

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: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/29/2015 3:07 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2015 Time: 3:07 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY'S HEALTH CENTER (260091) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,927,290	228,705	102,405	0	1.00
2.00 Subprovider - IPF	0	78,809	49		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
8.00 NURSING FACILITY	0				0	8.00
200.00 Total	0	3,006,099	228,754	102,405	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 3:02 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 6420 CLAYTON ROAD		PO Box:									
2.00 City: ST. LOUIS		State: MO		Zip Code: 63117-		County: ST. LOUIS					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		ST. MARY'S HEALTH CENTER		260091	41180	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF		ST. MARY'S HEALTH CENTER - PSYCH		26S091	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											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis		ST. MARY'S HEALTH CENTER - ESRD		262320	41180		03/01/1998				18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2014	12/31/2014		20.00	
21.00 Type of Control (see instructions)							1			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		20,351	6,214	16,364	3,424	24,055	0		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 3:02 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
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)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	851,392	211,955		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.	03/01/1985			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.	09/01/2000			127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 3:02 pm	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09/01/2000			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269020		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: SSM HEALTH CARE CORPORATION	Contractor's Name: WPS		Contractor's Number: 05301	
142.00	Street: 10101 WOODFIELD LANE	PO Box:			
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132	
		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.	N			145.00
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					1.00
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
		4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.50

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 3:02 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		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: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/29/2015 3:02 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		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)	Y	04/12/2015	Y	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)	N		N	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: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/29/2015 3:02 pm
	Description	Part A		Part B
		Y/N	Date	Y/N
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	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.	N		40.00
				1.00
				2.00
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRIAN	SCHMEIDLER	41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)989-3524	BRIAN_SCHMEIDLER@SSMHC.COM	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/12/2015		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)			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.	DIRECTOR, GOVERNMENT REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2015 3:02 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	380	138,700	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)		380	138,700	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	58	21,170	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	44	15,911	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	98	35,770	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		580	211,551	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						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		626				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2015 3:02 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,463	9,031	75,399			1.00
2.00 HMO and other (see instructions)	11,717	49,099				2.00
3.00 HMO IPF Subprovider	0	291				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,463	9,031	75,399			7.00
8.00 INTENSIVE CARE UNIT	5,975	4,859	13,349			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	30	93	4,220			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	5,123	30,760			12.00
13.00 NURSERY		1,057	5,792			13.00
14.00 Total (see instructions)	22,468	20,163	129,520	184.50	2,798.84	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	7,401	4,675	15,968	0.79	63.23	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	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)				185.29	2,862.07	27.00
28.00 Observation Bed Days		426	6,662			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			2,106			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1,146	2,279			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: 260091

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2015 3:02 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,226	3,217	24,088	1.00
2.00 HMO and other (see instructions)				2,250	6,733		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
8.01 PEDIATRIC INTENSIVE CARE UNIT							8.01
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 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	4,226	3,217		24,088	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	628	608		1,991	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/29/2015 3:02 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	188,146,511	0	188,146,511	6,017,393.44	31.27	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		432,422	0	432,422	2,304.51	187.64	4.00
4.01	Physicians - Part A - Teaching		564,074	0	564,074	6,112.29	92.29	4.01
5.00	Physician-Part B		12,162,532	0	12,162,532	123,381.62	98.58	5.00
6.00	Non-physician-Part B		3,225,992	0	3,225,992	56,552.00	57.04	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,690,504	1,690,504	64,291.60	26.29	7.00
7.01	Contracted interns and residents (in an approved programs)		11,047,953	0	11,047,953	313,859.52	35.20	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		12,553,815	-59,789	12,494,026	347,369.21	35.97	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		13,588,766	0	13,588,766	375,057.20	36.23	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		9,991,962	0	9,991,962	60,010.67	166.50	13.00
14.00	Home office salaries & wage-related costs		33,003,824	0	33,003,824	708,729.00	46.57	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		19,745,561	0	19,745,561	145,392.38	135.81	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		66,782,542	0	66,782,542			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,695,038	0	4,695,038			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		140,068	0	140,068			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		3,164,032	0	3,164,032			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		762,499	0	762,499			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	210,585	0	210,585	12,844.12	16.40	26.00
27.00	Administrative & General	5.00	15,723,102	-416,508	15,306,594	481,614.21	31.78	27.00
28.00	Administrative & General under contract (see inst.)		276,079	0	276,079	2,459.00	112.27	28.00
29.00	Maintenance & Repairs	6.00	569	0	569	16.88	33.71	29.00
30.00	Operation of Plant	7.00	2,851,111	0	2,851,111	95,510.76	29.85	30.00
31.00	Laundry & Linen Service	8.00	252,779	0	252,779	18,124.31	13.95	31.00
32.00	Housekeeping	9.00	4,073,265	0	4,073,265	297,808.34	13.68	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,643,241	-2,849,200	794,041	57,044.57	13.92	34.00
35.00	Dietary under contract (see instructions)		1,072,406	0	1,072,406	40,560.00	26.44	35.00
36.00	Cafeteria	11.00	0	2,849,200	2,849,200	204,690.00	13.92	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,488,910	0	4,488,910	141,691.70	31.68	38.00
39.00	Central Services and Supply	14.00	702,627	416,508	1,119,135	59,412.94	18.84	39.00
40.00	Pharmacy	15.00	6,852,844	-5,942,452	910,392	27,349.16	33.29	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260091

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2015 3:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,024,198	0	1,024,198	43,285.25	23.66	41.00
42.00	Social Service	17.00	2,651,708	18,925	2,670,633	77,122.03	34.63	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260091

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2015 3:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	162,494,445	-1,690,504	160,803,941	5,496,215.41	29.26	1.00
2.00	Excluded area salaries (see instructions)	12,553,815	-59,789	12,494,026	347,369.21	35.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	149,940,630	-1,630,715	148,309,915	5,148,846.20	28.80	3.00
4.00	Subtotal other wages & related costs (see inst.)	56,584,552	0	56,584,552	1,143,796.87	49.47	4.00
5.00	Subtotal wage-related costs (see inst.)	66,922,610	0	66,922,610	0.00	45.12	5.00
6.00	Total (sum of lines 3 thru 5)	273,447,792	-1,630,715	271,817,077	6,292,643.07	43.20	6.00
7.00	Total overhead cost (see instructions)	43,823,424	-5,923,527	37,899,897	1,559,533.27	24.30	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2015 3:02 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,521,910 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			25,201,133 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			31,188,989 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			1,078,303 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			623,420 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			49,122 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			841,253 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			919,800 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			13,069,036 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			236,076 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			903,490 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			75,632,532 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/29/2015 3:02 pm
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		13,800,493	0 1.00
2.00	Hospital		13,588,766	0 2.00
3.00	Subprovider - IPF		211,727	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-5

Date/Time Prepared:
5/29/2015 3:02 pm

		Outpatient		Training		Home				
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD			
		1.00	2.00	3.00	4.00	5.00	6.00			
1.00	Number of patients in program at end of cost reporting period	9	1	0	2	0	4	1.00		
2.00	Number of times per week patient receives dialysis	3.00	3.00	0.00	7.00	0.00	7.00	2.00		
3.00	Average patient dialysis time including setup	0.00	0.00	0.00	12.00			3.00		
4.00	CAPD exchanges per day				0.00		0.00	4.00		
5.00	Number of days in year dialysis furnished	365	365					5.00		
6.00	Number of stations	4	4	0	0			6.00		
7.00	Treatment capacity per day per station	2	2					7.00		
8.00	Utilization (see instructions)	26.87	2.99					8.00		
9.00	Average times dialyzers re-used	0.00	0.00					9.00		
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00		
								Y/N		
								1.00		
10.01	ESRD PPS Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)							Y	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02	
								Prior to 1/1		
								1.00		
								After 12/31		
								2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)							0	0	10.03
TRANSPLANT INFORMATION										
11.00	Number of patients on transplant list							6		11.00
12.00	Number of patients transplanted during the cost reporting period							3		12.00
EPOETIN										
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.									13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program									14.00
15.00	Number of EPO units furnished relating to the renal dialysis department									15.00
16.00	Number of EPO units furnished relating to the home dialysis department									16.00
ARANESP										
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.									17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program									18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department									19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department									20.00
								MCP		
								1.00		
								INITIAL METHOD		
								2.00		
PHYSICIAN PAYMENT METHOD										
21.00	Enter "X" if method(s) is applicable								X	21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.				
		1.00	2.00	3.00	4.00	5.00				
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN S2 2M	311	0	24	0				
22.01		PROCRI T 10M	11,981	0	595	0				
22.02		PROCRI T 10M	9,985	0	496	0				
22.03		PROCRI T 2M	96	0	5	0				

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/29/2015 3:02 pm
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			1.00			
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.253306	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		339,145,004	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		40,239,671	5.00		
6.00	Medicaid charges		1,404,251,822	6.00		
7.00	Medicaid cost (line 1 times line 6)		355,705,412	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		0	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00		
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		43,335,721	1,393,257	44,728,978	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		10,977,198	352,920	11,330,118	21.00
22.00	Partial payment by patients approved for charity care		40,386	113,467	153,853	22.00
23.00	Cost of charity care (line 21 minus line 22)		10,936,812	239,453	11,176,265	23.00
			1.00			
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				45,806,509	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				1,565,967	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				44,240,542	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				11,206,395	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				22,382,660	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				22,382,660	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/29/2015 3:02 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)
	1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		12,801,875	12,801,875	0	12,801,875
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP			10,801,794	2,145,768	12,947,562
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	210,585	51,329,615	51,540,200	0	51,540,200
5.00 00500 ADMINISTRATIVE & GENERAL	15,723,102	118,335,149	134,058,251	-357,969	133,700,282
6.00 00600 MAINTENANCE & REPAIRS	569	4,021,288	4,021,857	0	4,021,857
7.00 00700 OPERATION OF PLANT	2,851,111	11,563,365	14,414,476	0	14,414,476
8.00 00800 LAUNDRY & LINEN SERVICE	252,779	1,733,220	1,985,999	0	1,985,999
9.00 00900 HOUSEKEEPING	4,073,265	2,690,420	6,763,685	0	6,763,685
10.00 01000 DIETARY	3,643,241	5,507,382	9,150,623	-7,156,253	1,994,370
11.00 01100 CAFETERIA	0	0	0	7,156,253	7,156,253
13.00 01300 NURSING ADMINISTRATION	4,488,910	1,297,620	5,786,530	0	5,786,530
14.00 01400 CENTRAL SERVICES & SUPPLY	702,627	2,081,132	2,783,759	1,350,668	4,134,427
15.00 01500 PHARMACY	6,852,844	34,465,286	41,318,130	-35,966,318	5,351,812
16.00 01600 MEDICAL RECORDS & LIBRARY	1,024,198	1,076,299	2,100,497	0	2,100,497
17.00 01700 SOCIAL SERVICE	2,651,708	278,259	2,929,967	50,412	2,980,379
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000 NURSING SCHOOL	0	0	0	0	0
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,690,504	1,690,504
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,921,251	53,191,845	56,113,096	-17,386,056	38,727,040
23.00 02300 PARAMED ED PRGM	335,034	14,423	349,457	90,284	439,741
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	36,233,376	6,110,627	42,344,003	-1,747,411	40,596,592
31.00 03100 INTENSIVE CARE UNIT	7,812,854	2,102,257	9,915,111	-924,823	8,990,288
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	3,351,226	918,815	4,270,041	-517,609	3,752,432
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
35.00 02040 NEONATAL INTENSIVE CARE UNIT	16,034,121	1,950,706	17,984,827	-96,974	17,887,853
40.00 04000 SUBPROVIDER - I/PF	3,733,397	1,150,453	4,883,850	-99,848	4,784,002
43.00 04300 NURSERY	0	0	0	1,610,686	1,610,686
45.00 04500 NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	7,668,731	21,687,039	29,355,770	-15,826,178	13,529,592
51.00 05100 RECOVERY ROOM	3,475,780	300,508	3,776,288	-158,087	3,618,201
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	654	654	3,800,009	3,800,663
53.00 05300 ANESTHESIOLOGY	221,763	4,808,921	5,030,684	776,085	5,806,769
53.01 05301 PAIN MANAGEMENT	584,585	655,380	1,239,965	-130,752	1,109,213
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,637,863	2,700,688	7,338,551	-470,568	6,867,983
55.00 05500 RADIOLOGY-THERAPEUTIC	2,691,690	3,525,097	6,216,787	217,309	6,434,096
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	603,295	1,161,063	1,764,358	0	1,764,358
56.00 05600 RADIOISOTOPE	0	0	0	0	0
56.01 05601 ULTRA SOUND	746,044	66,579	812,623	-61,211	751,412
57.00 05700 CT SCAN	0	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	1,575,055	7,208,631	8,783,686	-7,152,865	1,630,821
60.00 06000 LABORATORY	3,165,404	7,242,890	10,408,294	251,561	10,659,855
60.01 06001 ANATOMICAL PATHOLOGY	1,586,482	2,617,471	4,203,953	481,108	4,685,061
60.02 06003 LAB-STEM CELL	0	915	915	0	915
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,826,082	2,713,073	4,539,155	0	4,539,155
64.00 06400 INTRAVENOUS THERAPY	2,213,589	994,902	3,208,491	-278,001	2,930,490
65.00 06500 RESPIRATORY THERAPY	3,687,935	2,847,284	6,535,219	-128,968	6,406,251
65.01 06501 SLEEP DISORDER	757,840	420,697	1,178,537	0	1,178,537
66.00 06600 PHYSICAL THERAPY	643,268	947,533	1,590,801	-3,395	1,587,406
67.00 06700 OCCUPATIONAL THERAPY	388,435	274,405	662,840	-9,357	653,483
68.00 06800 SPEECH PATHOLOGY	657,948	366,385	1,024,333	-202,573	821,760
69.00 06900 ELECTROCARDIOLOGY	1,402,513	397,862	1,800,375	546,299	2,346,674
69.01 06901 CARDIAC REHAB	320,038	12,743	332,781	10,254	343,035
69.02 06902 VASCULAR LAB	267,728	6,053	273,781	0	273,781
69.03 06903 ENDOSCOPY	1,742,853	1,081,701	2,824,554	-722,633	2,101,921
69.04 06904 CLINICAL NUTRITION	805,101	6,019	811,120	-9,617	801,503
70.00 07000 ELECTROENCEPHALOGRAPHY	1,323,099	36,510	1,359,609	221,607	1,581,216
70.01 07001 ECT	123,833	10,898	134,731	0	134,731
70.02 07002 PSYCHOTHERAPY	589,721	377,548	967,269	126,655	1,093,924
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	21,066,010	21,066,010
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,484,495	14,484,495
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	35,343,861	35,343,861
74.00 07400 RENAL DIALYSIS	320,253	1,141,384	1,461,637	-28,157	1,433,480
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	13,195,263	4,014,197	17,209,460	-192,085	17,017,375
91.00 09100 EMERGENCY	9,542,738	2,126,582	11,669,320	507,054	12,176,374
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A
Date/Time Prepared:
5/29/2015 3:02 pm

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	
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	176,348	882,850	1,059,198	-809,315	249,883	105.00
106.00 10600 HEART ACQUISITION	0	0	0	367,969	367,969	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	134,201	134,201	107.00
113.00 11300 INTEREST EXPENSE		2,145,768	2,145,768	-2,145,768	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	179,837,475	396,202,060	576,039,535	-153,739	575,885,796	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,115	293,563	349,678	0	349,678	190.00
191.00 19100 RESEARCH	0	201,887	201,887	0	201,887	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	166,845	766,519	933,364	0	933,364	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	0	0	0	153,739	153,739	194.01
194.02 07952 POISON CONTROL	1,921,258	367,749	2,289,007	0	2,289,007	194.02
194.03 07953 COMMUNITY EDUCATION	231,826	59,011	290,837	0	290,837	194.03
194.04 07954 BILLABLE DEPARTMENTS	1,051,731	-217,972	833,759	0	833,759	194.04
194.05 07955 MISC NONREIMBURSABLE	3,309,682	4,683,963	7,993,645	0	7,993,645	194.05
194.06 07956 RETAIL PHARMACY	652,456	3,280,595	3,933,051	0	3,933,051	194.06
194.07 07957 FREESTANDING RHC	919,123	470,219	1,389,342	0	1,389,342	194.07
200.00 TOTAL (SUM OF LINES 118-199)	188,146,511	406,107,594	594,254,105	0	594,254,105	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/29/2015 3:02 pm
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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	864,568	13,666,443	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	2,724,529	15,672,091	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	13,639,993	65,180,193	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-24,092,060	109,608,222	5.00
6.00	00600 MAINTENANCE & REPAIRS	-1,762,892	2,258,965	6.00
7.00	00700 OPERATION OF PLANT	-398,840	14,015,636	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-74,573	1,911,426	8.00
9.00	00900 HOUSEKEEPING	-23,603	6,740,082	9.00
10.00	01000 DIETARY	-313	1,994,057	10.00
11.00	01100 CAFETERIA	-3,695,719	3,460,534	11.00
13.00	01300 NURSING ADMINISTRATION	-122,262	5,664,268	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-24,382	4,110,045	14.00
15.00	01500 PHARMACY	-651	5,351,161	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-7,374	2,093,123	16.00
17.00	01700 SOCIAL SERVICE	-4,225	2,976,154	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,690,504	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,736,314	36,990,726	22.00
23.00	02300 PARAMED ED PRGM	-85	439,656	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-6,018,350	34,578,242	30.00
31.00	03100 INTENSIVE CARE UNIT	-1,304,466	7,685,822	31.00
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT	-159,184	3,593,248	31.01
32.00	03200 CORONARY CARE UNIT	0	0	32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	-1,788,168	16,099,685	35.00
40.00	04000 SUBPROVIDER - IPF	-530,854	4,253,148	40.00
43.00	04300 NURSERY	0	1,610,686	43.00
45.00	04500 NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-1,797,903	11,731,689	50.00
51.00	05100 RECOVERY ROOM	-15,261	3,602,940	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,800,663	52.00
53.00	05300 ANESTHESIOLOGY	-4,399,529	1,407,240	53.00
53.01	05301 PAIN MANAGEMENT	-9,659	1,099,554	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	-710,158	6,157,825	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-1,098,861	5,335,235	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	-1,398	1,762,960	55.01
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRASOUND	-21,031	730,381	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	-18,076	1,612,745	59.00
60.00	06000 LABORATORY	-802,008	9,857,847	60.00
60.01	06001 ANATOMICAL PATHOLOGY	-1,884,852	2,800,209	60.01
60.02	06003 LAB-STEM CELL	0	915	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	-157,516	4,381,639	63.00
64.00	06400 INTRAVENOUS THERAPY	-84,138	2,846,352	64.00
65.00	06500 RESPIRATORY THERAPY	-297,950	6,108,301	65.00
65.01	06501 SLEEP DISORDER	-36	1,178,501	65.01
66.00	06600 PHYSICAL THERAPY	0	1,587,406	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	653,483	67.00
68.00	06800 SPEECH PATHOLOGY	0	821,760	68.00
69.00	06900 ELECTROCARDIOLOGY	-366,713	1,979,961	69.00
69.01	06901 CARDIAC REHAB	-3,561	339,474	69.01
69.02	06902 VASCULAR LAB	-21,000	252,781	69.02
69.03	06903 ENDOSCOPY	-7,056	2,094,865	69.03
69.04	06904 CLINICAL NUTRITION	-34,703	766,800	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	-281,990	1,299,226	70.00
70.01	07001 ECT	0	134,731	70.01
70.02	07002 PSYCHOTHERAPY	-354,959	738,965	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-275,379	20,790,631	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	14,484,495	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-9,173,463	26,170,398	73.00
74.00	07400 RENAL DIALYSIS	-392	1,433,088	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-4,892,656	12,124,719	90.00
91.00	09100 EMERGENCY	-699,532	11,476,842	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	249,883	105.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
106.00	10600	HEART ACQUISITION	0	367,969	106.00
107.00	10700	LIVER ACQUISITION	0	134,201	107.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-51,925,005	523,960,791	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	349,678	190.00
191.00	19100	RESEARCH	0	201,887	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	933,364	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	FOUNDATION	0	153,739	194.01
194.02	07952	POISON CONTROL	0	2,289,007	194.02
194.03	07953	COMMUNITY EDUCATION	0	290,837	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	833,759	194.04
194.05	07955	MISC NONREIMBURSABLE	0	7,993,645	194.05
194.06	07956	RETAIL PHARMACY	0	3,933,051	194.06
194.07	07957	FREESTANDING RHC	0	1,389,342	194.07
200.00		TOTAL (SUM OF LINES 118-199)	-51,925,005	542,329,100	200.00

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6

Date/Time Prepared:
5/29/2015 3:02 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PHARMACY COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	5,861,913	29,481,948	1.00
	O		5,861,913	29,481,948	
B - BEHAVIORAL MEDICINE					
1.00	PSYCHOTHERAPY	70.02	74,469	52,186	1.00
2.00	SOCIAL SERVICE	17.00	49,970	31,487	2.00
3.00	EMERGENCY	91.00	149,911	94,461	3.00
	O		274,350	178,134	
C - DIETARY					
1.00	CAFETERIA	11.00	2,849,200	4,307,053	1.00
	O		2,849,200	4,307,053	
D - PHARMACY PARAMED ED COSTS					
1.00	PARAMED ED PRGM	23.00	70,264	20,020	1.00
	O		70,264	20,020	
E - RENTAL PARKING CGCH FOUNDATION					
1.00	FOUNDATION	194.01	0	153,739	1.00
	O		0	153,739	
F - INTEREST					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,145,768	1.00
	O		0	2,145,768	
G - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,640,929	820,981	1.00
	O		2,640,929	820,981	
H - MATERNAL TRANSPORT					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	338,036	63	1.00
	O		338,036	63	
I - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,066,010	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,484,495	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
	O		0	35,550,505	
J - NURSERY					
1.00	NURSERY	43.00	1,155,102	455,584	1.00
	O		1,155,102	455,584	
K - INTERNS & RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,690,504	0	1.00
	O		1,690,504	0	
L - TRANSPLANT OTHER EXPENSES					
1.00	HEART ACQUISITION	106.00	0	317,079	1.00
2.00	LIVER ACQUISITION	107.00	0	102,690	2.00
	O		0	419,769	
M - TRANSPLANT SALARY EXPENSES					
1.00	ADULTS & PEDIATRICS	30.00	123,321	0	1.00
2.00	KIDNEY ACQUISITION	105.00	60,799	0	2.00
3.00	HEART ACQUISITION	106.00	28,454	0	3.00
4.00	LIVER ACQUISITION	107.00	31,511	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	O		244,085	0	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
N - TRANSPLANT SLU HLA					
1.00	LABORATORY	60.00	0	251,561	1.00
2.00	HEART ACQUISITION	106.00	0	22,436	2.00
	0		0	273,997	
O - NON-TEACHING PHYSICIAN COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,099,311	1.00
2.00	ADULTS & PEDIATRICS	30.00	143,464	6,091,615	2.00
3.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	274,408	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,421,389	4.00
5.00	SUBPROVIDER - IPF	40.00	0	78,078	5.00
6.00	OPERATING ROOM	50.00	0	1,745,475	6.00
7.00	ANESTHESIOLOGY	53.00	0	776,085	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	674,924	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	217,309	9.00
10.00	ANATOMIC PATHOLOGY	60.01	0	481,108	10.00
11.00	RESPIRATORY THERAPY	65.00	0	431,600	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	546,299	12.00
13.00	CARDIAC REHAB	69.01	0	10,254	13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	221,607	14.00
15.00	RENAL DIALYSIS	74.00	0	94,790	15.00
16.00	CLINIC	90.00	0	283,638	16.00
17.00	EMERGENCY	91.00	0	1,104,198	17.00
	0		143,464	15,552,088	
P - FRA					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	47,127	1.00
	TOTALS		0	47,127	
Q - CENTRAL SUPPLY					
1.00	CENTRAL SERVICES & SUPPLY	14.00	416,508	934,160	1.00
	TOTALS		416,508	934,160	
500.00	Grand Total: Increases		15,684,355	90,340,936	500.00

