625	0	0	90.01
91.00	09100	EMERGENCY	0.192573	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.469511	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		38,675	14,639	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)		38,675		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/26/2015 8:27 am

Kidney Hospital PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	245,692	998.71	277	276,643	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,842.71	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,677.57	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	2,902	1,872.20	1	1,872	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,651.62	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,006.76	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		248,594		278	278,515	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.339312	650,903	220,859	8.00
9.00	RECOVERY ROOM	51.00	0.288217	150,746	43,448	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.837198	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.108464	199,427	21,631	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.195057	566,876	110,573	12.00
12.01	ULTRASOUND	54.01	0.135797	51,594	7,006	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.154584	173,295	26,789	13.00
14.00	RADIOISOTOPE	56.00	0.381717	221,908	84,706	14.00
15.00	CT SCAN	57.00	0.047623	1,369,354	65,213	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.102787	75,025	7,712	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.248545	169,452	42,116	17.00
18.00	LABORATORY	60.00	0.105408	4,093,354	431,472	18.00
18.01	HLA LAB	60.01	0.139979	15,465,841	2,164,893	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.230444	581,662	134,041	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.321772	31,785	10,228	23.00
24.00	PHYSICAL THERAPY	66.00	0.321200	795	255	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.341259	177	60	25.00
26.00	SPEECH PATHOLOGY	68.00	0.376590	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.078467	3,435,023	269,536	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.142781	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.388114	312,207	121,172	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.499883	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.360773	332,372	119,911	31.00
32.00	RENAL DIALYSIS	74.00	0.240938	44,031	10,609	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.282453	114,832	32,435	34.00
34.01	OB/GYN IN VITRO	76.01	0.791111	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.289111	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.463856	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.204189	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.530564	6,914	3,668	37.00
37.01	OUTPATIENT PSYCH	90.01	0.844625	0	0	37.01
38.00	EMERGENCY	91.00	0.192573	24,958	4,806	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.469511	14,428	21,202	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			28,086,959	3,954,341	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Kidney		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	277	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	1	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			278	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	6,914	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	24,958	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	14,428	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		46,300		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	4,232,856		28,335,553		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	12,738,605		15,531,017		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	16,971,461		43,866,570		61.00
62.00	Total Usable Organs (see instructions)		243			62.00
63.00	Medicare Usable Organs (see instructions)		160			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.658436			64.00
65.00	Medicare Cost/Charges (see instructions)	11,174,621		28,883,329		65.00
66.00	Revenue for Organs Sold	33,905		33,905		66.00
67.00	Subtotal (line 65 minus line 66)	11,140,716		28,849,424		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	11,140,716	0	28,849,424	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	59	4		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	180		73.00
74.00	Total (sum of lines 70 thru 73)	59	184		74.00
75.00	Organs Transplanted	59	180	15,531,017	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	4	33,905	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	59	184		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/26/2015 8:27 am