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6
Date/Time Prepared:
5/29/2015 3:02 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - PHARMACY COSTS						
1.00	PHARMACY	15.00	5,861,913	29,481,948	0	1.00
	O		5,861,913	29,481,948		
B - BEHAVIORAL MEDICINE						
1.00	SUBPROVIDER - IPF	40.00	74,469	52,186	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	199,881	125,948	0	2.00
3.00		0.00	0	0	0	3.00
	O		274,350	178,134		
C - DIETARY						
1.00	DIETARY	10.00	2,849,200	4,307,053	0	1.00
	O		2,849,200	4,307,053		
D - PHARMACY PARAMED ED COSTS						
1.00	PHARMACY	15.00	70,264	20,020	0	1.00
	O		70,264	20,020		
E - RENTAL PARKING CGCH FOUNDATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	153,739	0	1.00
	O		0	153,739		
F - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	2,145,768	11	1.00
	O		0	2,145,768		
G - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	2,640,929	820,981	0	1.00
	O		2,640,929	820,981		
H - MATERNAL TRANSPORT						
1.00	ADULTS & PEDIATRICS	30.00	338,036	63	0	1.00
	O		338,036	63		
I - CHARGEABLE SUPPLIES						
1.00	PHARMACY	15.00	0	474,771	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,360,512	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	924,823	0	3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	792,017	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,518,363	0	5.00
6.00	SUBPROVIDER - IPF	40.00	0	51,271	0	6.00
7.00	OPERATING ROOM	50.00	0	17,571,653	0	7.00
8.00	RECOVERY ROOM	51.00	0	158,087	0	8.00
9.00	PAIN MANAGEMENT	53.01	0	130,752	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,145,492	0	10.00
11.00	ULTRA SOUND	56.01	0	61,211	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	7,152,865	0	12.00
13.00	INTRAVENOUS THERAPY	64.00	0	269,976	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	560,568	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	3,395	0	15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	9,357	0	16.00
17.00	SPEECH PATHOLOGY	68.00	0	202,573	0	17.00
18.00	ENDOSCOPY	69.03	0	722,633	0	18.00
19.00	RENAL DIALYSIS	74.00	0	122,947	0	19.00
20.00	CLINIC	90.00	0	475,723	0	20.00
21.00	EMERGENCY	91.00	0	841,516	0	21.00
	O		0	35,550,505		
J - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,155,102	455,584	0	1.00
	O		1,155,102	455,584		
K - INTERNS & RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,690,504	0	0	1.00
	O		1,690,504	0		
L - TRANSPLANT OTHER EXPENSES						
1.00	KIDNEY ACQUISITION	105.00	0	419,769	0	1.00
2.00		0.00	0	0	0	2.00
	O		0	419,769		
M - TRANSPLANT SALARY EXPENSES						
1.00	KIDNEY ACQUISITION	105.00	176,348	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	8,775	0	0	2.00
3.00	SOCIAL SERVICE	17.00	31,045	0	0	3.00
4.00	PHARMACY	15.00	10,275	0	0	4.00
5.00	INTRAVENOUS THERAPY	64.00	8,025	0	0	5.00
6.00	CLINICAL NUTRITION	69.04	9,617	0	0	6.00
	O		244,085	0		
N - TRANSPLANT SLUHLA						
1.00	KIDNEY ACQUISITION	105.00	0	273,997	0	1.00
2.00		0.00	0	0	0	2.00
	O		0	273,997		

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
O - NON-TEACHING PHYSICIAN COSTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	143,464	15,552,088	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
	0		143,464	15,552,088		
P - FRA						
1.00	PHARMACY	15.00	0	47,127	0	1.00
	TOTALS		0	47,127		
Q - CENTRAL SUPPLY						
1.00	ADMINISTRATIVE & GENERAL	5.00	416,508	934,160	0	1.00
	TOTALS		416,508	934,160		
500.00	Grand Total: Decreases		15,684,355	90,340,936		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2015 3:02 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	18,198,205	0	0	0	1.00
2.00	Land Improvements	9,554,523	61,787	0	61,787	2.00
3.00	Buildings and Fixtures	394,937,180	11,756,558	0	11,756,558	3.00
4.00	Building Improvements	9,052,268	-12,178	0	-12,178	4.00
5.00	Fixed Equipment	46,747,734	495,671	0	495,671	5.00
6.00	Movable Equipment	183,423,063	10,599,471	0	10,599,471	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	661,912,973	22,901,309	0	22,901,309	8.00
9.00	Reconciling Items	-9,063,907	2,104,212	0	2,104,212	9.00
10.00	Total (line 8 minus line 9)	670,976,880	20,797,097	0	20,797,097	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	18,198,205	0			1.00
2.00	Land Improvements	9,616,310	0			2.00
3.00	Buildings and Fixtures	406,461,361	0			3.00
4.00	Building Improvements	8,177,254	0			4.00
5.00	Fixed Equipment	47,119,380	0			5.00
6.00	Movable Equipment	177,506,637	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	667,079,147	0			8.00
9.00	Reconciling Items	-6,280,153	0			9.00
10.00	Total (line 8 minus line 9)	673,359,300	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,801,875	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,801,794	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,603,669	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	12,801,875				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	10,801,794				2.00
3.00	Total (sum of lines 1-2)	0	23,603,669				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2015 3:02 pm

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	12,801,875	0	12,801,875	0.542368	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,801,794	0	10,801,794	0.457632	0	2.00
3.00	Total (sum of lines 1-2)	23,603,669	0	23,603,669	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	13,666,443	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	15,672,091	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	29,338,534	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	13,666,443	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	15,672,091	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	29,338,534	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260091

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

Worksheet A-8

Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-20,925,640			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	-120,020			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.00	MI SC REVENUE	B	-4,604,046	ADMINISTRATIVE & GENERAL	5.00	0 33.00
33.01	MI SC REVENUE	B	-398,840	OPERATION OF PLANT	7.00	0 33.01
33.02	MI SC REVENUE	B	-74,573	LAUNDRY & LINEN SERVICE	8.00	0 33.02
33.03	MI SC REVENUE	B	-23,490	HOUSEKEEPING	9.00	0 33.03
33.04	MI SC REVENUE	B	-313	DIETARY	10.00	0 33.04
33.05	MI SC REVENUE	B	-3,695,719	CAFETERIA	11.00	0 33.05
33.06	MI SC REVENUE	B	-9,760	NURSING ADMINISTRATION	13.00	0 33.06
33.07	MI SC REVENUE	B	-24,382	CENTRAL SERVICES & SUPPLY	14.00	0 33.07
33.08	MI SC REVENUE	B	-7,374	MEDICAL RECORDS & LIBRARY	16.00	0 33.08
33.09	MI SC REVENUE	B	-3,885	SOCIAL SERVICE	17.00	0 33.09
33.10	MI SC REVENUE	B	-1,735,992	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.10
33.11	MI SC REVENUE	B	-114,670	ADULTS & PEDIATRICS	30.00	0 33.11
33.12	MI SC REVENUE	B	-1,157	INTENSIVE CARE UNIT	31.00	0 33.12
33.13	MI SC REVENUE	B	-9,352	RECOVERY ROOM	51.00	0 33.13
33.14	MI SC REVENUE	B	-2,470	ANESTHESIOLOGY	53.00	0 33.14
33.15	MI SC REVENUE	B	-9,590	PAIN MANAGEMENT	53.01	0 33.15
33.16	MI SC REVENUE	B	-123,066	RADIOLOGY-DIAGNOSTIC	54.00	0 33.16
33.17	MI SC REVENUE	B	-667,343	RADIOLOGY-THERAPEUTIC	55.00	0 33.17
33.18	MI SC REVENUE	B	-1,398	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0 33.18
33.19	MI SC REVENUE	B	-21,031	ULTRASOUND	56.01	0 33.19
33.20	MI SC REVENUE	B	-18,005	CARDIAC CATHETERIZATION	59.00	0 33.20
33.21	MI SC REVENUE	B	-544,143	LABORATORY	60.00	0 33.21
33.22	MI SC REVENUE	B	-1,407,859	ANATOMICAL PATHOLOGY	60.01	0 33.22
33.23	MI SC REVENUE	B	-157,516	BLOOD STORING, PROCESSING & TRANS.	63.00	0 33.23
33.24	MI SC REVENUE	B	-78,091	INTRAVENOUS THERAPY	64.00	0 33.24
33.25	MI SC REVENUE	B	-6,706	RESPIRATORY THERAPY	65.00	0 33.25
33.26	MI SC REVENUE	B	-12,179	ELECTROCARDIOLOGY	69.00	0 33.26
33.27	MI SC REVENUE	B	-21,000	VASCULAR LAB	69.02	0 33.27
33.28	MI SC REVENUE	B	-7,056	ENDOSCOPY	69.03	0 33.28
33.29	MI SC REVENUE	B	-34,703	CLINICAL NUTRITION	69.04	0 33.29
33.30	MI SC REVENUE	B	-952	ELECTROENCEPHALOGRAPHY	70.00	0 33.30
33.31	MI SC REVENUE	B	-9,173,463	DRUGS CHARGED TO PATIENTS	73.00	0 33.31
33.32	MI SC REVENUE	B	-367	RENAL DIALYSIS	74.00	0 33.32
33.33	MI SC REVENUE	B	-218,528	CLINIC	90.00	0 33.33
33.34	MI SC REVENUE	B	-623	EMERGENCY	91.00	0 33.34
36.00	TV	A	-277	ADULTS & PEDIATRICS	30.00	0 36.00
36.01	TV	A	-1,901	PEDIATRIC INTENSIVE CARE UNIT	31.01	0 36.01
36.02	TV	A	-787	NEONATAL INTENSIVE CARE UNIT	35.00	0 36.02
37.00	PATIENT TELEPHONES	A	-29,417	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00	FRA EXPENSE MCR ADJUSTMENT	A	-3,422,032	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	LOBBYING EXPENSE	A	-92,954	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	BAD DEBT EXPENSE	A	-267,404	ADMINISTRATIVE & GENERAL	5.00	0 40.00
41.00	NON MED TRANSPORTATION	A	-18,164	SUBPROVIDER - IPF	40.00	0 41.00
41.01	NON MED TRANSPORTATION	A	-332,859	PSYCHOTHERAPY	70.02	0 41.01
42.00	ADVERTISING	A	-34,245	ADMINISTRATIVE & GENERAL	5.00	0 42.00
42.01	ADVERTISING	A	-500	NURSING ADMINISTRATION	13.00	0 42.01
42.02	ADVERTISING	A	-159	PHARMACY	15.00	0 42.02
42.03	ADVERTISING	A	-4,093	ADULTS & PEDIATRICS	30.00	0 42.03
42.04	ADVERTISING	A	-48	NEONATAL INTENSIVE CARE UNIT	35.00	0 42.04
42.05	ADVERTISING	A	-69	PAIN MANAGEMENT	53.01	0 42.05
42.06	ADVERTISING	A	-164	ELECTROCARDIOLOGY	69.00	0 42.06
42.07	ADVERTISING	A	-32,619	CLINIC	90.00	0 42.07
42.08	ADVERTISING	A	-128	EMERGENCY	91.00	0 42.08
43.00	ENTERTAINMENT	A	-86,932	ADMINISTRATIVE & GENERAL	5.00	0 43.00
43.01	ENTERTAINMENT	A	-11,829	NURSING ADMINISTRATION	13.00	0 43.01
43.02	ENTERTAINMENT	A	-30	ADULTS & PEDIATRICS	30.00	0 43.02
43.03	ENTERTAINMENT	A	-1,300	INTENSIVE CARE UNIT	31.00	0 43.03
43.04	ENTERTAINMENT	A	-200	RADIOLOGY-THERAPEUTIC	55.00	0 43.04
43.05	ENTERTAINMENT	A	-29	CARDIAC CATHETERIZATION	59.00	0 43.05
43.06	ENTERTAINMENT	A	-67	ELECTROCARDIOLOGY	69.00	0 43.06
43.07	ENTERTAINMENT	A	-12	CARDIAC REHAB	69.01	0 43.07
43.08	ENTERTAINMENT	A	-466	EMERGENCY	91.00	0 43.08
44.00	CONTRIBUTIONS	A	-76,528	ADMINISTRATIVE & GENERAL	5.00	0 44.00
44.01	CONTRIBUTIONS	A	-113	HOUSEKEEPING	9.00	0 44.01
44.02	CONTRIBUTIONS	A	-3,264	NURSING ADMINISTRATION	13.00	0 44.02
44.03	CONTRIBUTIONS	A	-492	PHARMACY	15.00	0 44.03

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
44.04	CONTRIBUTIONS	A	-340	SOCIAL SERVICE	17.00	0 44.04
44.05	CONTRIBUTIONS	A	-322	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 44.05
44.06	CONTRIBUTIONS	A	-85	PARAMED ED PRGM	23.00	0 44.06
44.07	CONTRIBUTIONS	A	-1,073	ADULTS & PEDIATRICS	30.00	0 44.07
44.08	CONTRIBUTIONS	A	-10	INTENSIVE CARE UNIT	31.00	0 44.08
44.09	CONTRIBUTIONS	A	-100	PEDIATRIC INTENSIVE CARE UNIT	31.01	0 44.09
44.10	CONTRIBUTIONS	A	-100	OPERATING ROOM	50.00	0 44.10
44.11	CONTRIBUTIONS	A	-5,909	RECOVERY ROOM	51.00	0 44.11
44.12	CONTRIBUTIONS	A	-736	RADIOLOGY-DIAGNOSTIC	54.00	0 44.12
44.13	CONTRIBUTIONS	A	-563	RADIOLOGY-THERAPEUTIC	55.00	0 44.13
44.14	CONTRIBUTIONS	A	-42	CARDIAC CATHETERIZATION	59.00	0 44.14
44.15	CONTRIBUTIONS	A	-665	LABORATORY	60.00	0 44.15
44.16	CONTRIBUTIONS	A	-110	ANATOMIC PATHOLOGY	60.01	0 44.16
44.17	CONTRIBUTIONS	A	-875	INTRAVENOUS THERAPY	64.00	0 44.17
44.18	CONTRIBUTIONS	A	-41	RESPIRATORY THERAPY	65.00	0 44.18
44.19	CONTRIBUTIONS	A	-36	SLEEP DISORDER	65.01	0 44.19
44.20	CONTRIBUTIONS	A	-130	ELECTROCARDIOLOGY	69.00	0 44.20
44.21	CONTRIBUTIONS	A	-25	CARDIAC REHAB	69.01	0 44.21
44.22	CONTRIBUTIONS	A	-500	PSYCHOTHERAPY	70.02	0 44.22
44.23	CONTRIBUTIONS	A	-25	RENAL DIALYSIS	74.00	0 44.23
44.24	CONTRIBUTIONS	A	-4,384	CLINIC	90.00	0 44.24
44.25	CONTRIBUTIONS	A	-257	EMERGENCY	91.00	0 44.25
45.00	NURSE PRACTITIONER	A	-297	ADMINISTRATIVE & GENERAL	5.00	0 45.00
45.01	NURSE PRACTITIONER	A	-96,909	NURSING ADMINISTRATION	13.00	0 45.01
45.02	NURSE PRACTITIONER	A	-282,595	ADULTS & PEDIATRICS	30.00	0 45.02
45.03	NURSE PRACTITIONER	A	-822,514	NEONATAL INTENSIVE CARE UNIT	35.00	0 45.03
45.04	NURSE PRACTITIONER	A	-472,428	OPERATING ROOM	50.00	0 45.04
45.05	NURSE PRACTITIONER	A	-241,416	RADIOLOGY-THERAPEUTIC	55.00	0 45.05
45.06	NURSE PRACTITIONER	A	-5,172	INTRAVENOUS THERAPY	64.00	0 45.06
45.07	NURSE PRACTITIONER	A	-193,415	ELECTROENCEPHALOGRAPHY	70.00	0 45.07
45.08	NURSE PRACTITIONER	A	-1,119,439	CLINIC	90.00	0 45.08
45.09	NURSE PRACTITIONER	A	-108	EMERGENCY	91.00	0 45.09
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-51,925,005			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: 260091

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2015 3:02 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	864,568	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	4,870,297	0
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE - INTEREST	0	2,145,768
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	52,018,023	38,378,030
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	47,363,573	66,381,733
4.02	6.00	MAINTENANCE & REPAIRS	HOME OFFICE	0	1,762,892
4.03	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	0	36
4.04	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-275,379	0
4.05	5.00	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	19,901,162	15,734,137
4.06	13.00	NURSING ADMINISTRATION	NETWORK--CORP 130	1,126,151	1,126,151
4.07	30.00	ADULTS & PEDIATRICS	NETWORK--CORP 130	1,456,414	1,164,297
4.08	55.00	RADIOLOGY-THERAPEUTIC	NETWORK--CORP 130	144,801	114,816
4.09	69.00	ELECTROCARDIOLOGY	NETWORK--CORP 130	18,753	14,870
4.10	70.00	ELECTROENCEPHALOGRAPHY	NETWORK--CORP 130	87,327	69,243
4.11	90.00	CLINIC	NETWORK--CORP 130	81,141	64,339
4.12	90.00	CLINIC	OTHER INTERCO	2,183,137	3,003,676
4.13	91.00	EMERGENCY	OTHER INTERCO	7,201	7,201
5.00	0		0	129,847,169	129,967,189

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

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

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

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

6.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	6.00
7.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	7.00
8.00	G	SSM INFO CENTER	100.00	FRAN SISTERS OF MARY	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	CHURCH				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: 260091

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2015 3:02 pm

	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	864,568	9		1.00
2.00	4,870,297	9		2.00
3.00	-2,145,768	11		3.00
4.00	13,639,993	0		4.00
4.01	-19,018,160	0		4.01
4.02	-1,762,892	0		4.02
4.03	-36	0		4.03
4.04	-275,379	0		4.04
4.05	4,167,025	0		4.05
4.06	0	0		4.06
4.07	292,117	0		4.07
4.08	29,985	0		4.08
4.09	3,883	0		4.09
4.10	18,084	0		4.10
4.11	16,802	0		4.11
4.12	-820,539	0		4.12
4.13	0	0		4.13
5.00	-120,020			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
		6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HOME OFFICE		6.00
7.00	ST LOUIS NETWORK		7.00
8.00	DATA PROCESSING SERVICES		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

Worksheet A-8-2

Date/Time Prepared: 5/29/2015 3:02 pm

1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
1.00	5.00	2,305,699	488,861	1,816,838	354,400	9,852	1.00
2.00	30.00	7,711,847	5,065,966	2,645,881	177,200	21,177	2.00
3.00	31.00	1,301,999	1,301,999	0	177,200	0	3.00
4.00	31.01	274,408	0	274,408	177,200	1,376	4.00
5.00	35.00	1,445,389	409,102	1,036,287	177,200	5,641	5.00
6.00	40.00	530,693	452,615	78,078	154,100	243	6.00
7.00	50.00	1,745,475	459,404	1,286,071	208,000	4,201	7.00
8.00	53.00	4,453,393	3,930,701	522,692	200,300	585	8.00
9.00	54.00	674,924	492,449	182,475	225,300	818	9.00
10.00	55.00	247,811	189,058	58,753	225,300	263	10.00
11.00	60.00	257,200	257,200	0	215,700	0	11.00
12.00	60.01	645,295	445,637	199,658	215,700	1,624	12.00
13.00	65.00	431,600	125,619	305,981	177,200	1,648	13.00
14.00	69.00	716,801	170,502	546,299	177,200	4,211	14.00
15.00	69.01	10,254	0	10,254	177,200	79	15.00
16.00	70.00	221,607	65,977	155,630	225,300	1,070	16.00
17.00	70.02	21,600	21,600	0	177,200	0	17.00
18.00	74.00	94,790	0	94,790	215,700	1,051	18.00
19.00	90.00	2,994,913	2,711,275	283,638	177,200	3,298	19.00
20.00	91.00	1,159,778	155,050	1,004,728	177,200	5,421	20.00
200.00		27,245,476	16,743,015	10,502,461		62,558	200.00

1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00
1.00	5.00	1,678,629	83,931	0	0	0	1.00
2.00	30.00	1,804,118	90,206	0	0	0	2.00
3.00	31.00	0	0	0	0	0	3.00
4.00	31.01	117,225	5,861	0	0	0	4.00
5.00	35.00	480,570	24,029	0	0	0	5.00
6.00	40.00	18,003	900	0	0	0	6.00
7.00	50.00	420,100	21,005	0	0	0	7.00
8.00	53.00	56,334	2,817	0	0	0	8.00
9.00	54.00	88,604	4,430	0	0	0	9.00
10.00	55.00	28,487	1,424	0	0	0	10.00
11.00	60.00	0	0	0	0	0	11.00
12.00	60.01	168,412	8,421	0	0	0	12.00
13.00	65.00	140,397	7,020	0	0	0	13.00
14.00	69.00	358,745	17,937	0	0	0	14.00
15.00	69.01	6,730	337	0	0	0	15.00
16.00	70.00	115,900	5,795	0	0	0	16.00
17.00	70.02	0	0	0	0	0	17.00
18.00	74.00	108,991	5,450	0	0	0	18.00
19.00	90.00	280,964	14,048	0	0	0	19.00
20.00	91.00	461,828	23,091	0	0	0	20.00
200.00		6,334,037	316,702	0	0	0	200.00

1.00	2.00	15.00	16.00	17.00	18.00	19.00
1.00	5.00	0	1,678,629	138,209	627,070	1.00
2.00	30.00	0	1,804,118	841,763	5,907,729	2.00
3.00	31.00	0	0	0	1,301,999	3.00
4.00	31.01	0	117,225	157,183	157,183	4.00
5.00	35.00	0	480,570	555,717	964,819	5.00
6.00	40.00	0	18,003	60,075	512,690	6.00
7.00	50.00	0	420,100	865,971	1,325,375	7.00
8.00	53.00	0	56,334	466,358	4,397,059	8.00
9.00	54.00	0	88,604	93,871	586,320	9.00
10.00	55.00	0	28,487	30,266	219,324	10.00
11.00	60.00	0	0	0	257,200	11.00
12.00	60.01	0	168,412	31,246	476,883	12.00
13.00	65.00	0	140,397	165,584	291,203	13.00
14.00	69.00	0	358,745	187,554	358,056	14.00
15.00	69.01	0	6,730	3,524	3,524	15.00
16.00	70.00	0	115,900	39,730	105,707	16.00
17.00	70.02	0	0	0	21,600	17.00
18.00	74.00	0	108,991	0	0	18.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2015 3:02 pm