Liver — Hospital — PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	28,382	998.71	31	30,960	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,902	1,842.71	1	1,843	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,677.57	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	5,804	1,872.20	2	3,744	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,651.62	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,006.76	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		37,088		34	36,547	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.339312	17,525	5,946	8.00
9.00	RECOVERY ROOM	51.00	0.288217	6,686	1,927	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.837198	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.108464	14,012	1,520	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.195057	208,136	40,598	12.00
12.01	ULTRASOUND	54.01	0.135797	180,397	24,497	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.154584	5,429	839	13.00
14.00	RADIOISOTOPE	56.00	0.381717	180,832	69,027	14.00
15.00	CT SCAN	57.00	0.047623	341,683	16,272	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.102787	2,319,223	238,386	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.248545	147,679	36,705	17.00
18.00	LABORATORY	60.00	0.105408	1,942,592	204,765	18.00
18.01	HLA LAB	60.01	0.139979	304,489	42,622	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.230444	185,353	42,713	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.321772	9,566	3,078	23.00
24.00	PHYSICAL THERAPY	66.00	0.321200	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.341259	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.376590	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.078467	1,562,425	122,599	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.142781	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.388114	9,941	3,858	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.499883	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.360773	73,156	26,393	31.00
32.00	RENAL DIALYSIS	74.00	0.240938	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.282453	42,804	12,090	34.00
34.01	OB/GYN IN VITRO	76.01	0.791111	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.289111	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.463856	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.204189	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.530564	2,139	1,135	37.00
37.01	OUTPATIENT PSYCH	90.01	0.844625	0	0	37.01
38.00	EMERGENCY	91.00	0.192573	2,766	533	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.469511	5,327	7,828	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			7,562,160	903,331	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Liver: Worksheet D-2, Part I Line Numbers	Liver: Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital: Organ Acquisition	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	31	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	2	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			34	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	2,139	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	2,766	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	5,327	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		10,232		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	939,878		7,599,248		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	6,938,184		6,841,367		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	7,878,062		14,440,615		61.00
62.00	Total Usable Organs (see instructions)		95			62.00
63.00	Medicare Usable Organs (see instructions)		31			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.326316			64.00
65.00	Medicare Cost/Charges (see instructions)	2,570,738		4,712,204		65.00
66.00	Revenue for Organs Sold	5,441		5,441		66.00
67.00	Subtotal (line 65 minus line 66)	2,565,297		4,706,763		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,565,297	0	4,706,763	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	2		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	93		73.00
74.00	Total (sum of lines 70 thru 73)	0	95		74.00
75.00	Organs Transplanted	0	93	6,841,367	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	2	5,441	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	95		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Heart		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	20,110	998.71	18	17,977	1.00
2.00	INTENSIVE CARE UNIT	43.00	5,804	1,842.71	2	3,685	2.00
3.00	CORONARY CARE UNIT	44.00	5,804	1,677.57	2	3,355	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	1,872.20	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,651.62	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,006.76	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		31,718		22	25,017	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.339312	63,428	21,522	8.00
9.00	RECOVERY ROOM	51.00	0.288217	1,244	359	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.837198	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.108464	5,727	621	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.195057	56,498	11,020	12.00
12.01	ULTRASOUND	54.01	0.135797	6,287	854	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.154584	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.381717	2,040	779	14.00
15.00	CT SCAN	57.00	0.047623	123,560	5,884	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.102787	13,646	1,403	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.248545	761,617	189,296	17.00
18.00	LABORATORY	60.00	0.105408	576,020	60,717	18.00
18.01	HLA LAB	60.01	0.139979	728,525	101,978	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.230444	68,007	15,672	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.321772	46,456	14,948	23.00
24.00	PHYSICAL THERAPY	66.00	0.321200	316	101	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.341259	139	47	25.00
26.00	SPEECH PATHOLOGY	68.00	0.376590	218	82	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.078467	468,540	36,765	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.142781	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.388114	69,522	26,982	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.499883	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.360773	20,530	7,407	31.00
32.00	RENAL DIALYSIS	74.00	0.240938	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.282453	11,112	3,139	34.00
34.01	OB/GYN IN VITRO	76.01	0.791111	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.289111	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.463856	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.204189	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.530564	704	374	37.00
37.01	OUTPATIENT PSYCH	90.01	0.844625	0	0	37.01
38.00	EMERGENCY	91.00	0.192573	2,090	402	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.469511	1,676	2,463	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			3,027,902	502,815	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Heart: Worksheet D-2, Part I Line Numbers	Heart: Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital: Organ Acquisition	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	18	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	2	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			22	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	704	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	2,090	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	1,676	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		4,470		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	527,832		3,059,620		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,098,330		2,400,448		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,626,162		5,460,068		61.00
62.00	Total Usable Organs (see instructions)		41			62.00
63.00	Medicare Usable Organs (see instructions)		16			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.390244			64.00