	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		
19.00	90.00	CLINIC	0	280,964	2,674	2,713,949		19.00
20.00	91.00	EMERGENCY	0	461,828	542,900	697,950		20.00
200.00			0	6,334,037	4,182,625	20,925,640		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	13,666,443	13,666,443				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	15,672,091		15,672,091			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	65,180,193	61,182	0	65,241,375		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	109,608,222	2,547,590	1,477,577	5,313,638	118,947,027	5.00
6.00 00600 MAINTENANCE & REPAIRS	2,258,965	110,719	0	198	2,369,882	6.00
7.00 00700 OPERATION OF PLANT	14,015,636	2,052,018	1,027,929	989,755	18,085,338	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,911,426	61,461	1,460	87,751	2,062,098	8.00
9.00 00900 HOUSEKEEPING	6,740,082	76,280	35,443	1,414,022	8,265,827	9.00
10.00 01000 DIETARY	1,994,057	131,183	198,753	275,649	2,599,642	10.00
11.00 01100 CAFETERIA	3,460,534	273,985	0	989,091	4,723,610	11.00
13.00 01300 NURSING ADMINISTRATION	5,664,268	27,726	103,359	1,558,312	7,353,665	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,110,045	305,833	905	388,504	4,805,287	14.00
15.00 01500 PHARMACY	5,351,161	81,168	13,438	316,040	5,761,807	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,093,123	150,038	5,225	355,547	2,603,933	16.00
17.00 01700 SOCIAL SERVICE	2,976,154	15,011	2,034	927,102	3,920,301	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,690,504	0	0	586,853	2,277,357	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	36,990,726	368,494	16,600	377,447	37,753,267	22.00
23.00 02300 PARAMED ED PRGM	439,656	2,696	0	140,698	583,050	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	34,578,242	2,355,495	1,275,041	11,163,338	49,372,116	30.00
31.00 03100 INTENSIVE CARE UNIT	7,685,822	221,561	208,880	2,712,209	10,828,472	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	3,593,248	200,279	246,598	1,163,368	5,203,493	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	16,099,685	280,508	516,177	5,566,197	22,462,567	35.00
40.00 04000 SUBPROVIDER - IPF	4,253,148	163,353	29,113	1,270,186	5,715,800	40.00
43.00 04300 NURSERY	1,610,686	14,193	0	400,990	2,025,869	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	11,731,689	712,567	1,528,356	2,662,177	16,634,789	50.00
51.00 05100 RECOVERY ROOM	3,602,940	134,062	23,422	1,206,607	4,967,031	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,800,663	0	0	1,034,139	4,834,802	52.00
53.00 05300 ANESTHESIOLOGY	1,407,240	31,543	131,521	76,984	1,647,288	53.00
53.01 05301 PAIN MANAGEMENT	1,099,554	0	61,878	202,937	1,364,369	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,157,825	370,285	2,867,151	1,610,020	11,005,281	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	5,335,235	39,362	458,325	934,412	6,767,334	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	1,762,960	40,188	57,427	209,432	2,070,007	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	730,381	21,794	36,377	258,987	1,047,539	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,612,745	136,166	2,174,670	546,776	4,470,357	59.00
60.00 06000 LABORATORY	9,857,847	228,509	72,778	1,098,861	11,257,995	60.00
60.01 06001 ANATOMICAL PATHOLOGY	2,800,209	86,594	161,006	550,742	3,598,551	60.01
60.02 06003 LAB-STEM CELL	915	0	0	0	915	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,381,639	16,333	12,877	633,919	5,044,768	63.00
64.00 06400 INTRAVENOUS THERAPY	2,846,352	102,979	94,370	765,655	3,809,356	64.00
65.00 06500 RESPIRATORY THERAPY	6,108,301	44,502	447,157	1,280,256	7,880,216	65.00
65.01 06501 SLEEP DISORDER	1,178,501	16,054	20,283	263,082	1,477,920	65.01
66.00 06600 PHYSICAL THERAPY	1,587,406	61,982	3,787	223,309	1,876,484	66.00
67.00 06700 OCCUPATIONAL THERAPY	653,483	19,046	878	134,844	808,251	67.00
68.00 06800 SPEECH PATHOLOGY	821,760	27,943	21,519	228,405	1,099,627	68.00
69.00 06900 ELECTROCARDIOLOGY	1,979,961	38,379	380,853	486,878	2,886,071	69.00
69.01 06901 CARDIAC REHAB	339,474	45,067	21,109	111,100	516,750	69.01
69.02 06902 VASCULAR LAB	252,781	75,019	184,013	92,941	604,754	69.02
69.03 06903 ENDOSCOPY	2,094,865	145,655	210,453	605,026	3,055,999	69.03
69.04 06904 CLINICAL NUTRITION	766,800	7,114	95	276,150	1,050,159	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	1,299,226	21,333	39,897	459,310	1,819,766	70.00
70.01 07001 ECT	134,731	29,856	0	42,988	207,575	70.01
70.02 07002 PSYCHOTHERAPY	738,965	106,875	0	230,572	1,076,412	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,790,631	0	0	0	20,790,631	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	14,484,495	0	0	0	14,484,495	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	26,170,398	0	0	2,034,946	28,205,344	73.00
74.00 07400 RENAL DIALYSIS	1,433,088	17,463	13,337	111,175	1,575,063	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	12,124,719	717,941	379,743	4,580,696	17,803,099	90.00
91.00 09100 EMERGENCY	11,476,842	319,696	645,336	3,364,774	15,806,648	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	249,883	670	216	21,106	271,875	105.00
106.00 10600 HEART ACQUISITION	367,969	661	0	9,878	378,508	106.00
107.00 10700 LIVER ACQUISITION	134,201	670	0	10,939	145,810	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	523,960,791	13,117,081	15,207,366	62,356,918	520,062,247	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	349,678	30,222	0	19,480	399,380	190.00
191.00 19100 RESEARCH	201,887	1,174	1,352	0	204,413	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	933,364	484,509	155,092	57,920	1,630,885	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	153,739	5,549	29,641	0	188,929	194.01
194.02 07952 POISON CONTROL	2,289,007	0	21,134	666,959	2,977,100	194.02
194.03 07953 COMMUNITY EDUCATION	290,837	1,522	1,228	80,478	374,065	194.03
194.04 07954 BILLABLE DEPARTMENTS	833,759	0	0	365,105	1,198,864	194.04
194.05 07955 MISC NONREIMBURSABLE	7,993,645	23,655	245,852	1,148,946	9,412,098	194.05
194.06 07956 RETAIL PHARMACY	3,933,051	2,731	3,743	226,498	4,166,023	194.06
194.07 07957 FREESTANDING RHC	1,389,342	0	6,683	319,071	1,715,096	194.07
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	542,329,100	13,666,443	15,672,091	65,241,375	542,329,100	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/29/2015 3:02 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	118,947,027					5.00
6.00	00600	MAINTENANCE & REPAIRS	665,806	3,035,688				6.00
7.00	00700	OPERATION OF PLANT	5,080,985	569,043	23,735,366			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	579,336	17,044	164,002	2,822,480		8.00
9.00	00900	HOUSEKEEPING	2,322,243	21,153	203,547	0	10,812,770	9.00
10.00	01000	DIETARY	730,356	36,378	350,051	0	161,976	10.00
11.00	01100	CAFETERIA	1,327,075	75,979	731,106	0	338,298	11.00
13.00	01300	NURSING ADMINISTRATION	2,065,975	7,689	73,983	0	34,234	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,350,021	84,810	816,089	1,066	377,621	14.00
15.00	01500	PHARMACY	1,618,751	22,508	216,589	0	100,220	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	731,562	41,607	400,363	0	185,256	16.00
17.00	01700	SOCIAL SERVICE	1,101,389	4,163	40,055	0	18,534	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	639,812	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,606,592	102,187	983,294	0	454,990	22.00
23.00	02300	PARAMED PRGM	163,805	748	7,194	0	3,329	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,870,799	653,198	6,285,435	1,343,243	2,908,401	30.00
31.00	03100	INTENSIVE CARE UNIT	3,042,205	61,441	591,215	393,663	273,568	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	1,461,895	55,539	534,429	21,838	247,291	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	6,310,746	77,787	748,511	50,838	346,351	35.00
40.00	04000	SUBPROVIDER - IPF	1,605,825	45,299	435,893	13,169	201,696	40.00
43.00	04300	NURSERY	569,158	3,936	37,873	0	17,525	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,673,461	197,601	1,901,423	132,736	879,828	50.00
51.00	05100	RECOVERY ROOM	1,395,463	37,177	357,732	13,559	165,530	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,358,313	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	462,797	8,747	84,171	0	38,948	53.00
53.01	05301	PAIN MANAGEMENT	383,313	0	0	3,876	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,091,879	102,683	988,074	98,889	457,202	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,901,249	10,915	105,034	11,536	48,601	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	581,558	11,145	107,238	22,732	49,621	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	294,301	6,044	58,156	5,641	26,910	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,255,924	37,760	363,348	66,799	168,129	59.00
60.00	06000	LABORATORY	3,162,877	63,368	609,758	0	282,147	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,010,995	24,013	231,070	0	106,921	60.01
60.02	06003	LAB-STEM CELL	257	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,417,302	4,529	43,582	0	20,166	63.00
64.00	06400	INTRAVENOUS THERAPY	1,070,220	28,557	274,791	49,791	127,152	64.00
65.00	06500	RESPIRATORY THERAPY	2,213,907	12,341	118,749	0	54,948	65.00
65.01	06501	SLEEP DISORDER	415,214	4,452	42,840	2,207	19,823	65.01
66.00	06600	PHYSICAL THERAPY	527,189	17,188	165,395	3,438	76,531	66.00
67.00	06700	OCCUPATIONAL THERAPY	227,074	5,282	50,823	0	23,517	67.00
68.00	06800	SPEECH PATHOLOGY	308,935	7,749	74,563	0	34,502	68.00
69.00	06900	ELECTROCARDIOLOGY	810,827	10,643	102,411	52,153	47,388	69.00
69.01	06901	CARDIAC REHAB	145,178	12,497	120,257	1,242	55,646	69.01
69.02	06902	VASCULAR LAB	169,903	20,803	200,182	1,668	92,628	69.02
69.03	06903	ENDOSCOPY	858,568	40,391	388,667	69,583	179,844	69.03
69.04	06904	CLINICAL NUTRITION	295,037	1,973	18,983	0	8,784	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	511,254	5,916	56,926	7,071	26,341	70.00
70.01	07001	ECT	58,317	8,279	79,669	0	36,864	70.01
70.02	07002	PSYCHOTHERAPY	302,413	29,638	285,188	0	131,962	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,841,024	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,069,346	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,924,150	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	442,506	4,843	46,599	0	21,562	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,001,692	199,092	1,915,765	37,104	886,464	90.00
91.00	09100	EMERGENCY	4,440,799	88,654	853,081	302,256	394,738	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	76,382	186	1,787	0	827	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
106.00	10600 HEART ACQUISITION	106,340	183	1,764	0	816	106.00
107.00	10700 LIVER ACQUISITION	40,965	186	1,787	0	827	107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	112,691,265	2,883,344	22,269,442	2,706,098	10,134,457	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	112,204	8,381	80,643	0	37,315	190.00
191.00	19100 RESEARCH	57,429	326	3,133	0	1,450	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	458,189	134,359	1,292,872	116,310	598,238	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	53,079	1,539	14,806	0	6,851	194.01
194.02	07952 POISON CONTROL	836,401	0	0	0	0	194.02
194.03	07953 COMMUNITY EDUCATION	105,092	422	4,061	0	1,879	194.03
194.04	07954 BILLABLE DEPARTMENTS	336,815	0	0	0	0	194.04
194.05	07955 MISC NONREIMBURSABLE	2,644,282	6,560	63,122	72	29,208	194.05
194.06	07956 RETAIL PHARMACY	1,170,423	757	7,287	0	3,372	194.06
194.07	07957 FREESTANDING RHC	481,848	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	118,947,027	3,035,688	23,735,366	2,822,480	10,812,770	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/29/2015 3:02 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			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
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	3,878,403					10.00
11.00	01100	CAFETERIA	0	7,196,068				11.00
13.00	01300	NURSING ADMINISTRATION	0	210,506	9,746,052			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	90,680	0	7,525,574		14.00
15.00	01500	PHARMACY	0	38,863	0	7,429	7,766,167	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	64,771	27,310	32	0	16.00
17.00	01700	SOCIAL SERVICE	0	119,827	106,959	0	2,812	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	100,395	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	16,193	7,440	39	0	22.00
23.00	02300	PARAMED ED PRGM	0	12,954	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,009,026	1,538,311	3,179,355	187,934	12,388	30.00
31.00	03100	INTENSIVE CARE UNIT	354,025	323,855	725,007	52,073	466	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	113,485	161,928	354,251	619	1,479	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	821,773	650,949	1,301,377	5,041	1,752	35.00
40.00	04000	SUBPROVIDER - IPF	420,724	197,552	328,762	5,907	218	40.00
43.00	04300	NURSERY	159,370	51,817	114,525	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	372,434	486,613	64,214	8,940	50.00
51.00	05100	RECOVERY ROOM	0	132,781	292,453	10,853	475	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	136,019	379,525	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	16,193	39,007	197,660	8,765	53.00
53.01	05301	PAIN MANAGEMENT	0	22,670	43,420	13,550	107	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	233,176	46,530	3,188	1,850	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	97,157	43,353	53,477	1,147	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	32,386	11,470	8,431	10,918	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	29,147	120	0	308	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,533	117,748	32	220	59.00
60.00	06000	LABORATORY	0	139,258	7	71,680	150	60.00
60.01	06001	ANATOMIC PATHOLOGY	0	80,964	0	70,378	0	60.01
60.02	06003	LAB-STEM CELL	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	129,542	159	50,659	29	63.00
64.00	06400	INTRAVENOUS THERAPY	0	97,157	169,485	27,495	659	64.00
65.00	06500	RESPIRATORY THERAPY	0	178,120	1,273	1	662	65.00
65.01	06501	SLEEP DISORDER	0	42,101	9,214	11,036	0	65.01
66.00	06600	PHYSICAL THERAPY	0	25,908	0	275	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,431	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	29,147	0	308	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	64,771	8,214	9,791	0	69.00
69.01	06901	CARDIAC REHAB	0	12,954	29,547	1,101	0	69.01
69.02	06902	VASCULAR LAB	0	12,954	0	555	0	69.02
69.03	06903	ENDOSCOPY	0	77,725	135,163	21	959	69.03
69.04	06904	CLINICAL NUTRITION	0	45,340	0	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0	51,817	49,168	1,891	0	70.00
70.01	07001	ECT	0	3,239	11,863	1,949	0	70.01
70.02	07002	PSYCHOTHERAPY	0	32,386	12,956	13	812	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,767,423	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,590,378	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	213,745	0	0	7,648,671	73.00
74.00	07400	RENAL DIALYSIS	0	12,954	30,424	1	22,376	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	463,113	628,907	22,958	2,365	90.00
91.00	09100	EMERGENCY	0	501,976	786,546	99,057	3,240	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	3,239	1,668	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	528	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	1,007	0	0	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,878,403	6,949,938	9,481,354	7,337,449	7,731,768	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,477	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,431	6,068	18	111	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	392	0	0	194.01
194.02	07952	POISON CONTROL	0	58,294	108,258	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	0	9,716	16,903	18	0	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	0	126,304	74,143	182,498	1,173	194.05
194.06	07956	RETAIL PHARMACY	0	25,908	0	255	0	194.06
194.07	07957	FREESTANDING RHC	0	0	58,934	5,336	33,115	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,878,403	7,196,068	9,746,052	7,525,574	7,766,167	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES	
	16.00	17.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
6.00 00600 MAINTENANCE & REPAIRS							6.00
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	4,054,834						16.00
17.00 01700 SOCIAL SERVICE	0	5,314,040					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0	0	0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	3,017,564		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	460,815	2,785,620	0	0	2,137,980		30.00
31.00 03100 INTENSIVE CARE UNIT	105,794	411,838	0	0	41,839		31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	55,244	221,064	0	0	0		31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0		32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	302,406	1,406,095	0	0	0		35.00
40.00 04000 SUBPROVIDER - IPF	60,632	489,423	0	0	21,904		40.00
43.00 04300 NURSERY	16,837	0	0	0	0		43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	306,684	0	0	0	319,677		50.00
51.00 05100 RECOVERY ROOM	55,640	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	59,060	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	83,727	0	0	0	122,767		53.00
53.01 05301 PAIN MANAGEMENT	12,390	0	0	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	324,631	0	0	0	46,542		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	106,939	0	0	0	0		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	36,828	0	0	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0		56.00
56.01 05601 ULTRA SOUND	32,178	0	0	0	0		56.01
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	102,358	0	0	0	0		59.00
60.00 06000 LABORATORY	428,545	0	0	0	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	37,377	0	0	0	73,394		60.01
60.02 06003 LAB-STEM CELL	373	0	0	0	0		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	51,658	0	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	25,949	0	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	143,847	0	0	0	13,361		65.00
65.01 06501 SLEEP DISORDER	29,761	0	0	0	0		65.01
66.00 06600 PHYSICAL THERAPY	22,087	0	0	0	2,441		66.00
67.00 06700 OCCUPATIONAL THERAPY	11,916	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	13,300	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	90,399	0	0	0	90,351		69.00
69.01 06901 CARDIAC REHAB	1,703	0	0	0	0		69.01
69.02 06902 VASCULAR LAB	11,577	0	0	0	0		69.02
69.03 06903 ENDOSCOPY	59,051	0	0	0	0		69.03
69.04 06904 CLINICAL NUTRITION	628	0	0	0	0		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	5,296	0	0	0	14,028		70.00
70.01 07001 ECT	2,012	0	0	0	0		70.01
70.02 07002 PSYCHOTHERAPY	16,655	0	0	0	0		70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	81,909	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	60,803	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	433,329	0	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	17,257	0	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	100,432	0	0	0	60,977		90.00
91.00 09100 EMERGENCY	285,554	0	0	0	72,303		91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	16.00	17.00	19.00	20.00	21.00	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	267	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	630	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	356	0	0	0	0	107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,054,834	5,314,040	0	0	3,017,564	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	0	0	0	0	194.01
194.02	07952 POISON CONTROL	0	0	0	0	0	194.02
194.03	07953 COMMUNITY EDUCATION	0	0	0	0	0	194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955 MISC NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956 RETAIL PHARMACY	0	0	0	0	0	194.06
194.07	07957 FREESTANDING RHC	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,054,834	5,314,040	0	0	3,017,564	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdowns Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	49,924,002					22.00
23.00 02300 PARAMED PRGM	0	771,080				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	35,371,765	460,708	122,577,094	-37,509,745	85,067,349	30.00
31.00 03100 INTENSIVE CARE UNIT	692,207	77,593	17,975,261	-734,046	17,241,215	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	0	0	8,432,555	0	8,432,555	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0	0	34,486,193	0	34,486,193	35.00
40.00 04000 SUBPROVIDER - IPF	362,392	0	9,905,196	-384,296	9,520,900	40.00
43.00 04300 NURSERY	0	77,593	3,074,503	0	3,074,503	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,288,884	0	31,267,284	-5,608,561	25,658,723	50.00
51.00 05100 RECOVERY ROOM	0	0	7,428,694	0	7,428,694	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	6,767,719	0	6,767,719	52.00
53.00 05300 ANESTHESIOLOGY	2,031,121	0	4,741,191	-2,153,888	2,587,303	53.00
53.01 05301 PAIN MANAGEMENT	0	0	1,843,695	0	1,843,695	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	770,017	0	17,169,942	-816,559	16,353,383	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	9,146,742	0	9,146,742	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	2,942,334	0	2,942,334	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	0	0	1,500,344	0	1,500,344	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	6,644,208	0	6,644,208	59.00
60.00 06000 LABORATORY	0	0	16,015,785	0	16,015,785	60.00
60.01 06001 ANATOMICAL PATHOLOGY	1,214,257	0	6,447,920	-1,287,651	5,160,269	60.01
60.02 06003 LAB-STEM CELL	0	0	1,545	0	1,545	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	6,762,394	0	6,762,394	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	5,680,612	0	5,680,612	64.00
65.00 06500 RESPIRATORY THERAPY	221,043	0	10,838,468	-234,404	10,604,064	65.00
65.01 06501 SLEEP DISORDER	0	0	2,054,568	0	2,054,568	65.01
66.00 06600 PHYSICAL THERAPY	40,385	0	2,757,321	-42,826	2,714,495	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,146,294	0	1,146,294	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	1,568,131	0	1,568,131	68.00
69.00 06900 ELECTROCARDIOLOGY	1,494,802	0	5,667,821	-1,585,153	4,082,668	69.00
69.01 06901 CARDIAC REHAB	0	0	896,875	0	896,875	69.01
69.02 06902 VASCULAR LAB	0	0	1,115,024	0	1,115,024	69.02
69.03 06903 ENDOSCOPY	0	0	4,865,971	0	4,865,971	69.03
69.04 06904 CLINICAL NUTRITION	0	0	1,420,904	0	1,420,904	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	232,082	0	2,781,556	-246,110	2,535,446	70.00
70.01 07001 ECT	0	0	409,767	0	409,767	70.01
70.02 07002 PSYCHOTHERAPY	0	0	1,888,435	0	1,888,435	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	30,480,987	0	30,480,987	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	21,205,022	0	21,205,022	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	44,425,239	0	44,425,239	73.00
74.00 07400 RENAL DIALYSIS	0	0	2,173,585	-22,373	2,151,212	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	1,008,829	155,186	28,285,983	-1,069,806	27,216,177	90.00
91.00 09100 EMERGENCY	1,196,218	0	24,831,070	-1,268,521	23,562,549	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	356,231	0	356,231	105.00
106.00 10600 HEART ACQUISITION	0	0	488,769	0	488,769	106.00
107.00 10700 LIVER ACQUISITION	0	0	190,938	0	190,938	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	49,924,002	771,080	510,660,170	-52,963,939	457,696,231	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	644,400	0	644,400	190.00
191.00 19100 RESEARCH	0	0	266,751	0	266,751	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	4,256,481	0	4,256,481	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	0	0	265,596	0	265,596	194.01
194.02 07952 POISON CONTROL	0	0	3,980,053	0	3,980,053	194.02
194.03 07953 COMMUNITY EDUCATION	0	0	512,156	0	512,156	194.03
194.04 07954 BILLABLE DEPARTMENTS	0	0	1,535,679	0	1,535,679	194.04
194.05 07955 MISC NONREIMBURSABLE	0	0	12,539,460	0	12,539,460	194.05
194.06 07956 RETAIL PHARMACY	0	0	5,374,025	0	5,374,025	194.06
194.07 07957 FREESTANDING RHC	0	0	2,294,329	0	2,294,329	194.07
200.00 Cross Foot Adjustments	0	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)	49,924,002	771,080	542,329,100	-52,963,939	489,365,161	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	61,182	0	61,182	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	5,776,166	2,547,590	1,477,577	9,801,333	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	110,719	0	110,719	6.00
7.00 00700	OPERATION OF PLANT	3,896	2,052,018	1,027,929	3,083,843	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	22,290	61,461	1,460	85,211	8.00
9.00 00900	HOUSEKEEPING	1,426	76,280	35,443	113,149	9.00
10.00 01000	DIETARY	26,279	131,183	198,753	356,215	10.00
11.00 01100	CAFETERIA	0	273,985	0	273,985	11.00
13.00 01300	NURSING ADMINISTRATION	6,830	27,726	103,359	137,915	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	105	305,833	905	306,843	14.00
15.00 01500	PHARMACY	281,163	81,168	13,438	375,769	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,648	150,038	5,225	165,911	16.00
17.00 01700	SOCIAL SERVICE	5,024	15,011	2,034	22,069	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,860	368,494	16,600	386,954	22.00
23.00 02300	PARAMED ED PRGM	0	2,696	0	2,696	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	32,015	2,355,495	1,275,041	3,662,551	30.00
31.00 03100	INTENSIVE CARE UNIT	2,823	221,561	208,880	433,264	31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	21,766	200,279	246,598	468,643	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	4,304	280,508	516,177	800,989	35.00
40.00 04000	SUBPROVIDER - IPF	1,932	163,353	29,113	194,398	40.00
43.00 04300	NURSERY	0	14,193	0	14,193	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	766,207	712,567	1,528,356	3,007,130	50.00
51.00 05100	RECOVERY ROOM	2,625	134,062	23,422	160,109	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	31,543	131,521	163,064	53.00
53.01 05301	PAIN MANAGEMENT	72,743	0	61,878	134,621	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	315,078	370,285	2,867,151	3,552,514	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	133,087	39,362	458,325	630,774	55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	88,638	40,188	57,427	186,253	55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 05601	ULTRA SOUND	0	21,794	36,377	58,171	56.01
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	50,192	136,166	2,174,670	2,361,028	59.00
60.00 06000	LABORATORY	280,028	228,509	72,778	581,315	60.00
60.01 06001	ANATOMICAL PATHOLOGY	1,008	86,594	161,006	248,608	60.01
60.02 06003	LAB-STEM CELL	0	0	0	0	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	16,333	12,877	29,210	63.00
64.00 06400	INTRAVENOUS THERAPY	245,575	102,979	94,370	442,924	64.00
65.00 06500	RESPIRATORY THERAPY	46,953	44,502	447,157	538,612	65.00
65.01 06501	SLEEP DISORDER	2,729	16,054	20,283	39,066	65.01
66.00 06600	PHYSICAL THERAPY	493	61,982	3,787	66,262	66.00
67.00 06700	OCCUPATIONAL THERAPY	493	19,046	878	20,417	67.00
68.00 06800	SPEECH PATHOLOGY	1,295	27,943	21,519	50,757	68.00
69.00 06900	ELECTROCARDIOLOGY	5,751	38,379	380,853	424,983	69.00
69.01 06901	CARDIAC REHAB	1,015	45,067	21,109	67,191	69.01
69.02 06902	VASCULAR LAB	0	75,019	184,013	259,032	69.02
69.03 06903	ENDOSCOPY	290,532	145,655	210,453	646,640	69.03
69.04 06904	CLINICAL NUTRITION	0	7,114	95	7,209	69.04
70.00 07000	ELECTROENCEPHALOGRAPHY	509	21,333	39,897	61,739	70.00
70.01 07001	ECT	0	29,856	0	29,856	70.01
70.02 07002	PSYCHOTHERAPY	1,208	106,875	0	108,083	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	17,463	13,337	30,800	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	710,340	717,941	379,743	1,808,024	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
91.00 09100 EMERGENCY	59,878	319,696	645,336	1,024,910	3,160	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	670	216	886	20	105.00
106.00 10600 HEART ACQUISITION	0	661	0	661	9	106.00
107.00 10700 LIVER ACQUISITION	0	670	0	670	10	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,274,904	13,117,081	15,207,366	37,599,351	58,473	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,222	0	30,222	18	190.00
191.00 19100 RESEARCH	4,298	1,174	1,352	6,824	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	155,088	484,509	155,092	794,689	54	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	153,739	5,549	29,641	188,929	0	194.01
194.02 07952 POISON CONTROL	60,275	0	21,134	81,409	626	194.02
194.03 07953 COMMUNITY EDUCATION	0	1,522	1,228	2,750	76	194.03
194.04 07954 BILLABLE DEPARTMENTS	0	0	0	0	343	194.04
194.05 07955 MISC NONREIMBURSABLE	27,183	23,655	245,852	296,690	1,079	194.05
194.06 07956 RETAIL PHARMACY	30,718	2,731	3,743	37,192	213	194.06
194.07 07957 FREESTANDING RHC	110,878	0	6,683	117,561	300	194.07
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	9,817,083	13,666,443	15,672,091	39,155,617	61,182	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/29/2015 3:02 pm		
Cost Center	Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,806,323				5.00
6.00	00600	MAINTENANCE & REPAIRS	54,891	165,610			6.00
7.00	00700	OPERATION OF PLANT	418,893	31,044	3,534,709		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	47,762	930	24,423	158,408	8.00
9.00	00900	HOUSEKEEPING	191,453	1,154	30,312	0	337,396
10.00	01000	DIETARY	60,213	1,985	52,130	0	5,054
11.00	01100	CAFETERIA	109,408	4,145	108,877	0	10,556
13.00	01300	NURSING ADMINISTRATION	170,326	419	11,018	0	1,068
14.00	01400	CENTRAL SERVICES & SUPPLY	111,300	4,627	121,533	60	11,783
15.00	01500	PHARMACY	133,455	1,228	32,255	0	3,127
16.00	01600	MEDICAL RECORDS & LIBRARY	60,312	2,270	59,623	0	5,781
17.00	01700	SOCIAL SERVICE	90,802	227	5,965	0	578
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	52,748	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	874,441	5,575	146,434	0	14,197
23.00	02300	PARAMED PRGM	13,505	41	1,071	0	104
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,143,504	35,632	936,037	75,386	90,753
31.00	03100	INTENSIVE CARE UNIT	250,809	3,352	88,045	22,094	8,536
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	120,523	3,030	79,588	1,226	7,716
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	520,278	4,244	111,469	2,853	10,807
40.00	04000	SUBPROVIDER - IPF	132,389	2,471	64,914	739	6,294
43.00	04300	NURSERY	46,923	215	5,640	0	547
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	385,295	10,780	283,163	7,450	27,454
51.00	05100	RECOVERY ROOM	115,046	2,028	53,274	761	5,165
52.00	05200	DELIVERY ROOM & LABOR ROOM	111,984	0	0	0	0
53.00	05300	ANESTHESIOLOGY	38,154	477	12,535	0	1,215
53.01	05301	PAIN MANAGEMENT	31,602	0	0	218	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	254,904	5,602	147,146	5,550	14,266
55.00	05500	RADIOLOGY-THERAPEUTIC	156,745	595	15,642	647	1,517
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	47,946	608	15,970	1,276	1,548
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	ULTRA SOUND	24,263	330	8,661	317	840
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	103,542	2,060	54,110	3,749	5,246
60.00	06000	LABORATORY	260,758	3,457	90,806	0	8,804
60.01	06001	ANATOMICAL PATHOLOGY	83,350	1,310	34,411	0	3,336
60.02	06003	LAB-STEM CELL	21	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	116,847	247	6,490	0	629
64.00	06400	INTRAVENOUS THERAPY	88,232	1,558	40,922	2,794	3,968
65.00	06500	RESPIRATORY THERAPY	182,522	673	17,684	0	1,715
65.01	06501	SLEEP DISORDER	34,232	243	6,380	124	619
66.00	06600	PHYSICAL THERAPY	43,463	938	24,631	193	2,388
67.00	06700	OCCUPATIONAL THERAPY	18,721	288	7,569	0	734
68.00	06800	SPEECH PATHOLOGY	25,470	423	11,104	0	1,077
69.00	06900	ELECTROCARDIOLOGY	66,847	581	15,251	2,927	1,479
69.01	06901	CARDIAC REHAB	11,969	682	17,909	70	1,736
69.02	06902	VASCULAR LAB	14,007	1,135	29,811	94	2,890
69.03	06903	ENDOSCOPY	70,783	2,204	57,881	3,905	5,612
69.04	06904	CLINICAL NUTRITION	24,324	108	2,827	0	274
70.00	07000	ELECTROENCEPHALOGRAPHY	42,149	323	8,478	397	822
70.01	07001	ECT	4,808	452	11,864	0	1,150
70.02	07002	PSYCHOTHERAPY	24,932	1,617	42,471	0	4,118
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	481,553	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	335,490	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	653,292	0	0	0	0
74.00	07400	RENAL DIALYSIS	36,482	264	6,940	0	673
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINICAL	412,355	10,861	285,299	2,082	27,661
91.00	09100	EMERGENCY	366,114	4,836	127,042	16,964	12,317
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,297	10	266	0	26

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
106.00	10600	HEART ACQUISITION	8,767	10	263	0	25	106.00
107.00	10700	LIVER ACQUISITION	3,377	10	266	0	26	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,290,578	157,299	3,316,400	151,876	316,231	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,250	457	12,010	0	1,164	190.00
191.00	19100	RESEARCH	4,735	18	467	0	45	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	37,775	7,330	192,537	6,528	18,667	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	4,376	84	2,205	0	214	194.01
194.02	07952	POISON CONTROL	68,956	0	0	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	8,664	23	605	0	59	194.03
194.04	07954	BILLABLE DEPARTMENTS	27,768	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	218,003	358	9,400	4	911	194.05
194.06	07956	RETAIL PHARMACY	96,493	41	1,085	0	105	194.06
194.07	07957	FREESTANDING RHC	39,725	0	0	0	0	194.07
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)	9,806,323	165,610	3,534,709	158,408	337,396	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B
Part II
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	475,856					10.00
11.00	01100	0	507,900				11.00
13.00	01300	0	14,858	337,067			13.00
14.00	01400	0	6,400	0	562,911		14.00
15.00	01500	0	2,743	0	556	549,430	15.00
16.00	01600	0	4,572	945	2	0	16.00
17.00	01700	0	8,457	3,699	0	199	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	7,086	0	0	0	21.00
22.00	02200	0	1,143	257	3	0	22.00
23.00	02300	0	914	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	246,494	108,574	109,958	14,057	876	30.00
31.00	03100	43,437	22,858	25,074	3,895	33	31.00
31.01	03101	13,924	11,429	12,252	46	105	31.01
32.00	03200	0	0	0	0	0	32.00
35.00	02040	100,827	45,944	45,008	377	124	35.00
40.00	04000	51,620	13,943	11,370	442	15	40.00
43.00	04300	19,554	3,657	3,961	0	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	26,286	16,829	4,803	632	50.00
51.00	05100	0	9,372	10,114	812	34	51.00
52.00	05200	0	9,600	13,126	0	0	52.00
53.00	05300	0	1,143	1,349	14,785	620	53.00
53.01	05301	0	1,600	1,502	1,014	8	53.01
54.00	05400	0	16,458	1,609	238	131	54.00
55.00	05500	0	6,857	1,499	4,000	81	55.00
55.01	05501	0	2,286	397	631	772	55.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	2,057	4	0	22	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	4,343	4,072	2	16	59.00
60.00	06000	0	9,829	0	5,362	11	60.00
60.01	06001	0	5,714	0	5,264	0	60.01
60.02	06003	0	0	0	0	0	60.02
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	9,143	6	3,789	2	63.00
64.00	06400	0	6,857	5,862	2,057	47	64.00
65.00	06500	0	12,572	44	0	47	65.00
65.01	06501	0	2,972	319	826	0	65.01
66.00	06600	0	1,829	0	21	0	66.00
67.00	06700	0	1,371	0	0	0	67.00
68.00	06800	0	2,057	0	23	0	68.00
69.00	06900	0	4,572	284	732	0	69.00
69.01	06901	0	914	1,022	82	0	69.01
69.02	06902	0	914	0	42	0	69.02
69.03	06903	0	5,486	4,675	2	68	69.03
69.04	06904	0	3,200	0	0	0	69.04
70.00	07000	0	3,657	1,700	141	0	70.00
70.01	07001	0	229	410	146	0	70.01
70.02	07002	0	2,286	448	1	57	70.02
71.00	07100	0	0	0	281,804	0	71.00
72.00	07200	0	0	0	193,759	0	72.00
73.00	07300	0	15,086	0	0	541,117	73.00
74.00	07400	0	914	1,052	0	1,583	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	32,687	21,751	1,717	167	90.00
91.00	09100	0	35,430	27,203	7,409	229	91.00
92.00	09200	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	229	58	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	18	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	35	0	0	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	475,856	490,528	327,912	548,840	546,996	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	457	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,371	210	1	8	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	14	0	0	194.01
194.02	07952	POISON CONTROL	0	4,114	3,744	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	0	686	585	1	0	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	0	8,915	2,564	13,651	83	194.05
194.06	07956	RETAIL PHARMACY	0	1,829	0	19	0	194.06
194.07	07957	FREESTANDING RHC	0	0	2,038	399	2,343	194.07
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)	475,856	507,900	337,067	562,911	549,430	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/29/2015 3:02 pm		
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES
		16.00	17.00	19.00	20.00	21.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
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	299,750			16.00
17.00	01700	SOCIAL SERVICE	0	132,867		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		22.00
23.00	02300	PARAMED PRGM	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,841	69,649		30.00
31.00	03100	INTENSIVE CARE UNIT	7,798	10,297		31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	4,072	5,527		31.01
32.00	03200	CORONARY CARE UNIT	0	0		32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	22,290	35,157		35.00
40.00	04000	SUBPROVIDER - I PF	4,469	12,237		40.00
43.00	04300	NURSERY	1,241	0		43.00
45.00	04500	NURSING FACILITY	0	0		45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,605	0		50.00
51.00	05100	RECOVERY ROOM	4,101	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,353	0		52.00
53.00	05300	ANESTHESIOLOGY	6,171	0		53.00
53.01	05301	PAIN MANAGEMENT	913	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,928	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,882	0		55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	2,715	0		55.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	ULTRA SOUND	2,372	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	7,545	0		59.00
60.00	06000	LABORATORY	31,587	0		60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,755	0		60.01
60.02	06003	LAB-STEM CELL	27	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,808	0		63.00
64.00	06400	INTRAVENOUS THERAPY	1,913	0		64.00
65.00	06500	RESPIRATORY THERAPY	10,603	0		65.00
65.01	06501	SLEEP DISORDER	2,194	0		65.01
66.00	06600	PHYSICAL THERAPY	1,628	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	878	0		67.00
68.00	06800	SPEECH PATHOLOGY	980	0		68.00
69.00	06900	ELECTROCARDIOLOGY	6,663	0		69.00
69.01	06901	CARDIAC REHAB	126	0		69.01
69.02	06902	VASCULAR LAB	853	0		69.02
69.03	06903	ENDOSCOPY	4,353	0		69.03
69.04	06904	CLINICAL NUTRITION	46	0		69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	390	0		70.00
70.01	07001	ECT	148	0		70.01
70.02	07002	PSYCHOTHERAPY	1,228	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,037	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,482	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,940	0		73.00
74.00	07400	RENAL DIALYSIS	1,272	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,403	0		90.00
91.00	09100	EMERGENCY	21,048	0		91.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	16.00	17.00	19.00	20.00	21.00	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	20	0				105.00
106.00	10600 HEART ACQUISITION	46	0				106.00
107.00	10700 LIVER ACQUISITION	26	0				107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	299,750	132,867	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00	19100 RESEARCH	0	0				191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0				194.00
194.01	07951 FOUNDATION	0	0				194.01
194.02	07952 POISON CONTROL	0	0				194.02
194.03	07953 COMMUNITY EDUCATION	0	0				194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0				194.04
194.05	07955 MISC NONREIMBURSABLE	0	0				194.05
194.06	07956 RETAIL PHARMACY	0	0				194.06
194.07	07957 FREESTANDING RHC	0	0				194.07
200.00	Cross Foot Adjustments			0	0	60,385	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	299,750	132,867	0	0	60,385	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/29/2015 3:02 pm	
Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,429,358				22.00
23.00 02300	PARAMED PRGM		18,463			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		6,538,714	0	6,538,714	30.00
31.00 03100	INTENSIVE CARE UNIT		922,039	0	922,039	31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT		729,173	0	729,173	31.01
32.00 03200	CORONARY CARE UNIT		0	0	0	32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT		1,705,594	0	1,705,594	35.00
40.00 04000	SUBPROVIDER - IPF		496,494	0	496,494	40.00
43.00 04300	NURSERY		96,308	0	96,308	43.00
45.00 04500	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		3,794,927	0	3,794,927	50.00
51.00 05100	RECOVERY ROOM		361,949	0	361,949	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		140,034	0	140,034	52.00
53.00 05300	ANESTHESIOLOGY		239,585	0	239,585	53.00
53.01 05301	PAIN MANAGEMENT		171,669	0	171,669	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC		4,023,858	0	4,023,858	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC		827,116	0	827,116	55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC		260,599	0	260,599	55.01
56.00 05600	RADIOISOTOPE		0	0	0	56.00
56.01 05601	ULTRA SOUND		97,280	0	97,280	56.01
57.00 05700	CT SCAN		0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION		2,546,226	0	2,546,226	59.00
60.00 06000	LABORATORY		992,961	0	992,961	60.00
60.01 06001	ANATOMICAL PATHOLOGY		385,265	0	385,265	60.01
60.02 06003	LAB-STEM CELL		48	0	48	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		170,766	0	170,766	63.00
64.00 06400	INTRAVENOUS THERAPY		597,853	0	597,853	64.00
65.00 06500	RESPIRATORY THERAPY		765,674	0	765,674	65.00
65.01 06501	SLEEP DISORDER		87,222	0	87,222	65.01
66.00 06600	PHYSICAL THERAPY		141,563	0	141,563	66.00
67.00 06700	OCCUPATIONAL THERAPY		50,105	0	50,105	67.00
68.00 06800	SPEECH PATHOLOGY		92,105	0	92,105	68.00
69.00 06900	ELECTROCARDIOLOGY		524,776	0	524,776	69.00
69.01 06901	CARDIAC REHAB		101,805	0	101,805	69.01
69.02 06902	VASCULAR LAB		308,865	0	308,865	69.02
69.03 06903	ENDOSCOPY		802,177	0	802,177	69.03
69.04 06904	CLINICAL NUTRITION		38,247	0	38,247	69.04
70.00 07000	ELECTROENCEPHALOGRAPHY		120,227	0	120,227	70.00
70.01 07001	ECT		49,103	0	49,103	70.01
70.02 07002	PSYCHOTHERAPY		185,458	0	185,458	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		769,394	0	769,394	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT		533,731	0	533,731	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		1,243,346	0	1,243,346	73.00
74.00 07400	RENAL DIALYSIS		80,084	0	80,084	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	SERVICES-OTHER PRGM COSTS							
	22.00	23.00	24.00	25.00	26.00			
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC		2,614,309	0	2,614,309	90.00	
91.00	09100	EMERGENCY		1,646,662	0	1,646,662	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION		7,812	0	7,812	105.00	
106.00	10600	HEART ACQUISITION		9,799	0	9,799	106.00	
107.00	10700	LIVER ACQUISITION		4,420	0	4,420	107.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	35,275,342	0	35,275,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		53,578	0	53,578	190.00	
191.00	19100	RESEARCH		12,089	0	12,089	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES		1,059,170	0	1,059,170	192.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.00	
194.01	07951	FOUNDATION		195,822	0	195,822	194.01	
194.02	07952	POISON CONTROL		158,849	0	158,849	194.02	
194.03	07953	COMMUNITY EDUCATION		13,449	0	13,449	194.03	
194.04	07954	BILLABLE DEPARTMENTS		28,111	0	28,111	194.04	
194.05	07955	MISC NONREIMBURSABLE		551,658	0	551,658	194.05	
194.06	07956	RETAIL PHARMACY		136,977	0	136,977	194.06	
194.07	07957	FREESTANDING RHC		162,366	0	162,366	194.07	
200.00		Cross Foot Adjustments	1,429,358	18,463	1,508,206	0	1,508,206	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,429,358	18,463	39,155,617	0	39,155,617	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,571,427					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		10,250,042				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,035	0	187,935,926			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	292,933	966,382	15,306,594	-118,947,027	423,382,073	5.00
6.00 00600	MAINTENANCE & REPAIRS	12,731	0	569	0	2,369,882	6.00
7.00 00700	OPERATION OF PLANT	235,950	672,298	2,851,111	0	18,085,338	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	7,067	955	252,779	0	2,062,098	8.00
9.00 00900	HOUSEKEEPING	8,771	23,181	4,073,265	0	8,265,827	9.00
10.00 01000	DIETARY	15,084	129,991	794,041	0	2,599,642	10.00
11.00 01100	CAFETERIA	31,504	0	2,849,200	0	4,723,610	11.00
13.00 01300	NURSING ADMINISTRATION	3,188	67,600	4,488,910	0	7,353,665	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	35,166	592	1,119,135	0	4,805,287	14.00
15.00 01500	PHARMACY	9,333	8,789	910,392	0	5,761,807	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	17,252	3,417	1,024,198	0	2,603,933	16.00
17.00 01700	SOCIAL SERVICE	1,726	1,330	2,670,633	0	3,920,301	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,690,504	0	2,277,357	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,371	10,857	1,087,283	0	37,753,267	22.00
23.00 02300	PARAMED ED PRGM	310	0	405,298	0	583,050	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	270,845	833,917	32,157,438	0	49,372,116	30.00
31.00 03100	INTENSIVE CARE UNIT	25,476	136,614	7,812,854	0	10,828,472	31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	23,029	161,283	3,351,226	0	5,203,493	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	32,254	337,596	16,034,121	0	22,462,567	35.00
40.00 04000	SUBPROVIDER - IPF	18,783	19,041	3,658,928	0	5,715,800	40.00
43.00 04300	NURSERY	1,632	0	1,155,102	0	2,025,869	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	81,934	999,593	7,668,731	0	16,634,789	50.00
51.00 05100	RECOVERY ROOM	15,415	15,319	3,475,780	0	4,967,031	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,978,965	0	4,834,802	52.00
53.00 05300	ANESTHESIOLOGY	3,627	86,019	221,763	0	1,647,288	53.00
53.01 05301	PAIN MANAGEMENT	0	40,470	584,585	0	1,364,369	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	42,577	1,875,207	4,637,863	0	11,005,281	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,526	299,759	2,691,690	0	6,767,334	55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	4,621	37,559	603,295	0	2,070,007	55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601	ULTRA SOUND	2,506	23,792	746,044	0	1,047,539	56.01
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	15,657	1,422,303	1,575,055	0	4,470,357	59.00
60.00 06000	LABORATORY	26,275	47,599	3,165,404	0	11,257,995	60.00
60.01 06001	ANATOMICAL PATHOLOGY	9,957	105,303	1,586,482	0	3,598,551	60.01
60.02 06003	LAB-STEM CELL	0	0	0	0	915	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,878	8,422	1,826,082	0	5,044,768	63.00
64.00 06400	INTRAVENOUS THERAPY	11,841	61,721	2,205,564	0	3,809,356	64.00
65.00 06500	RESPIRATORY THERAPY	5,117	292,455	3,687,935	0	7,880,216	65.00
65.01 06501	SLEEP DISORDER	1,846	13,266	757,840	0	1,477,920	65.01
66.00 06600	PHYSICAL THERAPY	7,127	2,477	643,268	0	1,876,484	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,190	574	388,435	0	808,251	67.00
68.00 06800	SPEECH PATHOLOGY	3,213	14,074	657,948	0	1,099,627	68.00
69.00 06900	ELECTROCARDIOLOGY	4,413	249,090	1,402,513	0	2,886,071	69.00
69.01 06901	CARDIAC REHAB	5,182	13,806	320,038	0	516,750	69.01
69.02 06902	VASCULAR LAB	8,626	120,350	267,728	0	604,754	69.02
69.03 06903	ENDOSCOPY	16,748	137,643	1,742,853	0	3,055,999	69.03
69.04 06904	CLINICAL NUTRITION	818	62	795,484	0	1,050,159	69.04
70.00 07000	ELECTROENCEPHALOGRAPHY	2,453	26,094	1,323,099	0	1,819,766	70.00
70.01 07001	ECT	3,433	0	123,833	0	207,575	70.01
70.02 07002	PSYCHOTHERAPY	12,289	0	664,190	0	1,076,412	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	20,790,631	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	14,484,495	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	5,861,913	0	28,205,344	73.00
74.00 07400	RENAL DIALYSIS	2,008	8,723	320,253	0	1,575,063	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	82,552	248,364	13,195,263	0	17,803,099	90.00
91.00 09100	EMERGENCY	36,760	422,070	9,692,649	0	15,806,648	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	77	141	60,799	0	271,875	105.00
106.00 10600	HEART ACQUISITION	76	0	28,454	0	378,508	106.00
107.00 10700	LIVER ACQUISITION	77	0	31,511	0	145,810	107.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,508,259	9,946,098	179,626,890	-118,947,027	401,115,220	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,475	0	56,115	0	399,380	190.00
191.00 19100	RESEARCH	135	884	0	0	204,413	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	55,711	101,435	166,845	0	1,630,885	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951	FOUNDATION	638	19,386	0	0	188,929	194.01
194.02 07952	POISON CONTROL	0	13,822	1,921,258	0	2,977,100	194.02
194.03 07953	COMMUNITY EDUCATION	175	803	231,826	0	374,065	194.03
194.04 07954	BILLABLE DEPARTMENTS	0	0	1,051,731	0	1,198,864	194.04
194.05 07955	MISC NONREIMBURSABLE	2,720	160,795	3,309,682	0	9,412,098	194.05
194.06 07956	RETAIL PHARMACY	314	2,448	652,456	0	4,166,023	194.06
194.07 07957	FREESTANDING RHC	0	4,371	919,123	0	1,715,096	194.07
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)	13,666,443	15,672,091	65,241,375		118,947,027	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.696836	1.528978	0.347147		0.280945	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			61,182		9,806,323	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000326		0.023162	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	1,258,728					6.00
7.00	00700	235,950	1,022,778				7.00
8.00	00800	7,067	7,067	3,651,812			8.00
9.00	00900	8,771	8,771	0	1,006,940		9.00
10.00	01000	15,084	15,084	0	15,084	421,862	10.00
11.00	01100	31,504	31,504	0	31,504	0	11.00
13.00	01300	3,188	3,188	0	3,188	0	13.00
14.00	01400	35,166	35,166	1,379	35,166	0	14.00
15.00	01500	9,333	9,333	0	9,333	0	15.00
16.00	01600	17,252	17,252	0	17,252	0	16.00
17.00	01700	1,726	1,726	0	1,726	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	42,371	42,371	0	42,371	0	22.00
23.00	02300	310	310	0	310	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	270,845	270,845	1,737,930	270,845	218,526	30.00
31.00	03100	25,476	25,476	509,334	25,476	38,508	31.00
31.01	03101	23,029	23,029	28,255	23,029	12,344	31.01
32.00	03200	0	0	0	0	0	32.00
35.00	02040	32,254	32,254	65,776	32,254	89,386	35.00
40.00	04000	18,783	18,783	17,038	18,783	45,763	40.00
43.00	04300	1,632	1,632	0	1,632	17,335	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	81,934	81,934	171,738	81,934	0	50.00
51.00	05100	15,415	15,415	17,543	15,415	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	3,627	3,627	0	3,627	0	53.00
53.01	05301	0	0	5,015	0	0	53.01
54.00	05400	42,577	42,577	127,946	42,577	0	54.00
55.00	05500	4,526	4,526	14,925	4,526	0	55.00
55.01	05501	4,621	4,621	29,412	4,621	0	55.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	2,506	2,506	7,298	2,506	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	15,657	15,657	86,427	15,657	0	59.00
60.00	06000	26,275	26,275	0	26,275	0	60.00
60.01	06001	9,957	9,957	0	9,957	0	60.01
60.02	06003	0	0	0	0	0	60.02
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	1,878	1,878	0	1,878	0	63.00
64.00	06400	11,841	11,841	64,421	11,841	0	64.00
65.00	06500	5,117	5,117	0	5,117	0	65.00
65.01	06501	1,846	1,846	2,855	1,846	0	65.01
66.00	06600	7,127	7,127	4,448	7,127	0	66.00
67.00	06700	2,190	2,190	0	2,190	0	67.00
68.00	06800	3,213	3,213	0	3,213	0	68.00
69.00	06900	4,413	4,413	67,477	4,413	0	69.00
69.01	06901	5,182	5,182	1,607	5,182	0	69.01
69.02	06902	8,626	8,626	2,158	8,626	0	69.02
69.03	06903	16,748	16,748	90,029	16,748	0	69.03
69.04	06904	818	818	0	818	0	69.04
70.00	07000	2,453	2,453	9,149	2,453	0	70.00
70.01	07001	3,433	3,433	0	3,433	0	70.01
70.02	07002	12,289	12,289	0	12,289	0	70.02
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	2,008	2,008	0	2,008	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	82,552	82,552	48,006	82,552	0	90.00
91.00	09100	36,760	36,760	391,068	36,760	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	77	77	0	77	0 105.00
106.00	10600	HEART ACQUISITION	76	76	0	76	0 106.00
107.00	10700	LIVER ACQUISITION	77	77	0	77	0 107.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,195,560	959,610	3,501,234	943,772	421,862 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,475	3,475	0	3,475	0 190.00
191.00	19100	RESEARCH	135	135	0	135	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	55,711	55,711	150,485	55,711	0 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	FOUNDATION	638	638	0	638	0 194.01
194.02	07952	POISON CONTROL	0	0	0	0	0 194.02
194.03	07953	COMMUNITY EDUCATION	175	175	0	175	0 194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0 194.04
194.05	07955	MISC NONREIMBURSABLE	2,720	2,720	93	2,720	0 194.05
194.06	07956	RETAIL PHARMACY	314	314	0	314	0 194.06
194.07	07957	FREESTANDING RHC	0	0	0	0	0 194.07
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)	3,035,688	23,735,366	2,822,480	10,812,770	3,878,403 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.411711	23.206762	0.772898	10.738247	9.193535 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	165,610	3,534,709	158,408	337,396	475,856 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.131569	3.455988	0.043378	0.335071	1.127990 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	2,222					11.00
13.00	01300	NURSING ADMINISTRATION	65	2,933,050				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28	0	42,080,286			14.00
15.00	01500	PHARMACY	12	0	41,541	33,685,932		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20	8,219	181	0	1,822,191,447	16.00
17.00	01700	SOCIAL SERVICE	37	32,189	0	12,197	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	31	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5	2,239	219	0	0	22.00
23.00	02300	PARAMED ED PRGM	4	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	475	956,820	1,050,860	53,732	206,902,363	30.00
31.00	03100	INTENSIVE CARE UNIT	100	218,189	291,172	2,022	47,547,941	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	50	106,611	3,463	6,415	24,828,789	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	201	391,646	28,186	7,601	135,912,695	35.00
40.00	04000	SUBPROVIDER - I/PF	61	98,940	33,032	947	27,250,234	40.00
43.00	04300	NURSERY	16	34,466	0	0	7,567,377	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	115	146,445	359,060	38,777	137,835,500	50.00
51.00	05100	RECOVERY ROOM	41	88,013	60,687	2,061	25,006,709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42	114,217	0	0	26,543,605	52.00
53.00	05300	ANESTHESIOLOGY	5	11,739	1,105,247	38,018	37,630,163	53.00
53.01	05301	PAIN MANAGEMENT	7	13,067	75,766	465	5,568,629	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	72	14,003	17,825	8,026	145,901,646	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30	13,047	299,027	4,974	48,062,262	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	10	3,452	47,141	47,356	16,552,023	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	9	36	0	1,334	14,462,138	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19	35,436	177	953	46,003,695	59.00
60.00	06000	LABORATORY	43	2	400,810	651	192,604,624	60.00
60.01	06001	ANATOMICAL PATHOLOGY	25	0	393,527	0	16,798,718	60.01
60.02	06003	LAB-STEM CELL	0	0	0	0	167,501	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40	48	283,267	126	23,217,110	63.00
64.00	06400	INTRAVENOUS THERAPY	30	51,006	153,744	2,858	11,662,300	64.00
65.00	06500	RESPIRATORY THERAPY	55	383	4	2,872	64,650,514	65.00
65.01	06501	SLEEP DISORDER	13	2,773	61,712	0	13,375,649	65.01
66.00	06600	PHYSICAL THERAPY	8	0	1,536	0	9,926,812	66.00
67.00	06700	OCCUPATIONAL THERAPY	6	0	0	0	5,355,458	67.00
68.00	06800	SPEECH PATHOLOGY	9	0	1,722	0	5,977,382	68.00
69.00	06900	ELECTROCARDIOLOGY	20	2,472	54,750	0	40,628,964	69.00
69.01	06901	CARDIAC REHAB	4	8,892	6,155	0	765,265	69.01
69.02	06902	VASCULAR LAB	4	0	3,105	0	5,203,047	69.02
69.03	06903	ENDOSCOPY	24	40,677	120	4,158	26,539,898	69.03
69.04	06904	CLINICAL NUTRITION	14	0	0	0	282,186	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	16	14,797	10,576	0	2,380,255	70.00
70.01	07001	ECT	1	3,570	10,898	0	904,150	70.01
70.02	07002	PSYCHOTHERAPY	10	3,899	72	3,522	7,485,363	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	21,066,010	0	36,813,197	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	14,484,495	0	27,327,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66	0	0	33,176,292	194,754,609	73.00
74.00	07400	RENAL DIALYSIS	4	9,156	4	97,056	7,755,781	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	143	189,268	128,371	10,260	45,137,804	90.00
91.00	09100	EMERGENCY	155	236,709	553,893	14,052	128,339,028	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1	502	0	0	120,000	105.00
106.00	10600 HEART ACQUISITION	0	159	0	0	283,000	106.00
107.00	10700 LIVER ACQUISITION	0	303	0	0	160,000	107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,146	2,853,390	41,028,355	33,536,725	1,822,191,447	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6	1,826	103	482	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	118	0	0	0	194.01
194.02	07952 POISON CONTROL	18	32,580	0	0	0	194.02
194.03	07953 COMMUNITY EDUCATION	3	5,087	101	0	0	194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955 MISC NONREIMBURSABLE	39	22,313	1,020,464	5,088	0	194.05
194.06	07956 RETAIL PHARMACY	8	0	1,427	0	0	194.06
194.07	07957 FREESTANDING RHC	0	17,736	29,836	143,637	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,196,068	9,746,052	7,525,574	7,766,167	4,054,834	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,238.554455	3.322839	0.178838	0.230546	0.002225	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	507,900	337,067	562,911	549,430	299,750	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	228.577858	0.114920	0.013377	0.016310	0.000164	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
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	10,000					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			185,428		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				185,428	22.00
23.00 02300 PARAMED ED PRGM	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,242		0	131,378	131,378	30.00
31.00 03100 INTENSIVE CARE UNIT	775		0	2,571	2,571	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	416		0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0		0	0	0	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	2,646		0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	921		0	1,346	1,346	40.00
43.00 04300 NURSERY	0		0	0	0	43.00
45.00 04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	19,644	19,644	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	7,544	7,544	53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	2,860	2,860	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	4,510	4,510	60.01
60.02 06003 LAB-STEM CELL	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	821	821	65.00
65.01 06501 SLEEP DISORDER	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	150	150	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	5,552	5,552	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
69.02 06902 VASCULAR LAB	0	0	0	0	0	69.02
69.03 06903 ENDOSCOPY	0	0	0	0	0	69.03
69.04 06904 CLINICAL NUTRITION	0	0	0	0	0	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	862	862	70.00
70.01 07001 ECT	0	0	0	0	0	70.01
70.02 07002 PSYCHOTHERAPY	0	0	0	0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINICAL	0	0	0	3,747	3,747	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
91.00 09100 EMERGENCY	0	0	0	4,443	4,443	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	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,000	0	0	185,428	185,428	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	0	0	0	0	0	194.01
194.02 07952 POISON CONTROL	0	0	0	0	0	194.02
194.03 07953 COMMUNITY EDUCATION	0	0	0	0	0	194.03
194.04 07954 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05 07955 MISC NONREIMBURSABLE	0	0	0	0	0	194.05
194.06 07956 RETAIL PHARMACY	0	0	0	0	0	194.06
194.07 07957 FREESTANDING RHC	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,314,040	0	0	3,017,564	49,924,002	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	531.404000	0.000000	0.000000	16.273508	269.236588	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	132,867	0	0	60,385	1,429,358	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	13.286700	0.000000	0.000000	0.325652	7.708426	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
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
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED PRGM	159	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	95	30.00
31.00	03100 INTENSIVE CARE UNIT	16	31.00
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT	0	31.01
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
43.00	04300 NURSERY	16	43.00
45.00	04500 NURSING FACILITY	0	45.00
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
53.01	05301 PAIN MANAGEMENT	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	55.01
56.00	05600 RADIOISOTOPE	0	56.00
56.01	05601 ULTRA SOUND	0	56.01
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
60.01	06001 ANATOMIC PATHOLOGY	0	60.01
60.02	06003 LAB-STEM CELL	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
65.01	06501 SLEEP DISORDER	0	65.01
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
69.01	06901 CARDIAC REHAB	0	69.01
69.02	06902 VASCULAR LAB	0	69.02
69.03	06903 ENDOSCOPY	0	69.03
69.04	06904 CLINICAL NUTRITION	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001 ECT	0	70.01
70.02	07002 PSYCHOTHERAPY	0	70.02
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
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	32	90.00
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	0
106.00	10600	HEART ACQUISITION	0
107.00	10700	LIVER ACQUISITION	0
113.00	11300	INTEREST EXPENSE	
118.00		SUBTOTALS (SUM OF LINES 1-117)	159
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0
194.01	07951	FOUNDATION	0
194.02	07952	POISON CONTROL	0
194.03	07953	COMMUNITY EDUCATION	0
194.04	07954	BILLABLE DEPARTMENTS	0
194.05	07955	MISC NONREIMBURSABLE	0
194.06	07956	RETAIL PHARMACY	0
194.07	07957	FREESTANDING RHC	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	771,080
203.00		Unit cost multiplier (Wkst. B, Part I)	4,849.559748
204.00		Cost to be allocated (per Wkst. B, Part II)	18,463
205.00		Unit cost multiplier (Wkst. B, Part II)	116.119497