65.00	Medicare Cost/Charges (see instructions)	1,415,088		2,130,759		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,415,088		2,130,759		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,415,088	0	2,130,759	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	41		73.00
74.00	Total (sum of lines 70 thru 73)	0	41		74.00
75.00	Organs Transplanted	0	41	2,400,448	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	41		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Lung		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	9,057	998.71	6	5,992	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,842.71	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,677.57	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	1,872.20	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,651.62	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,006.76	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		9,057		6	5,992	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.339312	670	227	8.00
9.00	RECOVERY ROOM	51.00	0.288217	5,769	1,663	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.837198	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.108464	5,084	551	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.195057	128,203	25,007	12.00
12.01	ULTRASOUND	54.01	0.135797	17,383	2,361	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.154584	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.381717	783,237	298,975	14.00
15.00	CT SCAN	57.00	0.047623	321,093	15,291	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.102787	52,427	5,389	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.248545	863,690	214,666	17.00
18.00	LABORATORY	60.00	0.105408	1,141,235	120,295	18.00
18.01	HLA LAB	60.01	0.139979	953,151	133,421	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.230444	125,391	28,896	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.321772	190,367	61,255	23.00
24.00	PHYSICAL THERAPY	66.00	0.321200	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.341259	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.376590	436	164	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.078467	339,513	26,641	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.142781	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.388114	5,893	2,287	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.499883	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.360773	34,083	12,296	31.00
32.00	RENAL DIALYSIS	74.00	0.240938	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.282453	37,983	10,728	34.00
34.01	OB/GYN IN VITRO	76.01	0.791111	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.289111	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.463856	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.204189	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.530564	3,025	1,605	37.00
37.01	OUTPATIENT PSYCH	90.01	0.844625	0	0	37.01
38.00	EMERGENCY	91.00	0.192573	6,720	1,294	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.469511	882	1,296	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			5,016,235	964,308	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Lung		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	6	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			6	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	3,025	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	6,720	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	882	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		10,627		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	970,300		5,025,292		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	5,777,052		5,732,837		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	6,747,352		10,758,129		61.00
62.00	Total Usable Organs (see instructions)		130			62.00
63.00	Medicare Usable Organs (see instructions)		42			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.323077			64.00
65.00	Medicare Cost/Charges (see instructions)	2,179,914		3,475,704		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,179,914		3,475,704		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,179,914	0	3,475,704	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	130		73.00
74.00	Total (sum of lines 70 thru 73)	0	130		74.00
75.00	Organs Transplanted	0	130	5,732,837	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	130		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Pancreas		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	998.71	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,842.71	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,677.57	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	1,872.20	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO ICU	47.01	0	1,651.62	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	2,006.76	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.339312	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.288217	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.837198	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.108464	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.195057	699	136	12.00
12.01	ULTRASOUND	54.01	0.135797	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.154584	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.381717	0	0	14.00
15.00	CT SCAN	57.00	0.047623	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.102787	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.248545	0	0	17.00
18.00	LABORATORY	60.00	0.105408	1,789	189	18.00
18.01	HLA LAB	60.01	0.139979	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.230444	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.321772	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.321200	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.341259	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.376590	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.078467	7,358	577	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.142781	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.388114	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.499883	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.360773	345	124	31.00
32.00	RENAL DIALYSIS	74.00	0.240938	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.282453	0	0	34.00
34.01	OB/GYN IN VITRO	76.01	0.791111	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.289111	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.463856	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.204189	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.530564	0	0	37.00
37.01	OUTPATIENT PSYCH	90.01	0.844625	0	0	37.01
38.00	EMERGENCY	91.00	0.192573	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.469511	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			10,191	1,026	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Pancreas: Worksheet D-2, Part I Line Numbers	Pancreas: Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital: Organ Acquisition	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	1,026		10,191		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	767,846		1,031,185		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	768,872		1,041,376		61.00
62.00	Total Usable Organs (see instructions)		18			62.00
63.00	Medicare Usable Organs (see instructions)		13			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.722222			64.00
65.00	Medicare Cost/Charges (see instructions)	555,296		752,105		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	555,296		752,105		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	555,296	0	752,105	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	18		73.00
74.00	Total (sum of lines 70 thru 73)	0	18		74.00
75.00	Organs Transplanted	0	18	1,031,185	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	18		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	PPS

		0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		141,285,040		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		46,037,047		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		26,224,609		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		39,706,998		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,200.67		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)		563.66		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)		52.59		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-11.20		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)		605.05		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		692.19		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)		605.05		12.00
13.00	Total allowable FTE count for the prior year.		606.43		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.		606.46		14.00
15.00	Sum of lines 12 through 14 divided by 3.		605.98		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		1.00		17.00
18.00	Adjusted rolling average FTE count		606.98		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.505534		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.500598		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.500598		21.00
22.00	IME payment adjustment (see instructions)		54,756,237		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		87.14		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		54,756,237		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0		29.01
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.44		30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.51		31.00
32.00	Sum of lines 30 and 31		29.95		32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.92		33.00
34.00	Disproportionate share adjustment (see instructions)		6,518,809		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 8:27 am

		Title XVIII	Hospital	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.002235289	0.002167763	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		20,221,271	16,578,279	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		15,124,399	4,178,638	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		19,303,037		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		294,124,779		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		294,124,779		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		20,809,636		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		22,276,200		52.00
53.00	Nursing and Allied Health Managed Care payment		422,433		53.00
54.00	Special add-on payments for new technologies		166,532		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		17,856,311		55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		1,103,882		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		120,802		58.00
59.00	Total (sum of amounts on lines 49 through 58)		356,880,575		59.00
60.00	Primary payer payments		91,315		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		356,789,260		61.00
62.00	Deductibles billed to program beneficiaries		12,529,659		62.00
63.00	Coinsurance billed to program beneficiaries		2,218,528		63.00
64.00	Allowable bad debts (see instructions)		3,738,331		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		2,429,915		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,110,444		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		344,470,988		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		8,722		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-115,976		70.93
70.94	HRR adjustment amount (see instructions)		-1,028,091		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		806,669		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		342,511,530		71.00
71.01	Sequestration adjustment (see instructions)		6,850,231		71.01
72.00	Interim payments		333,147,135		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)		2,514,164		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,825,465		75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet DSH | Date/Time Prepared: 5/26/2015 8:27 am

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	7.44	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	22.51	0.00			22.51	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	29.95	0.00			22.51	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	1,200.67	0.00			1,200.67	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	13.92	0.00			7.79	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	7.44	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	26,710	0			26,710	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	16,302	0			16,302	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	10,747	0			10,747	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	6,736	0			6,736	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	6,045	0			6,045	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	964	0			964	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	67,504	0			67,504	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	298,541	0			298,541	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,359	0			1,359	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	299,900	0			299,900	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	22.51	0.00			22.51	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	13.92		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		13.92		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		13.92		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	PPS

		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	7.79		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	7.79		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	7.79		31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2015 8:27 am