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-22,373	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/29/2015 3:02 pm	
			Title XVIIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		85,067,349	841,763	85,909,112	30.00
31.00	03100 INTENSIVE CARE UNIT		17,241,215	0	17,241,215	31.00
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT		8,432,555	157,183	8,589,738	31.01
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		34,486,193	555,717	35,041,910	35.00
40.00	04000 SUBPROVIDER - IPF		9,520,900	60,075	9,580,975	40.00
43.00	04300 NURSERY		3,074,503	0	3,074,503	43.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		25,658,723	865,971	26,524,694	50.00
51.00	05100 RECOVERY ROOM		7,428,694	0	7,428,694	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,767,719	0	6,767,719	52.00
53.00	05300 ANESTHESIOLOGY		2,587,303	466,358	3,053,661	53.00
53.01	05301 PAIN MANAGEMENT		1,843,695	0	1,843,695	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,353,383	93,871	16,447,254	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		9,146,742	30,266	9,177,008	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC		2,942,334	0	2,942,334	55.01
56.00	05600 RADIOISOTOPE		0	0	0	56.00
56.01	05601 ULTRA SOUND		1,500,344	0	1,500,344	56.01
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		6,644,208	0	6,644,208	59.00
60.00	06000 LABORATORY		16,015,785	0	16,015,785	60.00
60.01	06001 ANATOMICAL PATHOLOGY		5,160,269	31,246	5,191,515	60.01
60.02	06003 LAB-STEM CELL		1,545	0	1,545	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		6,762,394	0	6,762,394	63.00
64.00	06400 INTRAVENOUS THERAPY		5,680,612	0	5,680,612	64.00
65.00	06500 RESPIRATORY THERAPY	0	10,604,064	165,584	10,769,648	65.00
65.01	06501 SLEEP DISORDER	0	2,054,568	0	2,054,568	65.01
66.00	06600 PHYSICAL THERAPY	0	2,714,495	0	2,714,495	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,146,294	0	1,146,294	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,568,131	0	1,568,131	68.00
69.00	06900 ELECTROCARDIOLOGY		4,082,668	187,554	4,270,222	69.00
69.01	06901 CARDIAC REHAB		896,875	3,524	900,399	69.01
69.02	06902 VASCULAR LAB		1,115,024	0	1,115,024	69.02
69.03	06903 ENDOSCOPY		4,865,971	0	4,865,971	69.03
69.04	06904 CLINICAL NUTRITION		1,420,904	0	1,420,904	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY		2,535,446	39,730	2,575,176	70.00
70.01	07001 ECT		409,767	0	409,767	70.01
70.02	07002 PSYCHOTHERAPY		1,888,435	0	1,888,435	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		30,480,987	0	30,480,987	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		21,205,022	0	21,205,022	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		44,425,239	0	44,425,239	73.00
74.00	07400 RENAL DIALYSIS		2,151,212	0	2,151,212	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		27,216,177	2,674	27,218,851	90.00
91.00	09100 EMERGENCY		23,562,549	542,900	24,105,449	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,974,381	0	6,974,381	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		356,231	0	356,231	105.00
106.00	10600 HEART ACQUISITION		488,769	0	488,769	106.00
107.00	10700 LIVER ACQUISITION		190,938	0	190,938	107.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	464,670,612	4,044,416	468,715,028	200.00
201.00	Less Observation Beds		6,974,381	0	6,974,381	201.00
202.00	Total (see instructions)	0	457,696,231	4,044,416	461,740,647	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/29/2015 3:02 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	202,283,919		202,283,919			30.00
31.00	03100	INTENSIVE CARE UNIT	47,089,209		47,089,209			31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	24,257,313		24,257,313			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	133,570,425		133,570,425			35.00
40.00	04000	SUBPROVIDER - IPF	27,168,490		27,168,490			40.00
43.00	04300	NURSERY	7,567,377		7,567,377			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,334,861	71,672,017	133,006,878	0.192913	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,337,519	17,845,979	24,183,498	0.307180	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,003,660	6,539,945	26,543,605	0.254966	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	18,763,372	17,747,637	36,511,009	0.070864	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	1,067,496	4,326,668	5,394,164	0.341794	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,274,764	92,944,994	142,219,758	0.114987	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,218,834	42,572,553	45,791,387	0.199748	0.000000	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	1,828,568	14,164,233	15,992,801	0.183979	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	05601	ULTRA SOUND	5,186,178	8,851,625	14,037,803	0.106879	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,489,085	27,033,361	44,522,446	0.149233	0.000000	59.00
60.00	06000	LABORATORY	114,434,035	74,285,157	188,719,192	0.084866	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	5,304,083	11,102,176	16,406,259	0.314531	0.000000	60.01
60.02	06003	LAB-STEM CELL	137,871	29,630	167,501	0.009224	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,688,063	5,130,285	22,818,348	0.296358	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	985,324	10,345,364	11,330,688	0.501347	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	57,899,485	5,422,395	63,321,880	0.167463	0.000000	65.00
65.01	06501	SLEEP DISORDER	240,765	12,699,041	12,939,806	0.158779	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,991,782	2,796,935	9,788,717	0.277309	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,108,182	1,143,498	5,251,680	0.218272	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,988,309	3,894,268	5,882,577	0.266572	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,019,273	22,683,618	39,702,891	0.102830	0.000000	69.00
69.01	06901	CARDIAC REHAB	819	744,427	745,246	1.203462	0.000000	69.01
69.02	06902	VASCULAR LAB	2,690,151	2,409,693	5,099,844	0.218639	0.000000	69.02
69.03	06903	ENDOSCOPY	3,898,483	21,801,718	25,700,201	0.189336	0.000000	69.03
69.04	06904	CLINICAL NUTRITION	407	275,256	275,663	5.154497	0.000000	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1,109,446	1,237,130	2,346,576	1.080487	0.000000	70.00
70.01	07001	ECT	419,965	478,270	898,235	0.456191	0.000000	70.01
70.02	07002	PSYCHOTHERAPY	12,044	7,312,251	7,324,295	0.257832	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,926,065	8,887,132	36,813,197	0.827991	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,658,341	11,668,722	27,327,063	0.775971	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,530,205	102,822,617	184,352,822	0.240979	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,065,153	3,681,450	7,746,603	0.277697	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,458,860	43,089,906	44,548,766	0.610930	0.000000	90.00
91.00	09100	EMERGENCY	31,534,256	95,270,794	126,805,050	0.185817	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	29,872,229	29,872,229	0.233474	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	120,000	0	120,000			105.00
106.00	10600	HEART ACQUISITION	283,000	0	283,000			106.00
107.00	10700	LIVER ACQUISITION	160,000	0	160,000			107.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,024,105,437	782,782,974	1,806,888,411			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,024,105,437	782,782,974	1,806,888,411			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/29/2015 3:02 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		35.00
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
45.00	04500	NURSING FACILITY		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.199423	50.00
51.00	05100	RECOVERY ROOM	0.307180	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.254966	52.00
53.00	05300	ANESTHESIOLOGY	0.083637	53.00
53.01	05301	PAIN MANAGEMENT	0.341794	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115647	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.200409	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.183979	55.01
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.01	05601	ULTRA SOUND	0.106879	56.01
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.149233	59.00
60.00	06000	LABORATORY	0.084866	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.316435	60.01
60.02	06003	LAB-STEM CELL	0.009224	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.296358	63.00
64.00	06400	INTRAVENOUS THERAPY	0.501347	64.00
65.00	06500	RESPIRATORY THERAPY	0.170078	65.00
65.01	06501	SLEEP DISORDER	0.158779	65.01
66.00	06600	PHYSICAL THERAPY	0.277309	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218272	67.00
68.00	06800	SPEECH PATHOLOGY	0.266572	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107554	69.00
69.01	06901	CARDIAC REHAB	1.208190	69.01
69.02	06902	VASCULAR LAB	0.218639	69.02
69.03	06903	ENDOSCOPY	0.189336	69.03
69.04	06904	CLINICAL NUTRITION	5.154497	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1.097419	70.00
70.01	07001	ECT	0.456191	70.01
70.02	07002	PSYCHOTHERAPY	0.257832	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.827991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.775971	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.240979	73.00
74.00	07400	RENAL DIALYSIS	0.277697	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.610990	90.00
91.00	09100	EMERGENCY	0.190098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.233474	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
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: 260091

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

Worksheet C Part I Date/Time Prepared: 5/29/2015 3:02 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	85,067,349	85,067,349	841,763	85,909,112	30.00
31.00 03100	INTENSIVE CARE UNIT	17,241,215	17,241,215	0	17,241,215	31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	8,432,555	8,432,555	157,183	8,589,738	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	34,486,193	34,486,193	555,717	35,041,910	35.00
40.00 04000	SUBPROVIDER - IPF	9,520,900	9,520,900	60,075	9,580,975	40.00
43.00 04300	NURSERY	3,074,503	3,074,503	0	3,074,503	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,658,723	25,658,723	865,971	26,524,694	50.00
51.00 05100	RECOVERY ROOM	7,428,694	7,428,694	0	7,428,694	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,767,719	6,767,719	0	6,767,719	52.00
53.00 05300	ANESTHESIOLOGY	2,587,303	2,587,303	466,358	3,053,661	53.00
53.01 05301	PAIN MANAGEMENT	1,843,695	1,843,695	0	1,843,695	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,353,383	16,353,383	93,871	16,447,254	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	9,146,742	9,146,742	30,266	9,177,008	55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	2,942,334	2,942,334	0	2,942,334	55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 05601	ULTRA SOUND	1,500,344	1,500,344	0	1,500,344	56.01
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	6,644,208	6,644,208	0	6,644,208	59.00
60.00 06000	LABORATORY	16,015,785	16,015,785	0	16,015,785	60.00
60.01 06001	ANATOMICAL PATHOLOGY	5,160,269	5,160,269	31,246	5,191,515	60.01
60.02 06003	LAB-STEM CELL	1,545	1,545	0	1,545	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	6,762,394	6,762,394	0	6,762,394	63.00
64.00 06400	INTRAVENOUS THERAPY	5,680,612	5,680,612	0	5,680,612	64.00
65.00 06500	RESPIRATORY THERAPY	10,604,064	10,604,064	165,584	10,769,648	65.00
65.01 06501	SLEEP DISORDER	2,054,568	2,054,568	0	2,054,568	65.01
66.00 06600	PHYSICAL THERAPY	2,714,495	2,714,495	0	2,714,495	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,146,294	1,146,294	0	1,146,294	67.00
68.00 06800	SPEECH PATHOLOGY	1,568,131	1,568,131	0	1,568,131	68.00
69.00 06900	ELECTROCARDIOLOGY	4,082,668	4,082,668	187,554	4,270,222	69.00
69.01 06901	CARDIAC REHAB	896,875	896,875	3,524	900,399	69.01
69.02 06902	VASCULAR LAB	1,115,024	1,115,024	0	1,115,024	69.02
69.03 06903	ENDOSCOPY	4,865,971	4,865,971	0	4,865,971	69.03
69.04 06904	CLINICAL NUTRITION	1,420,904	1,420,904	0	1,420,904	69.04
70.00 07000	ELECTROENCEPHALOGRAPHY	2,535,446	2,535,446	39,730	2,575,176	70.00
70.01 07001	ECT	409,767	409,767	0	409,767	70.01
70.02 07002	PSYCHOTHERAPY	1,888,435	1,888,435	0	1,888,435	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,480,987	30,480,987	0	30,480,987	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	21,205,022	21,205,022	0	21,205,022	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	44,425,239	44,425,239	0	44,425,239	73.00
74.00 07400	RENAL DIALYSIS	2,151,212	2,151,212	0	2,151,212	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	27,216,177	27,216,177	2,674	27,218,851	90.00
91.00 09100	EMERGENCY	23,562,549	23,562,549	542,900	24,105,449	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,974,381	6,974,381	0	6,974,381	92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	356,231	356,231	0	356,231	105.00
106.00 10600	HEART ACQUISITION	488,769	488,769	0	488,769	106.00
107.00 10700	LIVER ACQUISITION	190,938	190,938	0	190,938	107.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
200.00	Subtotal (see instructions)	464,670,612	464,670,612	4,044,416	468,715,028	200.00
201.00	Less Observation Beds	6,974,381	6,974,381	0	6,974,381	201.00
202.00	Total (see instructions)	457,696,231	457,696,231	4,044,416	461,740,647	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260091