		Title XVIII			Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	141,285,040	141,285,040		141,285,040	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	46,037,047		46,037,047	46,037,047	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	26,224,609	20,261,045	5,963,564	26,224,609	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	39,706,998	30,445,023	9,261,975	39,706,998	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.500598	0.500598	0.500598		5.00
6.00	IME payment adjustment (see instructions)	22.00	54,756,237	41,418,887	13,337,350	54,756,237	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	54,756,237	41,418,887	13,337,350	54,756,237	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1392	0.1392	0.1392		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	6,518,809	4,916,720	1,602,089	6,518,809	11.00
11.01	Uncompensated care payments	36.00	19,303,037	15,124,399	4,178,638	19,303,037	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	294,124,779	223,006,091	71,118,688	294,124,779	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	294,124,779	223,006,091	71,118,688	294,124,779	15.00
16.00	Payment for inpatient program capital	50.00	20,809,636	15,734,382	5,075,254	20,809,636	16.00
17.00	Special add-on payments for new technologies	54.00	166,532	91,969	74,563	166,532	17.00
17.01	Net organ aquisition cost	55.00	17,856,311	13,355,539	4,500,772	17,856,311	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	8,722	8,722	0	8,722	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			252,196,703	80,769,277	332,965,980	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	14,877,606	11,219,136	3,658,470	14,877,606	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,468,749	1,149,506	319,243	1,468,749	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2375	0.2375	0.2375		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	3,533,431	2,664,544	868,887	3,533,431	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0625	0.0625	0.0625		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	929,850	701,196	228,654	929,850	25.00
26.00	Total prospective capital payments (see instructions)	12.00	20,809,636	15,734,382	5,075,254	20,809,636	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-115,976	-193,460	77,484	-115,976	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-1,028,091	-848,256	-179,835	-1,028,091	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	806,669	806,669	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	400,291	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	97,989,927	2.00
3.00	PPS payments	87,382,186	3.00
4.00	Outlier payment (see instructions)	525,026	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	56,487	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	400,291	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,053,563	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,053,563	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 chargebasis 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)	1,053,563	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	653,272	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)	400,291	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)	87,963,699	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	190,531	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	17,680,414	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	70,493,045	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	6,238,687	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	76,731,732	30.00
31.00	Primary payer payments	22,720	31.00
32.00	Subtotal (line 30 minus line 31)	76,709,012	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	958,036	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	622,723	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	476,973	36.00
37.00	Subtotal (see instructions)	77,331,735	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	77,331,735	40.00
40.01	Sequestration adjustment (see instructions)	1,546,635	40.01
41.00	Interim payments	76,337,643	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-552,543	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
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	1,407,100	2.00
3.00	PPS payments	891,756	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	801	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	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 chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	892,557	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	197,358	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	695,199	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	695,199	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	695,199	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	695,199	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	695,199	40.00
40.01	Sequestration adjustment (see instructions)	13,904	40.01
41.00	Interim payments	680,522	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	773	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
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part I Date/Time Prepared: 5/26/2015 8:27 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		333,147,135		75,751,043	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0	08/18/2014	557,500	3.01
3.02			0	11/12/2014	29,100	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		586,600	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)		333,147,135		76,337,643	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		2,514,164		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		552,543	6.02
7.00	Total Medicare program liability (see instructions)		335,661,299		75,785,100	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: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part I Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,452,628		680,522	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,452,628		680,522	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		153,104		773	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,605,732		681,295	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: 260032 Component CCN: 265439	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part I Date/Time Prepared: 5/26/2015 8:27 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		4,203,658		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,203,658		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		15,429		0	6.02
7.00	Total Medicare program liability (see instructions)		4,188,229		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	52,887	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	104,856	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	22,928	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	291,994	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	4,448,864,931	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	156,899,391	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	2,167,142	8.00
9.00	Sequestration adjustment amount (see instructions)	43,343	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	2,123,799	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	2,081,726	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)	42,073	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	3,232,950	1.00
2.00	Net IPF PPS Outlier Payments	357,252	2.00
3.00	Net IPF PPS ECT Payments	87,750	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	8.98	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	9.47	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	8.98	8.00
9.00	Average Daily Census (see instructions)	35.668493	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.122597	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	396,350	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	4,074,302	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	4,074,302	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	4,074,302	18.00
19.00	Deductibles	224,832	19.00
20.00	Subtotal (line 18 minus line 19)	3,849,470	20.00
21.00	Coinsurance	187,264	21.00
22.00	Subtotal (line 20 minus line 21)	3,662,206	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	3,662,206	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	17,112	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	3,679,318	31.00
31.01	Sequestration adjustment (see instructions)	73,586	31.01
32.00	Interim payments	3,452,628	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	153,104	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	357,252	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VI Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	4,743,844	1.00
2.00	Routine service other pass through costs	1,604	2.00
3.00	Ancillary service other pass through costs	1,681	3.00
4.00	Subtotal (sum of lines 1 through 3)	4,747,129	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	623,808	7.00
8.00	Allowable bad debts (see instructions)	218,854	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	73,876	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	150,382	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)	4,273,703	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	14.50
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (see instructions	4,273,703	15.00
15.01	Sequestration adjustment (see instructions)	85,474	15.01
16.00	Interim payments	4,203,658	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)	-15,429	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: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2015 8:27 am
	Title XIX	Hospital	Cost

		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	79,763,268		1.00
2.00	Medical and other services		27,874,624	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	79,763,268	27,874,624	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)	79,763,268	27,874,624	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	45,355,059		8.00
9.00	Ancillary service charges	178,976,262	136,054,065	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)	224,331,321	136,054,065	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)	224,331,321	136,054,065	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	144,568,053	108,179,441	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)	79,763,268	27,874,624	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		24.00
25.00	Capital exception payments (see instructions)	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)	79,763,268	27,874,624	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)	79,763,268	27,874,624	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	79,763,268	27,874,624	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	79,763,268	27,874,624	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	14,442,005		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	94,205,273	27,874,624	40.00
41.00	Interim payments	42,906,602	21,899,426	41.00
42.00	Balance due provider/program (line 40 minus line 41)	51,298,671	5,975,198	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
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2015 8:27 am
	Title XIX	Subprovider - IPF	Cost