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2015 3:02 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	202,283,919		202,283,919		30.00
31.00	03100	INTENSIVE CARE UNIT	47,089,209		47,089,209		31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	24,257,313		24,257,313		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	133,570,425		133,570,425		35.00
40.00	04000	SUBPROVIDER - IPF	27,168,490		27,168,490		40.00
43.00	04300	NURSERY	7,567,377		7,567,377		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	61,334,861	71,672,017	133,006,878	0.192913	50.00
51.00	05100	RECOVERY ROOM	6,337,519	17,845,979	24,183,498	0.307180	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,003,660	6,539,945	26,543,605	0.254966	52.00
53.00	05300	ANESTHESIOLOGY	18,763,372	17,747,637	36,511,009	0.070864	53.00
53.01	05301	PAIN MANAGEMENT	1,067,496	4,326,668	5,394,164	0.341794	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,274,764	92,944,994	142,219,758	0.114987	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,218,834	42,572,553	45,791,387	0.199748	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	1,828,568	14,164,233	15,992,801	0.183979	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	05601	ULTRA SOUND	5,186,178	8,851,625	14,037,803	0.106879	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,489,085	27,033,361	44,522,446	0.149233	59.00
60.00	06000	LABORATORY	114,434,035	74,285,157	188,719,192	0.084866	60.00
60.01	06001	ANATOMICAL PATHOLOGY	5,304,083	11,102,176	16,406,259	0.314531	60.01
60.02	06003	LAB-STEM CELL	137,871	29,630	167,501	0.009224	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,688,063	5,130,285	22,818,348	0.296358	63.00
64.00	06400	INTRAVENOUS THERAPY	985,324	10,345,364	11,330,688	0.501347	64.00
65.00	06500	RESPIRATORY THERAPY	57,899,485	5,422,395	63,321,880	0.167463	65.00
65.01	06501	SLEEP DISORDER	240,765	12,699,041	12,939,806	0.158779	65.01
66.00	06600	PHYSICAL THERAPY	6,991,782	2,796,935	9,788,717	0.277309	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,108,182	1,143,498	5,251,680	0.218272	67.00
68.00	06800	SPEECH PATHOLOGY	1,988,309	3,894,268	5,882,577	0.266572	68.00
69.00	06900	ELECTROCARDIOLOGY	17,019,273	22,683,618	39,702,891	0.102830	69.00
69.01	06901	CARDIAC REHAB	819	744,427	745,246	1.203462	69.01
69.02	06902	VASCULAR LAB	2,690,151	2,409,693	5,099,844	0.218639	69.02
69.03	06903	ENDOSCOPY	3,898,483	21,801,718	25,700,201	0.189336	69.03
69.04	06904	CLINICAL NUTRITION	407	275,256	275,663	5.154497	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1,109,446	1,237,130	2,346,576	1.080487	70.00
70.01	07001	ECT	419,965	478,270	898,235	0.456191	70.01
70.02	07002	PSYCHOTHERAPY	12,044	7,312,251	7,324,295	0.257832	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,926,065	8,887,132	36,813,197	0.827991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,658,341	11,668,722	27,327,063	0.775971	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,530,205	102,822,617	184,352,822	0.240979	73.00
74.00	07400	RENAL DIALYSIS	4,065,153	3,681,450	7,746,603	0.277697	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,458,860	43,089,906	44,548,766	0.610930	90.00
91.00	09100	EMERGENCY	31,534,256	95,270,794	126,805,050	0.185817	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	29,872,229	29,872,229	0.233474	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	120,000	0	120,000		105.00
106.00	10600	HEART ACQUISITION	283,000	0	283,000		106.00
107.00	10700	LIVER ACQUISITION	160,000	0	160,000		107.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,024,105,437	782,782,974	1,806,888,411		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,024,105,437	782,782,974	1,806,888,411		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/29/2015 3:02 pm
		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
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		35.00
40.00	04000	SUBPROVIDER - I PF		40.00
43.00	04300	NURSERY		43.00
45.00	04500	NURSING FACILITY		45.00
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
53.01	05301	PAIN MANAGEMENT	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	55.01
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.01	05601	ULTRA SOUND	0.000000	56.01
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	ANATOMIC PATHOLOGY	0.000000	60.01
60.02	06003	LAB-STEM CELL	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
65.01	06501	SLEEP DISORDER	0.000000	65.01
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
69.01	06901	CARDIAC REHAB	0.000000	69.01
69.02	06902	VASCULAR LAB	0.000000	69.02
69.03	06903	ENDOSCOPY	0.000000	69.03
69.04	06904	CLINICAL NUTRITION	0.000000	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
70.01	07001	ECT	0.000000	70.01
70.02	07002	PSYCHOTHERAPY	0.000000	70.02
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
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
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
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: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/29/2015 3:02 pm
		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	6,538,714	0	6,538,714	82,061	79.68	30.00
31.00	INTENSIVE CARE UNIT	922,039		922,039	13,349	69.07	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	729,173		729,173	4,220	172.79	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,705,594		1,705,594	30,760	55.45	35.00
40.00	SUBPROVIDER - IPF	496,494	0	496,494	15,968	31.09	40.00
43.00	NURSERY	96,308		96,308	5,792	16.63	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	10,488,322		10,488,322	152,150		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	16,463	1,311,772				
31.00	INTENSIVE CARE UNIT	5,975	412,693				
31.01	PEDIATRIC INTENSIVE CARE UNIT	30	5,184				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	7,401	230,097				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	29,869	1,959,746				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/29/2015 3:02 pm	
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	3,794,927	133,006,878	0.028532	11,687,643	333,472	50.00
51.00	05100	RECOVERY ROOM	361,949	24,183,498	0.014967	1,101,158	16,481	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	140,034	26,543,605	0.005276	0	0	52.00
53.00	05300	ANESTHESIOLOGY	239,585	36,511,009	0.006562	2,252,600	14,782	53.00
53.01	05301	PAIN MANAGEMENT	171,669	5,394,164	0.031825	9,390	299	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,023,858	142,219,758	0.028293	12,290,918	347,747	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	827,116	45,791,387	0.018063	1,065,515	19,246	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	260,599	15,992,801	0.016295	664,073	10,821	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	ULTRA SOUND	97,280	14,037,803	0.006930	804,356	5,574	56.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,546,226	44,522,446	0.057190	6,499,831	371,725	59.00
60.00	06000	LABORATORY	992,961	188,719,192	0.005262	20,370,679	107,191	60.00
60.01	06001	ANATOMICAL PATHOLOGY	385,265	16,406,259	0.023483	761,212	17,876	60.01
60.02	06003	LAB-STEM CELL	48	167,501	0.000287	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	170,766	22,818,348	0.007484	3,870,184	28,964	63.00
64.00	06400	INTRAVENOUS THERAPY	597,853	11,330,688	0.052764	288,389	15,217	64.00
65.00	06500	RESPIRATORY THERAPY	765,674	63,321,880	0.012092	10,375,233	125,457	65.00
65.01	06501	SLEEP DISORDER	87,222	12,939,806	0.006741	0	0	65.01
66.00	06600	PHYSICAL THERAPY	141,563	9,788,717	0.014462	2,063,503	29,842	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,105	5,251,680	0.009541	722,081	6,889	67.00
68.00	06800	SPEECH PATHOLOGY	92,105	5,882,577	0.015657	527,581	8,260	68.00
69.00	06900	ELECTROCARDIOLOGY	524,776	39,702,891	0.013218	4,533,536	59,924	69.00
69.01	06901	CARDIAC REHAB	101,805	745,246	0.136606	0	0	69.01
69.02	06902	VASCULAR LAB	308,865	5,099,844	0.060564	1,129,848	68,428	69.02
69.03	06903	ENDOSCOPY	802,177	25,700,201	0.031213	1,441,466	44,992	69.03
69.04	06904	CLINICAL NUTRITION	38,247	275,663	0.138745	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	120,227	2,346,576	0.051235	167,682	8,591	70.00
70.01	07001	ECT	49,103	898,235	0.054666	2,535	139	70.01
70.02	07002	PSYCHOTHERAPY	185,458	7,324,295	0.025321	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	769,394	36,813,197	0.020900	6,283,094	131,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	533,731	27,327,063	0.019531	3,923,064	76,621	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,243,346	184,352,822	0.006744	17,628,217	118,885	73.00
74.00	07400	RENAL DIALYSIS	80,084	7,746,603	0.010338	2,579,471	26,667	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,614,309	44,548,766	0.058684	0	0	90.00
91.00	09100	EMERGENCY	1,646,662	126,805,050	0.012986	4,667,215	60,608	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	530,834	29,872,229	0.017770	0	0	92.00
200.00		Total (lines 50-199)	25,295,823	1,364,388,678		117,710,474	2,056,015	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/29/2015 3:02 pm
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Cost Center Description			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	0	460,708	0	0	460,708	30.00
31.00	03100	INTENSIVE CARE UNIT	0	77,593	0	0	77,593	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	77,593	0	0	77,593	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	615,894	0	0	615,894	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,061	5.61	16,463	92,357		30.00
31.00	03100	INTENSIVE CARE UNIT	13,349	5.81	5,975	34,715		31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	4,220	0.00	30	0		31.01
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	30,760	0.00	0	0		35.00
40.00	04000	SUBPROVIDER - IPF	15,968	0.00	7,401	0		40.00
43.00	04300	NURSERY	5,792	13.40	0	0		43.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	152,150		29,869	127,072		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 3:02 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	06003 LAB-STEM CELL	0	0	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP DISORDER	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
69.02	06902 VASCULAR LAB	0	0	0	0	0	69.02
69.03	06903 ENDOSCOPY	0	0	0	0	0	69.03
69.04	06904 CLINICAL NUTRITION	0	0	0	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 ECT	0	0	0	0	0	70.01
70.02	07002 PSYCHOTHERAPY	0	0	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	155,186	0	155,186	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	37,404	0	37,404	92.00
200.00	Total (lines 50-199)	0	0	192,590	0	192,590	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 3:02 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	133,006,878	0.000000	0.000000	11,687,643	50.00
51.00	05100 RECOVERY ROOM	0	24,183,498	0.000000	0.000000	1,101,158	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	26,543,605	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	36,511,009	0.000000	0.000000	2,252,600	53.00
53.01	05301 PAIN MANAGEMENT	0	5,394,164	0.000000	0.000000	9,390	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	142,219,758	0.000000	0.000000	12,290,918	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	45,791,387	0.000000	0.000000	1,065,515	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	15,992,801	0.000000	0.000000	664,073	55.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601 ULTRA SOUND	0	14,037,803	0.000000	0.000000	804,356	56.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	44,522,446	0.000000	0.000000	6,499,831	59.00
60.00	06000 LABORATORY	0	188,719,192	0.000000	0.000000	20,370,679	60.00
60.01	06001 ANATOMIC PATHOLOGY	0	16,406,259	0.000000	0.000000	761,212	60.01
60.02	06003 LAB-STEM CELL	0	167,501	0.000000	0.000000	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	22,818,348	0.000000	0.000000	3,870,184	63.00
64.00	06400 INTRAVENOUS THERAPY	0	11,330,688	0.000000	0.000000	288,389	64.00
65.00	06500 RESPIRATORY THERAPY	0	63,321,880	0.000000	0.000000	10,375,233	65.00
65.01	06501 SLEEP DISORDER	0	12,939,806	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	9,788,717	0.000000	0.000000	2,063,503	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,251,680	0.000000	0.000000	722,081	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,882,577	0.000000	0.000000	527,581	68.00
69.00	06900 ELECTROCARDIOLOGY	0	39,702,891	0.000000	0.000000	4,533,536	69.00
69.01	06901 CARDIAC REHAB	0	745,246	0.000000	0.000000	0	69.01
69.02	06902 VASCULAR LAB	0	5,099,844	0.000000	0.000000	1,129,848	69.02
69.03	06903 ENDOSCOPY	0	25,700,201	0.000000	0.000000	1,441,466	69.03
69.04	06904 CLINICAL NUTRITION	0	275,663	0.000000	0.000000	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,346,576	0.000000	0.000000	167,682	70.00
70.01	07001 ECT	0	898,235	0.000000	0.000000	2,535	70.01
70.02	07002 PSYCHOTHERAPY	0	7,324,295	0.000000	0.000000	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,813,197	0.000000	0.000000	6,283,094	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	27,327,063	0.000000	0.000000	3,923,064	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	184,352,822	0.000000	0.000000	17,628,217	73.00
74.00	07400 RENAL DIALYSIS	0	7,746,603	0.000000	0.000000	2,579,471	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	155,186	44,548,766	0.003484	0.003484	0	90.00
91.00	09100 EMERGENCY	0	126,805,050	0.000000	0.000000	4,667,215	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	37,404	29,872,229	0.001252	0.001252	0	92.00
200.00	Total (Lines 50-199)	192,590	1,364,388,678			117,710,474	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 3:02 pm
	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)	
	ANCILLARY SERVICE COST CENTERS	11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0	9,207,542	0	50.00
51.00	05100 RECOVERY ROOM	0	2,189,039	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,747,479	0	53.00
53.01	05301 PAIN MANAGEMENT	0	1,787,362	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	21,585,191	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,983,035	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	4,524,732	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	534,382	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,100,654	0	59.00
60.00	06000 LABORATORY	0	6,584,721	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	1,167,146	0	60.01
60.02	06003 LAB-STEM CELL	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	954,155	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,405,166	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	764,577	0	65.00
65.01	06501 SLEEP DISORDER	0	742,027	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,019	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,442,853	0	69.00
69.01	06901 CARDIAC REHAB	0	352,531	0	69.01
69.02	06902 VASCULAR LAB	0	794,740	0	69.02
69.03	06903 ENDOSCOPY	0	5,006,037	0	69.03
69.04	06904 CLINICAL NUTRITION	0	1,692	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	23,353	0	70.00
70.01	07001 ECT	0	845	0	70.01
70.02	07002 PSYCHOTHERAPY	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,902,771	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,800,009	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	26,276,730	0	73.00
74.00	07400 RENAL DIALYSIS	0	422,431	0	74.00
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	526,263	1,834	90.00
91.00	09100 EMERGENCY	0	9,063,150	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,115,080	7,656	92.00
200.00	Total (Lines 50-199)	0	133,008,712	9,490	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 3:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.192913	9,207,542	13	949	1,776,255	50.00	
51.00 05100 RECOVERY ROOM	0.307180	2,189,039	0	0	672,429	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.254966	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.070864	1,747,479	0	0	123,833	53.00	
53.01 05301 PAIN MANAGEMENT	0.341794	1,787,362	0	35	610,910	53.01	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.114987	21,585,191	46	3,394	2,482,016	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.199748	12,983,035	25	1,776	2,593,335	55.00	
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.183979	4,524,732	53	3,867	832,456	55.01	
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01 05601 ULTRA SOUND	0.106879	534,382	0	0	57,114	56.01	
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.149233	8,100,654	12	846	1,208,885	59.00	
60.00 06000 LABORATORY	0.084866	6,584,721	0	0	558,819	60.00	
60.01 06001 ANATOMICAL PATHOLOGY	0.314531	1,167,146	0	0	367,104	60.01	
60.02 06003 LAB-STEM CELL	0.009224	0	0	0	0	60.02	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.296358	954,155	0	0	282,771	63.00	
64.00 06400 INTRAVENOUS THERAPY	0.501347	3,405,166	1	43	1,707,170	64.00	
65.00 06500 RESPIRATORY THERAPY	0.167463	764,577	0	0	128,038	65.00	
65.01 06501 SLEEP DISORDER	0.158779	742,027	0	0	117,818	65.01	
66.00 06600 PHYSICAL THERAPY	0.277309	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.218272	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.266572	3,019	0	0	805	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.102830	2,442,853	3	219	251,199	69.00	
69.01 06901 CARDIAC REHAB	1.203462	352,531	0	0	424,258	69.01	
69.02 06902 VASCULAR LAB	0.218639	794,740	0	0	173,761	69.02	
69.03 06903 ENDOSCOPY	0.189336	5,006,037	0	0	947,823	69.03	
69.04 06904 CLINICAL NUTRITION	5.154497	1,692	0	0	8,721	69.04	
70.00 07000 ELECTROENCEPHALOGRAPHY	1.080487	23,353	0	0	25,233	70.00	
70.01 07001 ECT	0.456191	845	0	0	385	70.01	
70.02 07002 PSYCHOTHERAPY	0.257832	0	0	0	0	70.02	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.827991	2,902,771	0	0	2,403,468	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.775971	2,800,009	0	0	2,172,726	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.240979	26,276,730	6,177	467,199	6,332,140	73.00	
74.00 07400 RENAL DIALYSIS	0.277697	422,431	0	11	117,308	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.610930	526,263	0	571	321,510	90.00	
91.00 09100 EMERGENCY	0.185817	9,063,150	1	55	1,684,087	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.233474	6,115,080	0	1	1,427,712	92.00	
200.00		Subtotal (see instructions)	133,008,712	6,331	478,966	29,810,089	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	133,008,712	6,331	478,966	29,810,089	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 3:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	3	183		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
53.01 05301 PAIN MANAGEMENT	0	12		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	5	390		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	5	355		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	10	711		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	2	126		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0		60.01
60.02 06003 LAB-STEM CELL	0	0		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	1	22		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP DISORDER	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	23		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
69.02 06902 VASCULAR LAB	0	0		69.02
69.03 06903 ENDOSCOPY	0	0		69.03
69.04 06904 CLINICAL NUTRITION	0	0		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ECT	0	0		70.01
70.02 07002 PSYCHOTHERAPY	0	0		70.02
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	1,489	112,585		73.00
74.00 07400 RENAL DIALYSIS	0	3		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	349		90.00
91.00 09100 EMERGENCY	0	10		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Subtotal (see instructions)	1,515	114,769	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,515	114,769	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/29/2015 3:02 pm	
		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	3,794,927	133,006,878	0.028532	0	50.00
51.00	05100	RECOVERY ROOM	361,949	24,183,498	0.014967	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	140,034	26,543,605	0.005276	0	52.00
53.00	05300	ANESTHESIOLOGY	239,585	36,511,009	0.006562	60,434	53.00
53.01	05301	PAIN MANAGEMENT	171,669	5,394,164	0.031825	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,023,858	142,219,758	0.028293	189,905	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	827,116	45,791,387	0.018063	20,322	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	260,599	15,992,801	0.016295	1,250	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	56.00
56.01	05601	ULTRA SOUND	97,280	14,037,803	0.006930	5,663	56.01
57.00	05700	CT SCAN	0	0	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,546,226	44,522,446	0.057190	0	59.00
60.00	06000	LABORATORY	992,961	188,719,192	0.005262	824,901	60.00
60.01	06001	ANATOMIC PATHOLOGY	385,265	16,406,259	0.023483	0	60.01
60.02	06003	LAB-STEM CELL	48	167,501	0.000287	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	170,766	22,818,348	0.007484	2,960	63.00
64.00	06400	INTRAVENOUS THERAPY	597,853	11,330,688	0.052764	0	64.00
65.00	06500	RESPIRATORY THERAPY	765,674	63,321,880	0.012092	139,421	65.00
65.01	06501	SLEEP DISORDER	87,222	12,939,806	0.006741	0	65.01
66.00	06600	PHYSICAL THERAPY	141,563	9,788,717	0.014462	106,161	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,105	5,251,680	0.009541	5,380	67.00
68.00	06800	SPEECH PATHOLOGY	92,105	5,882,577	0.015657	7,141	68.00
69.00	06900	ELECTROCARDIOLOGY	524,776	39,702,891	0.013218	33,650	69.00
69.01	06901	CARDIAC REHAB	101,805	745,246	0.136606	0	69.01
69.02	06902	VASCULAR LAB	308,865	5,099,844	0.060564	5,290	69.02
69.03	06903	ENDOSCOPY	802,177	25,700,201	0.031213	0	69.03
69.04	06904	CLINICAL NUTRITION	38,247	275,663	0.138745	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	120,227	2,346,576	0.051235	5,095	70.00
70.01	07001	ECT	49,103	898,235	0.054666	202,008	70.01
70.02	07002	PSYCHOTHERAPY	185,458	7,324,295	0.025321	11,502	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	769,394	36,813,197	0.020900	19,646	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	533,731	27,327,063	0.019531	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,243,346	184,352,822	0.006744	1,635,135	73.00
74.00	07400	RENAL DIALYSIS	80,084	7,746,603	0.010338	83,236	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,614,309	44,548,766	0.058684	0	90.00
91.00	09100	EMERGENCY	1,646,662	126,805,050	0.012986	466,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	29,872,229	0.000000	0	92.00
200.00		Total (lines 50-199)	24,764,989	1,364,388,678		3,825,908	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 3:02 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	06003 LAB-STEM CELL	0	0	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP DISORDER	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
69.02	06902 VASCULAR LAB	0	0	0	0	0	69.02
69.03	06903 ENDOSCOPY	0	0	0	0	0	69.03
69.04	06904 CLINICAL NUTRITION	0	0	0	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 ECT	0	0	0	0	0	70.01
70.02	07002 PSYCHOTHERAPY	0	0	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	155,186	0	155,186	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	155,186	0	155,186	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/29/2015 3:02 pm		
				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	0	133,006,878	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	24,183,498	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,543,605	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	36,511,009	0.000000	0.000000	60,434	53.00
53.01	05301	PAIN MANAGEMENT	0	5,394,164	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	142,219,758	0.000000	0.000000	189,905	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	45,791,387	0.000000	0.000000	20,322	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	15,992,801	0.000000	0.000000	1,250	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601	ULTRA SOUND	0	14,037,803	0.000000	0.000000	5,663	56.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,522,446	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	188,719,192	0.000000	0.000000	824,901	60.00
60.01	06001	ANATOMIC PATHOLOGY	0	16,406,259	0.000000	0.000000	0	60.01
60.02	06003	LAB-STEM CELL	0	167,501	0.000000	0.000000	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	22,818,348	0.000000	0.000000	2,960	63.00
64.00	06400	INTRAVENOUS THERAPY	0	11,330,688	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	63,321,880	0.000000	0.000000	139,421	65.00
65.01	06501	SLEEP DISORDER	0	12,939,806	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	9,788,717	0.000000	0.000000	106,161	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,251,680	0.000000	0.000000	5,380	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,882,577	0.000000	0.000000	7,141	68.00
69.00	06900	ELECTROCARDIOLOGY	0	39,702,891	0.000000	0.000000	33,650	69.00
69.01	06901	CARDIAC REHAB	0	745,246	0.000000	0.000000	0	69.01
69.02	06902	VASCULAR LAB	0	5,099,844	0.000000	0.000000	5,290	69.02
69.03	06903	ENDOSCOPY	0	25,700,201	0.000000	0.000000	0	69.03
69.04	06904	CLINICAL NUTRITION	0	275,663	0.000000	0.000000	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,346,576	0.000000	0.000000	5,095	70.00
70.01	07001	ECT	0	898,235	0.000000	0.000000	202,008	70.01
70.02	07002	PSYCHOTHERAPY	0	7,324,295	0.000000	0.000000	11,502	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,813,197	0.000000	0.000000	19,646	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	27,327,063	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	184,352,822	0.000000	0.000000	1,635,135	73.00
74.00	07400	RENAL DIALYSIS	0	7,746,603	0.000000	0.000000	83,236	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	155,186	44,548,766	0.003484	0.003484	0	90.00
91.00	09100	EMERGENCY	0	126,805,050	0.000000	0.000000	466,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	29,872,229	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	155,186	1,364,388,678			3,825,908	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 3:02 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	62,550	0	53.00
53.01	05301 PAIN MANAGEMENT	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,879	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	6,170	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
60.02	06003 LAB-STEM CELL	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	6	0	65.00
65.01	06501 SLEEP DISORDER	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,132	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
69.02	06902 VASCULAR LAB	0	0	0	69.02
69.03	06903 ENDOSCOPY	0	0	0	69.03
69.04	06904 CLINICAL NUTRITION	0	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 ECT	0	238,290	0	70.01
70.02	07002 PSYCHOTHERAPY	0	6,164,095	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	29,657	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	75	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	6,505,854	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 3:02 pm
		Component CCN: 26S091	Title XVII	Subprovider - IPF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.192913	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0.307180	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.254966	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.070864	62,550	0	0	4,433	53.00	
53.01 05301 PAIN MANAGEMENT	0.341794	0	0	0	0	53.01	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.114987	1,879	0	0	216	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.199748	0	0	0	0	55.00	
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.183979	0	0	0	0	55.01	
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01 05601 ULTRA SOUND	0.106879	0	0	0	0	56.01	
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.149233	0	0	0	0	59.00	
60.00 06000 LABORATORY	0.084866	6,170	0	0	524	60.00	
60.01 06001 ANATOMICAL PATHOLOGY	0.314531	0	0	0	0	60.01	
60.02 06003 LAB-STEM CELL	0.009224	0	0	0	0	60.02	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.296358	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0.501347	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0.167463	6	0	0	1	65.00	
65.01 06501 SLEEP DISORDER	0.158779	0	0	0	0	65.01	
66.00 06600 PHYSICAL THERAPY	0.277309	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.218272	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.266572	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.102830	3,132	0	0	322	69.00	
69.01 06901 CARDIAC REHAB	1.203462	0	0	0	0	69.01	
69.02 06902 VASCULAR LAB	0.218639	0	0	0	0	69.02	
69.03 06903 ENDOSCOPY	0.189336	0	0	0	0	69.03	
69.04 06904 CLINICAL NUTRITION	5.154497	0	0	0	0	69.04	
70.00 07000 ELECTROENCEPHALOGRAPHY	1.080487	0	0	0	0	70.00	
70.01 07001 ECT	0.456191	238,290	0	0	108,706	70.01	
70.02 07002 PSYCHOTHERAPY	0.257832	6,164,095	0	0	1,589,301	70.02	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.827991	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.775971	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.240979	29,657	0	3,096	7,147	73.00	
74.00 07400 RENAL DIALYSIS	0.277697	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.610930	0	0	0	0	90.00	
91.00 09100 EMERGENCY	0.185817	75	0	0	14	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.233474	0	0	0	0	92.00	
200.00		Subtotal (see instructions)	6,505,854	0	3,096	1,710,664	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	6,505,854	0	3,096	1,710,664	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 3:02 pm
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
53.01 05301 PAIN MANAGEMENT	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	56.00
56.01 05601 ULTRA SOUND	0	0	56.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	60.01
60.02 06003 LAB-STEM CELL	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 SLEEP DISORDER	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	69.01
69.02 06902 VASCULAR LAB	0	0	69.02
69.03 06903 ENDOSCOPY	0	0	69.03
69.04 06904 CLINICAL NUTRITION	0	0	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 ECT	0	0	70.01
70.02 07002 PSYCHOTHERAPY	0	0	70.02
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	746	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	746	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	746	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 3:02 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.192913	0	4,121,438	0	0
51.00 05100 RECOVERY ROOM	0.307180	0	892,069	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.254966	0	1,209,727	0	0
53.00 05300 ANESTHESIOLOGY	0.070864	0	809,555	0	0
53.01 05301 PAIN MANAGEMENT	0.341794	0	299,511	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.114987	0	12,221,194	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.199748	0	4,008,930	0	0
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.183979	0	799,359	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 05601 ULTRA SOUND	0.106879	0	738,241	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.149233	0	2,586,525	0	0
60.00 06000 LABORATORY	0.084866	0	8,641,044	0	0
60.01 06001 ANATOMICAL PATHOLOGY	0.314531	0	1,062,184	0	0
60.02 06003 LAB-STEM CELL	0.009224	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.296358	0	616,886	0	0
64.00 06400 INTRAVENOUS THERAPY	0.501347	0	784,531	0	0
65.00 06500 RESPIRATORY THERAPY	0.167463	0	621,094	0	0
65.01 06501 SLEEP DISORDER	0.158779	0	647,575	0	0
66.00 06600 PHYSICAL THERAPY	0.277309	0	113,738	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.218272	0	42,873	0	0
68.00 06800 SPEECH PATHOLOGY	0.266572	0	202,324	0	0
69.00 06900 ELECTROCARDIOLOGY	0.102830	0	950,696	0	0
69.01 06901 CARDIAC REHAB	1.203462	0	0	0	0
69.02 06902 VASCULAR LAB	0.218639	0	151,135	0	0
69.03 06903 ENDOSCOPY	0.189336	0	1,064,703	0	0
69.04 06904 CLINICAL NUTRITION	5.154497	0	71,313	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	1.080487	0	53,184	0	0
70.01 07001 ECT	0.456191	0	48,503	0	0
70.02 07002 PSYCHOTHERAPY	0.257832	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.827991	0	1,056,594	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.775971	0	536,497	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.240979	0	3,353,218	0	0
74.00 07400 RENAL DIALYSIS	0.277697	0	127,547	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.610930	0	5,251,438	0	0
91.00 09100 EMERGENCY	0.185817	0	8,904,058	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.233474	0	3,487,837	0	0
200.00	Subtotal (see instructions)	0	65,475,521	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)	0	65,475,521	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 3:02 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	795,079	0		50.00
51.00 05100 RECOVERY ROOM	274,026	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	308,439	0		52.00
53.00 05300 ANESTHESIOLOGY	57,368	0		53.00
53.01 05301 PAIN MANAGEMENT	102,371	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,405,278	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	800,776	0		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	147,065	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	78,902	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	385,995	0		59.00
60.00 06000 LABORATORY	733,331	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	334,090	0		60.01
60.02 06003 LAB-STEM CELL	0	0		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	182,819	0		63.00
64.00 06400 INTRAVENOUS THERAPY	393,322	0		64.00
65.00 06500 RESPIRATORY THERAPY	104,010	0		65.00
65.01 06501 SLEEP DISORDER	102,821	0		65.01
66.00 06600 PHYSICAL THERAPY	31,541	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	9,358	0		67.00
68.00 06800 SPEECH PATHOLOGY	53,934	0		68.00
69.00 06900 ELECTROCARDIOLOGY	97,760	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
69.02 06902 VASCULAR LAB	33,044	0		69.02
69.03 06903 ENDOSCOPY	201,587	0		69.03
69.04 06904 CLINICAL NUTRITION	367,583	0		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	57,465	0		70.00
70.01 07001 ECT	22,127	0		70.01
70.02 07002 PSYCHOTHERAPY	0	0		70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	874,850	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	416,306	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	808,055	0		73.00
74.00 07400 RENAL DIALYSIS	35,419	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	3,208,261	0		90.00
91.00 09100 EMERGENCY	1,654,525	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	814,319	0		92.00
200.00	Subtotal (see instructions)	14,891,826	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	14,891,826	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2015 3:02 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		82,061	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		82,061	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.		19,402	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		55,997	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)		16,463	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)		85,909,112	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)		85,909,112	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		202,283,919	28.00
29.00	Private room charges (excluding swing-bed charges)		67,882,359	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		134,401,560	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.424696	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		3,498.73	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,400.16	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		1,098.57	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		466.56	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		9,052,197	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		76,856,915	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)		1,046.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,234,950	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		17,234,950	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,241,215	13,349	1,291.57	5,975	7,717,131	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	8,589,738	4,220	2,035.48	30	61,064	43.01
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						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	35,041,910	30,760	1,139.20	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,860,820	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,873,965	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,856,721	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,056,015	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,912,736	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					47,961,229	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)					6,662	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,046.89	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,974,381	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/29/2015 3:02 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,538,714	85,909,112	0.076112	6,974,381	530,834	90.00
91.00	Nursing School cost	0	85,909,112	0.000000	6,974,381	0	91.00
92.00	Allied health cost	460,708	85,909,112	0.005363	6,974,381	37,404	92.00
93.00	All other Medical Education	0	85,909,112	0.000000	6,974,381	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/29/2015 3:02 pm
		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)			15,968 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			15,968 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.			327 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			15,641 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)			7,401 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)			9,580,975 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)			9,580,975 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			27,168,490 28.00
29.00	Private room charges (excluding swing-bed charges)			557,141 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			26,611,349 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.352650 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,703.80 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,701.38 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			2.42 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.85 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			278 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			9,580,697 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)			600.01 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,440,674 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)			4,440,674 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 26S091				Date/Time Prepared: 5/29/2015 3:02 pm	
		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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					786,677		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,227,351		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)					230,097		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					44,663		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					274,760		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,952,591		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: 260091 Component CCN: 26S091		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/29/2015 3:02 pm	
		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	496,494	9,580,975	0.051821	0	0	90.00
91.00	Nursing School cost	0	9,580,975	0.000000	0	0	91.00
92.00	Allied health cost	0	9,580,975	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,580,975	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 5/29/2015 3:02 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		82,061	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		82,061	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.		19,402	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		55,997	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,031	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)		5,792	15.00
16.00	Nursery days (title V or XIX only)		1,057	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)		85,067,349	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)		85,067,349	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		202,283,919	28.00
29.00	Private room charges (excluding swing-bed charges)		67,882,359	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		134,401,560	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.420534	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		3,498.73	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,400.16	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		1,098.57	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		461.99	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		8,963,530	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		76,103,819	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)		927.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,375,440	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)		8,375,440	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/29/2015 3:02 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	3,074,503	5,792	530.82	1,057	561,077	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,241,215	13,349	1,291.57	4,859	6,275,739	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	8,432,555	4,220	1,998.24	93	185,836	43.01
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						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	34,486,193	30,760	1,121.14	5,123	5,743,600	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,600,360	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					39,742,052	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)					6,662	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,036.64	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,906,096	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/29/2015 3:02 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,538,714	85,067,349	0.076865	6,906,096	530,837	90.00
91.00	Nursing School cost	0	85,067,349	0.000000	6,906,096	0	91.00
92.00	Allied health cost	0	85,067,349	0.000000	6,906,096	0	92.00
93.00	All other Medical Education	0	85,067,349	0.000000	6,906,096	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 26S091		Date/Time Prepared: 5/29/2015 3:02 pm
		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)		15,968	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,968	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.		327	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		15,641	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)		4,675	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)		5,792	15.00
16.00	Nursery days (title V or XIX only)		1,057	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)		9,520,900	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)		9,520,900	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		27,168,490	28.00
29.00	Private room charges (excluding swing-bed charges)		557,141	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		26,611,349	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.350439	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,703.80	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,701.38	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		2.42	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.85	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		278	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,520,622	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)		596.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,787,375	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)		2,787,375	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 26S091				Date/Time Prepared: 5/29/2015 3:02 pm	
		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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					519,018		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,306,393		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: 260091 Component CCN: 26S091		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/29/2015 3:02 pm	
		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	496,494	9,520,900	0.052148	0	0	90.00
91.00	Nursing School cost	0	9,520,900	0.000000	0	0	91.00
92.00	Allied health cost	0	9,520,900	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,520,900	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/29/2015 3:02 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		37,212,600	30.00
31.00	03100	INTENSIVE CARE UNIT		20,186,926	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		156,667	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.199423	11,687,643	50.00
51.00	05100	RECOVERY ROOM	0.307180	1,101,158	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.254966	0	52.00
53.00	05300	ANESTHESIOLOGY	0.083637	2,252,600	53.00
53.01	05301	PAIN MANAGEMENT	0.341794	9,390	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115647	12,290,918	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.200409	1,065,515	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.183979	664,073	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	ULTRA SOUND	0.106879	804,356	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.149233	6,499,831	59.00
60.00	06000	LABORATORY	0.084866	20,370,679	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.316435	761,212	60.01
60.02	06002	LAB-STEM CELL	0.009224	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.296358	3,870,184	63.00
64.00	06400	INTRAVENOUS THERAPY	0.501347	288,389	64.00
65.00	06500	RESPIRATORY THERAPY	0.170078	10,375,233	65.00
65.01	06501	SLEEP DISORDER	0.158779	0	65.01
66.00	06600	PHYSICAL THERAPY	0.277309	2,063,503	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218272	722,081	67.00
68.00	06800	SPEECH PATHOLOGY	0.266572	527,581	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107554	4,533,536	69.00
69.01	06901	CARDIAC REHAB	1.208190	0	69.01
69.02	06902	VASCULAR LAB	0.218639	1,129,848	69.02
69.03	06903	ENDOSCOPY	0.189336	1,441,466	69.03
69.04	06904	CLINICAL NUTRITION	5.154497	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1.097419	167,682	70.00
70.01	07001	ECT	0.456191	2,535	70.01
70.02	07002	PSYCHOTHERAPY	0.257832	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.827991	6,283,094	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.775971	3,923,064	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.240979	17,628,217	73.00
74.00	07400	RENAL DIALYSIS	0.277697	2,579,471	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.610990	0	90.00
91.00	09100	EMERGENCY	0.190098	4,667,215	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.233474	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		117,710,474	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)		117,710,474	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/29/2015 3:02 pm	
		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
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		12,592,181		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.199423	0	0	50.00
51.00	05100 RECOVERY ROOM	0.307180	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.254966	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.083637	60,434	5,055	53.00
53.01	05301 PAIN MANAGEMENT	0.341794	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.115647	189,905	21,962	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.200409	20,322	4,073	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.183979	1,250	230	55.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 ULTRASOUND	0.106879	5,663	605	56.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.149233	0	0	59.00
60.00	06000 LABORATORY	0.084866	824,901	70,006	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.316435	0	0	60.01
60.02	06003 LAB-STEM CELL	0.009224	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.296358	2,960	877	63.00
64.00	06400 INTRAVENOUS THERAPY	0.501347	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.170078	139,421	23,712	65.00
65.01	06501 SLEEP DISORDER	0.158779	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.277309	106,161	29,439	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.218272	5,380	1,174	67.00
68.00	06800 SPEECH PATHOLOGY	0.266572	7,141	1,904	68.00
69.00	06900 ELECTROCARDIOLOGY	0.107554	33,650	3,619	69.00
69.01	06901 CARDIAC REHAB	1.208190	0	0	69.01
69.02	06902 VASCULAR LAB	0.218639	5,290	1,157	69.02
69.03	06903 ENDOSCOPY	0.189336	0	0	69.03
69.04	06904 CLINICAL NUTRITION	5.154497	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	1.097419	5,095	5,591	70.00
70.01	07001 ECT	0.456191	202,008	92,154	70.01
70.02	07002 PSYCHOTHERAPY	0.257832	11,502	2,966	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.827991	19,646	16,267	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.775971	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.240979	1,635,135	394,033	73.00
74.00	07400 RENAL DIALYSIS	0.277697	83,236	23,114	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.610990	0	0	90.00
91.00	09100 EMERGENCY	0.190098	466,808	88,739	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.233474	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,825,908	786,677	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		3,825,908		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/29/2015 3:02 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		21,585,260	30.00
31.00	03100	INTENSIVE CARE UNIT		16,391,929	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		974,365	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		23,383,944	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		1,337,742	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.192913	6,764,019	1,304,867 50.00
51.00	05100	RECOVERY ROOM	0.307180	675,300	207,439 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.254966	3,036,443	774,190 52.00
53.00	05300	ANESTHESIOLOGY	0.070864	2,136,871	151,427 53.00
53.01	05301	PAIN MANAGEMENT	0.341794	262,932	89,869 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114987	7,643,615	878,916 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199748	520,150	103,899 55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.183979	285,784	52,578 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	ULTRA SOUND	0.106879	880,914	94,151 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.149233	1,481,175	221,040 59.00
60.00	06000	LABORATORY	0.084866	19,606,195	1,663,899 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.314531	678,474	213,401 60.01
60.02	06003	LAB-STEM CELL	0.009224	6,791	63 60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.296358	2,744,041	813,219 63.00
64.00	06400	INTRAVENOUS THERAPY	0.501347	185,622	93,061 64.00
65.00	06500	RESPIRATORY THERAPY	0.167463	9,685,043	1,621,886 65.00
65.01	06501	SLEEP DISORDER	0.158779	51,657	8,202 65.01
66.00	06600	PHYSICAL THERAPY	0.277309	861,025	238,770 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218272	645,412	140,875 67.00
68.00	06800	SPEECH PATHOLOGY	0.266572	242,009	64,513 68.00
69.00	06900	ELECTROCARDIOLOGY	0.102830	2,222,064	228,495 69.00
69.01	06901	CARDIAC REHAB	1.203462	0	0 69.01
69.02	06902	VASCULAR LAB	0.218639	326,623	71,413 69.02
69.03	06903	ENDOSCOPY	0.189336	447,636	84,754 69.03
69.04	06904	CLINICAL NUTRITION	5.154497	0	0 69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1.080487	186,159	201,142 70.00
70.01	07001	ECT	0.456191	0	0 70.01
70.02	07002	PSYCHOTHERAPY	0.257832	0	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.827991	4,982,146	4,125,172 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.775971	573,531	445,043 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.240979	15,103,819	3,639,703 73.00
74.00	07400	RENAL DIALYSIS	0.277697	404,358	112,289 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.610930	310,649	189,785 90.00
91.00	09100	EMERGENCY	0.185817	4,123,944	766,299 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.233474	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		87,074,401	18,600,360 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		87,074,401	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 26S091		Date/Time Prepared: 5/29/2015 3:02 pm	
		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
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		7,977,335		40.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.192913	18,737	3,615	50.00
51.00	05100 RECOVERY ROOM	0.307180	1,792	550	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.254966	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.070864	36,450	2,583	53.00
53.01	05301 PAIN MANAGEMENT	0.341794	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.114987	135,207	15,547	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.199748	5,534	1,105	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.183979	3,912	720	55.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 ULTRASOUND	0.106879	5,173	553	56.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.149233	0	0	59.00
60.00	06000 LABORATORY	0.084866	918,496	77,949	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.314531	5,929	1,865	60.01
60.02	06003 LAB-STEM CELL	0.009224	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.296358	7,952	2,357	63.00
64.00	06400 INTRAVENOUS THERAPY	0.501347	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.167463	52,442	8,782	65.00
65.01	06501 SLEEP DISORDER	0.158779	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.277309	26,271	7,285	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.218272	1,057	231	67.00
68.00	06800 SPEECH PATHOLOGY	0.266572	2,242	598	68.00
69.00	06900 ELECTROCARDIOLOGY	0.102830	34,257	3,523	69.00
69.01	06901 CARDIAC REHAB	1.203462	0	0	69.01
69.02	06902 VASCULAR LAB	0.218639	5,643	1,234	69.02
69.03	06903 ENDOSCOPY	0.189336	0	0	69.03
69.04	06904 CLINICAL NUTRITION	5.154497	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	1.080487	2,038	2,202	70.00
70.01	07001 ECT	0.456191	122,213	55,752	70.01
70.02	07002 PSYCHOTHERAPY	0.257832	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.827991	11,280	9,340	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.775971	952	739	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.240979	898,615	216,547	73.00
74.00	07400 RENAL DIALYSIS	0.277697	2,894	804	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.610930	1,359	830	90.00
91.00	09100 EMERGENCY	0.185817	561,345	104,307	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.233474	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,861,790	519,018	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		2,861,790		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS				Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/29/2015 3:02 pm	
				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	0	1,046.89	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	24,107	1,291.57	3	3,875	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	2,035.48	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	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	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,139.20	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		24,107		3	3,875	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	0.192913	29,920	5,772	8.00	
9.00	RECOVERY ROOM	51.00	0.307180	5,658	1,738	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.254966	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.070864	7,554	535	11.00	
11.01	PAIN MANAGEMENT	53.01	0.341794	242	83	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.114987	20,432	2,349	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.199748	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0.183979	0	0	13.01	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND	56.01	0.106879	11,497	1,229	14.01	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.149233	1,217	182	17.00	
18.00	LABORATORY	60.00	0.084866	87,297	7,409	18.00	
18.01	ANATOMIC PATHOLOGY	60.01	0.314531	995	313	18.01	
18.02	LAB-STEM CELL	60.02	0.009224	0	0	18.02	
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	0.296358	922	273	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.501347	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.167463	9,461	1,584	23.00	
23.01	SLEEP DISORDER	65.01	0.158779	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.277309	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.218272	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.266572	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.102830	10,616	1,092	27.00	
27.01	CARDIAC REHAB	69.01	1.203462	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.218639	0	0	27.02	
27.03	ENDOSCOPY	69.03	0.189336	1,183	224	27.03	
27.04	CLINICAL NUTRITION	69.04	5.154497	0	0	27.04	
28.00	ELECTROENCEPHALOGRAPHY	70.00	1.080487	0	0	28.00	
28.01	ECT	70.01	0.456191	0	0	28.01	
28.02	PSYCHOTHERAPY	70.02	0.257832	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.827991	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.775971	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.240979	289	70	31.00	
32.00	RENAL DIALYSIS	74.00	0.277697	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	0.610930	0	0	37.00	
38.00	EMERGENCY	91.00	0.185817	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.233474	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			187,283	22,853	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: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2015 3:02 pm

		Kidney		Hospital		PPS	
Cost Center Description		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	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			3	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	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	26,728		211,390			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)	356,231		125,757			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	382,959		337,147			61.00
62.00	Total Usable Organs (see instructions)		11				62.00
63.00	Medicare Usable Organs (see instructions)		10				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.909091				64.00
65.00	Medicare Cost/Charges (see instructions)	348,145		306,497			65.00
66.00	Revenue for Organs Sold	61,782		61,782			66.00
67.00	Subtotal (line 65 minus line 66)	286,363		244,715			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	286,363	0	244,715	0	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	8			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	3			73.00
74.00	Total (sum of lines 70 thru 73)		0	11			74.00
75.00	Organs Transplanted		0	3		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	8		61,782	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		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	11		0	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: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/29/2015 3:02 pm	
				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	0	1,046.89	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	12,191	1,291.57	1	1,292	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	2,035.48	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	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	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,139.20	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		12,191		1	1,292	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	0.192913	23,534	4,540	8.00	
9.00	RECOVERY ROOM	51.00	0.307180	7,278	2,236	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.254966	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.070864	5,755	408	11.00	
11.01	PAIN MANAGEMENT	53.01	0.341794	0	0	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.114987	6,875	791	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.199748	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0.183979	0	0	13.01	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND	56.01	0.106879	4,826	516	14.01	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.149233	0	0	17.00	
18.00	LABORATORY	60.00	0.084866	39,179	3,325	18.00	
18.01	ANATOMIC PATHOLOGY	60.01	0.314531	1,398	440	18.01	
18.02	LAB-STEM CELL	60.02	0.009224	0	0	18.02	
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	0.296358	944	280	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.501347	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.167463	5,701	955	23.00	
23.01	SLEEP DISORDER	65.01	0.158779	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.277309	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.218272	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.266572	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.102830	11,000	1,131	27.00	
27.01	CARDIAC REHAB	69.01	1.203462	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.218639	0	0	27.02	
27.03	ENDOSCOPY	69.03	0.189336	2,389	452	27.03	
27.04	CLINICAL NUTRITION	69.04	5.154497	250	1,289	27.04	
28.00	ELECTROENCEPHALOGRAPHY	70.00	1.080487	0	0	28.00	
28.01	ECT	70.01	0.456191	0	0	28.01	
28.02	PSYCHOTHERAPY	70.02	0.257832	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.827991	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.775971	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.240979	429	103	31.00	
32.00	RENAL DIALYSIS	74.00	0.277697	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	0.610930	0	0	37.00	
38.00	EMERGENCY	91.00	0.185817	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.233474	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			109,558	16,466	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: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2015 3:02 pm

		Liver		Hospital		PPS	
Cost Center Description		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	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
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	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	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	
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		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	17,758		121,749		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)	190,938		93,373		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	208,696		215,122		61.00	
62.00	Total Usable Organs (see instructions)		7			62.00	
63.00	Medicare Usable Organs (see instructions)		5			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.714286			64.00	
65.00	Medicare Cost/Charges (see instructions)	149,069		153,659		65.00	
66.00	Revenue for Organs Sold	42,785		42,785		66.00	
67.00	Subtotal (line 65 minus line 66)	106,284		110,874		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	106,284	0	110,874	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	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	3		73.00	
74.00	Total (sum of lines 70 thru 73)		0	7		74.00	
75.00	Organs Transplanted		0	3	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	4	42,785	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	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	7		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: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2015 3:02 pm

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	0	1,046.89	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	12,053	1,291.57	1	1,292	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	2,035.48	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	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	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,139.20	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		12,053		1	1,292	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	0.192913	14,960	2,886	8.00	
9.00	RECOVERY ROOM	51.00	0.307180	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.254966	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.070864	2,459	174	11.00	
11.01	PAIN MANAGEMENT	53.01	0.341794	0	0	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.114987	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.199748	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0.183979	0	0	13.01	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND	56.01	0.106879	782	84	14.01	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.149233	10,646	1,589	17.00	
18.00	LABORATORY	60.00	0.084866	50,539	4,289	18.00	
18.01	ANATOMIC PATHOLOGY	60.01	0.314531	0	0	18.01	
18.02	LAB-STEM CELL	60.02	0.009224	0	0	18.02	
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	0.296358	554	164	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.501347	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.167463	4,730	792	23.00	
23.01	SLEEP DISORDER	65.01	0.158779	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.277309	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.218272	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.266572	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.102830	22,936	2,359	27.00	
27.01	CARDIAC REHAB	69.01	1.203462	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.218639	0	0	27.02	
27.03	ENDOSCOPY	69.03	0.189336	0	0	27.03	
27.04	CLINICAL NUTRITION	69.04	5.154497	50	258	27.04	
28.00	ELECTROENCEPHALOGRAPHY	70.00	1.080487	0	0	28.00	
28.01	ECT	70.01	0.456191	0	0	28.01	
28.02	PSYCHOTHERAPY	70.02	0.257832	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.827991	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.775971	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.240979	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.277697	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	0.610930	0	0	37.00	
38.00	EMERGENCY	91.00	0.185817	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.233474	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			107,656	12,595	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: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2015 3:02 pm

		Heart		Hospital		PPS	
Cost Center Description		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	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
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	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	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	
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		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	13,887		119,709		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)	488,769		287,524		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	502,656		407,233		61.00	
62.00	Total Usable Organs (see instructions)		9			62.00	
63.00	Medicare Usable Organs (see instructions)		5			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.555556			64.00	
65.00	Medicare Cost/Charges (see instructions)	279,254		226,241		65.00	
66.00	Revenue for Organs Sold	43,401		43,401		66.00	
67.00	Subtotal (line 65 minus line 66)	235,853		182,840		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	235,853	0	182,840	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	5		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	4		73.00	
74.00	Total (sum of lines 70 thru 73)		0	9		74.00	
75.00	Organs Transplanted		0	4	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	5	43,401	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	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	9		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: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 3:02 pm
		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)		26,854,364	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,007,177	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)		1,177,996	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		18,450,411	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		561.34	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)		141.25	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		31.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		172.25	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		184.50	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)		172.25	12.00
13.00	Total allowable FTE count for the prior year.		172.25	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.		167.25	14.00
15.00	Sum of lines 12 through 14 divided by 3.		170.58	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		170.58	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.303880	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.317254	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.303880	21.00
22.00	IME payment adjustment (see instructions)		8,318,364	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).		1.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		12.25	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)		1.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.001781	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000476	27.00
28.00	IME add-on adjustment amount (see instructions)		25,852	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)		8,344,216	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)		7.93	30.00
31.00	Percentage of Medicaid patient days (see instructions)		52.58	31.00
32.00	Sum of lines 30 and 31		60.51	32.00
33.00	Allowable disproportionate share percentage (see instructions)		39.14	33.00
34.00	Disproportionate share adjustment (see instructions)		3,509,052	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 3:02 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.001925020	0.002053029	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		17,414,465	15,700,839	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		13,025,062	3,957,475	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		16,982,537		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		65,875,342		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)		65,875,342		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,764,580		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).		3,000,917		52.00
53.00	Nursing and Allied Health Managed Care payment		95,722		53.00
54.00	Special add-on payments for new technologies		3,411		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		628,500		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		127,072		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		73,495,544		59.00
60.00	Primary payer payments		49,912		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		73,445,632		61.00
62.00	Deductibles billed to program beneficiaries		3,477,152		62.00
63.00	Coinurance billed to program beneficiaries		243,448		63.00
64.00	Allowable bad debts (see instructions)		1,518,525		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		987,041		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,094,933		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		70,712,073		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		875		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER PS&R AMOUNT		-3,324		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)		115,696		70.93
70.94	HRR adjustment amount (see instructions)		-211,605		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 3:02 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		70,611,965		71.00
71.01	Sequestration adjustment (see instructions)		1,412,239		71.01
72.00	Interim payments		66,272,436		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)		2,927,290		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		0		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 260091

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2015 3:02 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,854,364	0	26,854,364	0	26,854,364	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,007,177	0	0	9,007,177	9,007,177	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,177,996	0	967,785	210,211	1,177,996	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	18,450,411	0	13,971,272	4,479,139	18,450,411	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.303880	0.303880	0.303880	0.303880		5.00
6.00	IME payment adjustment (see instructions)	22.00	8,318,364	0	6,252,813	2,065,551	8,318,364	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000476	0.000476	0.000476	0.000476		7.00
8.00	IME adjustment (see instructions)	28.00	25,852	0	19,433	6,419	25,852	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	8,344,216	0	6,272,246	2,071,970	8,344,216	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3914	0.3914	0.3914	0.3914		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,509,052	0	2,627,700	881,352	3,509,052	11.00
11.01	Uncompensated care payments	36.00	16,982,537	0	13,025,062	3,957,475	16,982,537	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	65,875,342	0	49,747,157	16,128,185	65,875,342	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	65,875,342	0	49,747,157	16,128,185	65,875,342	15.00
16.00	Payment for inpatient program capital	50.00	3,764,580	0	2,828,081	936,499	3,764,580	16.00
17.00	Special add-on payments for new technologies	54.00	3,411	0	1,705	1,705	3,410	17.00
17.01	Net organ acquisition cost	55.00	628,500	470,083	0	158,417	628,500	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	875	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 260091

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2015 3:02 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			470,083	52,576,943	17,224,806	70,271,832	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,848,228	0	2,132,447	715,782	2,848,229	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	123,975	0	102,388	21,587	123,975	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1479	0.1479	0.1479	0.1479		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	421,253	0	315,389	105,864	421,253	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1303	0.1303	0.1303	0.1303		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	371,124	0	277,858	93,266	371,124	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,764,580	0	2,828,081	936,499	3,764,580	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 260091		Period: From 01/01/2014 To 12/31/2014		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2015 3:02 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 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	26,854,364	26,854,364		26,854,364	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,007,177		9,007,177	9,007,177	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	1,177,996	967,785	210,211	1,177,996	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	18,450,411	0	4,479,139	4,479,139	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.303880	0.303880	0.303880		5.00
6.00	IME payment adjustment (see instructions)	22.00	8,318,364	6,252,813	2,065,551	8,318,364	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	0.000476	0.000476	0.000476		7.00
8.00	IME adjustment (see instructions)	28.00	25,852	19,433	6,419	25,852	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	8,344,216	6,272,246	2,071,970	8,344,216	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	0.3914	0.3914	0.3914		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,509,052	2,627,700	881,352	3,509,052	11.00
11.01	Uncompensated care payments	36.00	16,982,537	13,025,062	3,957,475	16,982,537	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	65,875,342	49,747,157	16,128,185	65,875,342	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	65,875,342	49,747,157	16,128,185	65,875,342	15.00
16.00	Payment for inpatient program capital	50.00	3,764,580	2,828,081	936,499	3,764,580	16.00
17.00	Special add-on payments for new technologies	54.00	3,411	1,706	1,705	3,411	17.00
17.01	Net organ acquisition cost	55.00	628,500	470,083	158,417	628,500	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	875	654	221	875	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			53,047,681	17,225,027	70,272,708	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2015 3:02 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,848,228	2,132,446	715,782	2,848,228	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	123,975	102,388	21,587	123,975	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	0.1479	0.1479	0.1479		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	421,253	315,389	105,864	421,253	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1303	0.1303	0.1303		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	371,124	277,858	93,266	371,124	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,764,580	2,828,081	936,499	3,764,580	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)	70.90 plus 70.93	115,696	83,758	31,938	115,696	30.00
31.00	HRR adjustment (see instructions)	70.91 plus 70.94	-211,605	-158,453	-53,152	-211,605	31.00
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/29/2015 3:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		116,284	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,800,599	2.00
3.00	PPS payments		25,973,902	3.00
4.00	Outlier payment (see instructions)		69,836	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		9,490	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		116,284	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		485,297	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)		485,297	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		485,297	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		369,013	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)		116,284	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)		26,053,228	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)		5,232,384	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		20,937,128	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,644,832	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)		22,581,960	30.00
31.00	Primary payer payments		22,925	31.00
32.00	Subtotal (line 30 minus line 31)		22,559,035	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)		760,928	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		494,603	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		374,933	36.00
37.00	Subtotal (see instructions)		23,053,638	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-340	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)		23,053,978	40.00
40.01	Sequestration adjustment (see instructions)		461,080	40.01
41.00	Interim payments		22,364,193	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		228,705	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/29/2015 3:02 pm
		Component CCN: 26S091	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		746	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,710,664	2.00
3.00	PPS payments		1,431,118	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		746	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,096	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)		3,096	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,096	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,350	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)		746	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)		1,431,118	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)		287,030	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)		1,144,834	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)		1,144,834	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,144,834	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)		1,144,834	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)		1,144,834	40.00
40.01	Sequestration adjustment (see instructions)		22,897	40.01
41.00	Interim payments		1,121,888	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		49	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260091

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2015 3:02 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		65,948,436		22,280,093	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	08/15/2014	240,700	08/15/2014	84,100	3.01	
3.02		12/30/2014	83,300		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)		324,000		84,100	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)		66,272,436		22,364,193	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		2,927,290		228,705	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		69,199,726		22,592,898	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: 260091
Component CCN: 26S091

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2015 3:02 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5,101,282		1,121,888	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/15/2014	32,700		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)		32,700		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)		5,133,982		1,121,888	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		78,809		49	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,212,791		1,121,937	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: 260091

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2015 3:02 pm

		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			24,088 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			22,468 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			11,717 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			123,728 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,806,888,411 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			44,728,978 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)			902,339 8.00
9.00	Sequestration adjustment amount (see instructions)			18,047 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			884,292 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			781,887 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)			102,405 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/29/2015 3:02 pm
		Title XVII I	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)			5,803,422 1.00
2.00	Net IPF PPS Outlier Payments			12,520 2.00
3.00	Net IPF PPS ECT Payments			69,865 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.82 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.79 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.79 8.00
9.00	Average Daily Census (see instructions)			43,747,945 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.009260 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			53,740 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			5,939,547 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			5,939,547 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			5,939,547 18.00
19.00	Deductibles			414,144 19.00
20.00	Subtotal (line 18 minus line 19)			5,525,403 20.00
21.00	Coinsurance			290,552 21.00
22.00	Subtotal (line 20 minus line 21)			5,234,851 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			129,728 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			84,323 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			95,913 25.00
26.00	Subtotal (sum of lines 22 and 24)			5,319,174 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			5,319,174 31.00
31.01	Sequestration adjustment (see instructions)			106,383 31.01
32.00	Interim payments			5,133,982 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)			78,809 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			12,520 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/29/2015 3:02 pm	
		Title XVII I	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.			141.30	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	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))			32.25	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)			173.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			188.37	6.00
7.00	Enter the lesser of line 5 or line 6			173.55	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.	125.12	52.32	177.44	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.	115.28	48.20	163.48	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	115.28	48.20		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	112.96	49.92		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	109.94	46.31		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	112.73	48.14		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	0.00		16.00
17.00	Adjusted rolling average FTE count	112.73	48.14		17.00
18.00	Per resident amount	102,091.25	102,091.25		18.00
19.00	Approved amount for resident costs	11,508,747	4,914,673	16,423,420	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)			1.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			14.82	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.94	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			100,870.63	23.00
24.00	Multiply line 22 time line 23			94,818	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			16,518,238	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	29,869	11,717		26.00
27.00	Total Inpatient Days (see instructions)	141,975	141,975		27.00
28.00	Ratio of inpatient days to total inpatient days	0.210382	0.082529		28.00
29.00	Program direct GME amount	3,475,140	1,363,234		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		192,625		30.00
31.00	Net Program direct GME amount			4,645,749	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/29/2015 3:02 pm
		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)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		7,746,603	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)		57,101,316	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		628,500	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		49,912	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		57,679,904	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		31,637,783	42.00
43.00	Primary payer payments (see instructions)		22,925	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		31,614,858	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		89,294,762	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.645949	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.354051	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,645,749	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,000,917	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,644,832	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 260091 Period: From 01/01/2014 To 12/31/2014 Worksheet G
 Date/Time Prepared: 5/29/2015 3:02 pm

		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	13,612,266	0	0	0	1.00
2.00	Temporary investments	8,189,079	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	96,139,742	0	0	0	4.00
5.00	Other receivable	8,569,776	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,713,942	0	0	0	7.00
8.00	Prepaid expenses	1,628,391	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	137,853,196	0	0	0	11.00
FIXED ASSETS						
12.00	Land	18,198,205	0	0	0	12.00
13.00	Land improvements	9,616,310	0	0	0	13.00
14.00	Accumulated depreciation	-8,081,330	0	0	0	14.00
15.00	Buildings	410,873,032	0	0	0	15.00
16.00	Accumulated depreciation	-241,817,165	0	0	0	16.00
17.00	Leasehold improvements	3,059,381	0	0	0	17.00
18.00	Accumulated depreciation	-2,039,018	0	0	0	18.00
19.00	Fixed equipment	52,237,252	0	0	0	19.00
20.00	Accumulated depreciation	-47,994,744	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	177,130,256	0	0	0	23.00
24.00	Accumulated depreciation	-135,544,094	0	0	0	24.00
25.00	Minor equipment depreciable	1,868,482	0	0	0	25.00
26.00	Accumulated depreciation	-122,937	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	237,383,630	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	45,900,752	0	17,623,705	13,324,335	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	88,280,374	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	134,181,126	0	17,623,705	13,324,335	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	509,417,952	0	17,623,705	13,324,335	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	27,389,032	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,984,278	0	0	0	38.00
39.00	Payroll taxes payable	579,118	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,557,440	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	11,744,068	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	64,253,936	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	55,861,758	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	41,077,327	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	96,939,085	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	161,193,021	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	348,224,931	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	17,623,705	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	13,324,335	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	348,224,931	0	17,623,705	13,324,335	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	509,417,952	0	17,623,705	13,324,335	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260091

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

Worksheet G-1

Date/Time Prepared:
5/29/2015 3:02 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		307,080,989			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		58,726,848				2.00
3.00	Total (sum of line 1 and line 2)		365,807,837			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	GAIN ON INVESTMENTS	20,000		0		390,977	5.00
6.00		0		0		0	6.00
7.00	TRANSFER FROM OTHER FUNDS	0		0		2,028,093	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)		20,000			0	10.00
11.00	Subtotal (line 3 plus line 10)		365,827,837			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CORPORATE OFFICE	17,647,295		0		0	13.00
14.00	TRANSFER TO OTHER RELATED PARTY	-44,389		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)		17,602,906			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		348,224,931			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	15,204,635		14,372,216			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)	15,204,635		14,372,216			3.00
4.00	Additions (credit adjustments) (specify)			0			4.00
5.00	GAIN ON INVESTMENTS			0			5.00
6.00				0			6.00
7.00	TRANSFER FROM OTHER FUNDS		-1,047,881				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	2,419,070		-1,047,881			10.00
11.00	Subtotal (line 3 plus line 10)	17,623,705		13,324,335			11.00
12.00	Deductions (debit adjustments) (specify)			0			12.00
13.00	CORPORATE OFFICE			0			13.00
14.00	TRANSFER TO OTHER RELATED PARTY			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)	17,623,705		13,324,335			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260091

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2015 3:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	217,614,119		217,614,119	1.00
2.00	SUBPROVIDER - IPF	27,250,234		27,250,234	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	244,864,353		244,864,353	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	48,833,261		48,833,261	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	24,828,789		24,828,789	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	135,912,695		135,912,695	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	209,574,745		209,574,745	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	454,439,098		454,439,098	17.00
18.00	Ancillary services	575,549,943	0	575,549,943	18.00
19.00	Outpatient services	0	816,873,740	816,873,740	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	NON-REIMB PRO FEES	8,337,594	20,716,186	29,053,780	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,038,326,635	837,589,926	1,875,916,561	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		594,254,105		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		594,254,105		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 260091

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

Worksheet G-3

Date/Time Prepared:
5/29/2015 3:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,875,916,561	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,271,020,220	2.00
3.00	Net patient revenues (line 1 minus line 2)	604,896,341	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	594,254,105	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,642,236	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,202,851	6.00
7.00	Income from investments	-292,631	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	8,175	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,730,421	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	9,173,463	17.00
18.00	Revenue from sale of medical records and abstracts	7,374	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,094,041	22.00
23.00	Governmental appropriations	2,285,941	23.00
24.00	SALE OF SERVICES	28,874,977	24.00
25.00	Total other income (sum of lines 6-24)	48,084,612	25.00
26.00	Total (line 5 plus line 25)	58,726,848	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	58,726,848	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 260091

Period:

Worksheet 1-1

Component CCN: 262320

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

Date/Time Prepared:
5/29/2015 3:02 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	320,253	HOURS OF SERVICE	8,475.99	4.07	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	94,790	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY		ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	415,043				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	29,116	REQUISITIONS			14.00
15.00	DRUGS	24	REQUISITIONS			15.00
16.00	OTHER	988,905	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,433,088				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	17,463	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	13,337	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	111,175	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	442,506	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	73,004	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS	1		24.00
25.00	PHARMACY		REQUISITIONS	3		25.00
26.00	OTHER ALLOCATED COSTS	60,635	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,151,212				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,151,212				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.
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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet 1-2
		Component CCN: 262320		Date/Time Prepared: 5/29/2015 3:02 pm
		Renal Dialysis		

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Builing	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	90,467	13,337	320,253	0	111,175	27	1.00
MAINTENANCE								
2.00	Hemodialysis	30,411	4,481	84,925	0	29,476	7	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	90	17	315	0	108	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	67,576	0	23,460	6	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	59,966	8,839	167,437	0	58,131	14	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						26,888	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	90,467	13,337	320,253	0	111,175	27	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	29,117	0	564,376	1,586,836	2,151,212		1.00
MAINTENANCE								
2.00	Hemodialysis	5,823	0	155,123	436,154	591,277		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	530	1,490	2,020		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	5,823	0	96,865	272,352	369,217		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	17,471	0	311,858	876,840	1,188,698		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	29,117	0	564,376	1,586,836	2,151,212		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,151,212		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

Period: From 01/01/2014

Worksheet 1-3

Component CCN: 262320

To 12/31/2014

Date/Time Prepared: 5/29/2015 3:02 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	90,467	13,337	320,253	0	111,175	1.00
MAINTENANCE							
2.00	Hemodialysis	675	2,931.00	2,428.00	2,428.00	84,910	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	2	11.00	9.00	9.00	312	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	1,932.00	1,932.00	67,579	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	2,686	1,331	5,781.00	4,787.00	167,453	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	2,008	8,723.00	9,156.00	9,156.00	320,254	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	45.053287	1.528946	34.977392	0.000000	0.347146	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	27	29,117	0	564,376	1,586,836	1.00
MAINTENANCE							
2.00	Hemodialysis	25,733	1	2,056,331			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	94	0	7,549			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	20,481	1	1,636,610			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	50,748	3	4,055,291			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0					14.00
15.00	ARANESP	0					15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	97,056	5	7,755,781		564,376	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000278	5,823.400000	0.000000		2.811665	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 260091

Period: From 01/01/2014

Worksheet 1-4

Component CCN: 262320

To 12/31/2014

Date/Time Prepared: 5/29/2015 3:02 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	1,362	591,277	434.12	721	313,001
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
6.00	Training - Continuous Cycling Peritoneal Dialysis	5	2,020	404.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks		Patient Weeks		
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	155	369,217	2,382.05	99	235,823
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	1,367	962,514		721	548,824
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	1,832				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	207,290	287.50			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00			9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	83,718	845.64			10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	291,008				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))					12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet 1-5 Date/Time Prepared: 5/29/2015 3:02 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	548,824		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	291,008	284,397	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	1,997		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	58,204	56,882	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	58,204	56,882	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	56,882	8.00
9.00	Program payment (see instructions)	232,806	227,518	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	984,887		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	962,514		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.977284		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260091	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/29/2015 3:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,848,228	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		123,975	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)		350.99	3.00
4.00	Number of interns & residents (see instructions)		171.58	4.00
5.00	Indirect medical education percentage (see instructions)		14.79	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		421,253	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.93	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		52.58	8.00
9.00	Sum of lines 7 and 8		60.51	9.00
10.00	Allowable disproportionate share percentage (see instructions)		13.03	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		371,124	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,764,580	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