		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	4,685,902		1.00
2.00	Medical and other services		1,025,085	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	4,685,902	1,025,085	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)	4,685,902	1,025,085	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	4,194,481		8.00
9.00	Ancillary service charges	3,114,116	1,898,769	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)	7,308,597	1,898,769	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)	7,308,597	1,898,769	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	2,622,695	873,684	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)	4,685,902	1,025,085	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		24.00
25.00	Capital exception payments (see instructions)	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)	4,685,902	1,025,085	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)	4,685,902	1,025,085	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	4,685,902	1,025,085	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	4,685,902	1,025,085	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	4,685,902	1,025,085	40.00
41.00	Interim payments	4,684,670	221,433	41.00
42.00	Balance due provider/program (line 40 minus line 41)	1,232	803,652	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
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2015 8:27 am
	Title XIX	Nursing Facility	Cost

		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	1,028,166		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,028,166	0	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)	1,028,166	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	710,473		8.00
9.00	Ancillary service charges	38,675	0	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)	749,148	0	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)	749,148	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	279,018	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)	749,148	0	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		24.00
25.00	Capital exception payments (see instructions)	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)	749,148	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	279,018	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	749,148	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	749,148	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	749,148	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	749,148	0	40.00
41.00	Interim payments	625,961	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	123,187	0	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
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-10.17	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			626.45	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			704.22	6.00
7.00	Enter the lesser of line 5 or line 6			626.45	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	169.11	459.83	628.94	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	150.43	409.05	559.48	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	150.43	409.05		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	151.60	411.22		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	153.51	406.90		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	151.85	409.06		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	1.00		16.00
17.00	Adjusted rolling average FTE count	151.85	410.06		17.00
18.00	Per resident amount	125,572.42	118,906.02		18.00
19.00	Approved amount for resident costs	19,068,172	48,758,603	67,826,775	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			77.77	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			67,826,775	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	109,113	22,928		26.00
27.00	Total Inpatient Days (see instructions)	306,372	306,372		27.00
28.00	Ratio of inpatient days to total inpatient days	0.356145	0.074837		28.00
29.00	Program direct GME amount	24,156,167	5,075,952		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		717,232		30.00
31.00	Net Program direct GME amount			28,514,887	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	1,265	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	24,756,324	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000051	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	338,700,759	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	17,856,311	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	91,315	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	356,465,755	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	99,854,606	42.00
43.00	Primary payer payments (see instructions)	22,720	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	99,831,886	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	456,297,641	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.781213	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.218787	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	28,514,887	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	22,276,200	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	6,238,687	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-4 | Date/Time Prepared: 5/26/2015 8:27 am

Title XIX | Hospital

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-10.17	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			626.45	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			704.22	6.00
7.00	Enter the lesser of line 5 or line 6			626.45	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	169.11	459.83	628.94	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	150.43	409.05	559.48	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	150.43	409.05		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	151.60	411.22		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	153.51	406.90		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	151.85	409.06		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	1.00		16.00
17.00	Adjusted rolling average FTE count	151.85	410.06		17.00
18.00	Per resident amount	125,572.42	118,906.02		18.00
19.00	Approved amount for resident costs	19,068,172	48,758,603	67,826,775	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			77.77	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			67,826,775	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	35,889	34,174		26.00
27.00	Total Inpatient Days (see instructions)	306,372	306,372		27.00
28.00	Ratio of inpatient days to total inpatient days	0.117142	0.111544		28.00
29.00	Program direct GME amount	7,945,364	7,565,670		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,069,029		30.00
31.00	Net Program direct GME amount			14,442,005	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 8:27 am
	Title XIX	Hospital	Cost

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	0	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	0	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	0	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.000000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	14,442,005	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

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

Provider CCN: 260032

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

Worksheet G

Date/Time Prepared: 5/26/2015 8:27 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	0	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	686,253,053	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-416,927,711	0	0	0	6.00
7.00	Inventory	40,796,213	0	0	0	7.00
8.00	Prepaid expenses	2,185,305	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	15,914,093	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	328,220,953	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	20,677,877	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	17,622,833	0	0	0	14.00
15.00	Buildings	-8,951,599	0	0	0	15.00
16.00	Accumulated depreciation	407,110,745	0	0	0	16.00
17.00	Leasehold improvements	-239,942,466	0	0	0	17.00
18.00	Accumulated depreciation	222,861,752	0	0	0	18.00
19.00	Fixed equipment	-45,990,830	0	0	0	19.00
20.00	Accumulated depreciation	564,586,438	0	0	0	20.00
21.00	Automobiles and trucks	-443,662,613	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	644,918,265	0	0	0	23.00
24.00	Accumulated depreciation	-543,286,308	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	21,957,604	0	0	0	27.00
28.00	Accumulated depreciation	-8,725,381	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	609,176,317	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	12,249,577	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	1	0	0	0	33.00
34.00	Other assets	258,391,312	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	270,640,890	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,208,038,160	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	55,314,677	0	0	0	37.00
38.00	Salaries, wages, and fees payable	54,923,653	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	42,077,757	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	152,316,087	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	10,654,325	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	10,654,325	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	162,970,412	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,045,067,748				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)	1,045,067,748	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,208,038,160	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-1 | Date/Time Prepared: 5/26/2015 8:27 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		968,801,824		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		83,891,170				2.00
3.00	Total (sum of line 1 and line 2)		1,052,692,994		0		3.00
4.00	ROUNDING	1		0		0	4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE	-131,005		0		0	5.00
6.00	TRANSFER FROM BJC	-7,499,969		0		0	6.00
7.00	ASSETS RELEASED FROM RESTRICT - CAPI	5,727		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-7,625,246		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,045,067,748		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,045,067,748		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	ROUNDING		0		4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE		0		5.00
6.00	TRANSFER FROM BJC		0		6.00
7.00	ASSETS RELEASED FROM RESTRICT - CAPI		0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 260032 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/26/2015 8:27 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	339,104,702		339,104,702	1.00
2.00	SUBPROVIDER - IPF	13,559,623		13,559,623	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	10,189,026		10,189,026	7.00
8.00	NURSING FACILITY	832,034		832,034	8.00
9.00	OTHER LONG TERM CARE	1,656,062		1,656,062	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	365,341,447		365,341,447	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	22,552,669		22,552,669	11.00
12.00	CORONARY CARE UNIT	12,093,715		12,093,715	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	37,369,105		37,369,105	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
15.01	NEURO ICU	18,535,121		18,535,121	15.01
15.02	CARDIO-THORACIC ICU	20,335,094		20,335,094	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	110,885,704		110,885,704	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	476,227,151		476,227,151	17.00
18.00	Ancillary services	2,075,975,210	1,652,714,467	3,728,689,677	18.00
19.00	Outpatient services	82,017,691	166,153,565	248,171,256	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,634,220,052	1,818,868,032	4,453,088,084	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,678,829,686		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	NON OPERATING DEPARTMENTS	5,733,892			37.00
38.00	ROUNDING	16			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)		5,733,908		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,673,095,778		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet G-3 Date/Time Prepared: 5/26/2015 8:27 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,453,088,084	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,789,071,406	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,664,016,678	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,673,095,778	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,079,100	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	3,984,371	6.00
7.00	Income from investments	7,416,250	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	4,414,941	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	14,603,388	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	23,738,912	17.00
18.00	Revenue from sale of medical records and abstracts	1,091,853	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	21,458,479	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	774,814	20.00
21.00	Rental of vending machines	291,979	21.00
22.00	Rental of hospital space	3,192,256	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDICAID MEANINGFUL USE	508,103	24.00
24.01	MEDICARE MEANINGFUL USE	2,112,874	24.01
24.02	BJC OTHER OPERATING REVENUE	1,376,078	24.02
24.03	MISC OTHER OPERATING REVENUE	11,684,045	24.03
25.00	Total other income (sum of lines 6-24)	96,648,343	25.00
26.00	Total (line 5 plus line 25)	87,569,243	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	3,678,073	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,678,073	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	83,891,170	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 260032	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 8:27 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	14,877,606	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,468,749	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)	803.71	3.00
4.00	Number of interns & residents (see instructions)	606.98	4.00
5.00	Indirect medical education percentage (see instructions)	23.75	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	3,533,431	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.44	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	22.51	8.00
9.00	Sum of lines 7 and 8	29.95	9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.25	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	929,850	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	20,809,636	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